

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: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/28/2021 3:08 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/28/2021	Time: 3:08 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 ADVENTIST HINSDALE HOSPITAL (14-0122) 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) DANAE STILL

Officer or Administrator of Provider(s)

CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	576,393	175,611	0	0	1.00
2.00	Subprovider - IPF	0	-5,331	-215		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-1		0	9.00
200.00	Total	0	571,062	175,395	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: 14-0122		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/28/2021 3:08 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 120 NORTH OAK STREET			PO Box:				1.00			
2.00	City: HINSDALE			State: IL		Zip Code: 60521-		County: DUPAGE			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVENTIST HINSDALE HOSPITAL	140122	16974	1	07/01/1966	N	P	O	
4.00	Subprovider - IPF		HINSDALE HOSPITAL PSYCH SUB	14S122	16974	4	01/01/1984	N	P	O	
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		HEALTH CARE AT HOME	147207	16974		01/01/1994	N	P	N	
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		ST THOMAS HOSPICE	141507	16974		01/01/2004				
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020		12/31/2020		20.00
21.00	Type of Control (see instructions)						1				21.00
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	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		Y		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,064	1,550	0	12	5,227	215		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00 Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0122

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From 01/01/2020
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
	Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

Worksheet S-2
Part I
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MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/28/2021 3:08 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	2,588,718	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	Y		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HF8013	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0122		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/28/2021 3:08 pm		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: ADVENTHEALTH		Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001				141.00	
142.00	Street: 900 HOPE WAY		PO Box:						142.00	
143.00	City: ALTAMONTE SPRINGS		State: FL		Zip Code: 32714				143.00	
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00		
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N	155.00		
156.00	Subprovider - IPF			N	N	N	N	156.00		
157.00	Subprovider - IRF			N	N	N	N	157.00		
158.00	SUBPROVIDER							158.00		
159.00	SNF			N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00		
161.00	CMHC				N	N	N	161.00		
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus	
				0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00	
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/28/2021 3:08 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)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	06/08/2021	Y
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: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/28/2021 3:08 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICK	GILLILAND		41.00
42.00	Enter the employer/company name of the cost report preparer.	AMITA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-451-8283	PATRICK.GILLILAND@AMITAHEALT H.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/28/2021 3:08 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 OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/28/2021 3:08 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		30.00	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	186	68,076	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)		186	68,076	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	58	21,228	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		244	89,304	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	17	6,222		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		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
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)		261				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)		10	3,660			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: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/28/2021 3:08 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)	11,698	1,213	30,949			1.00
2.00	HMO and other (see instructions)	4,481	5,454				2.00
3.00	HMO IPF Subprovider	192	938				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,698	1,213	30,949			7.00
8.00	INTENSIVE CARE UNIT	1,237	1,172	8,385			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		209	4,242			13.00
14.00	Total (see instructions)	12,935	2,594	43,576	26.97	835.29	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	277	181	4,077	0.00	24.19	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	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	31,577	0	41,748	0.00	27.01	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	33,944	0	37,760	0.00	30.14	24.00
24.10	HOSPICE (non-distinct part)			382			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				26.97	916.63	27.00
28.00	Observation Bed Days		79	3,503			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	20	397			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			1,376			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: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/28/2021 3:08 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	2,674	195	9,104	1.00
2.00 HMO and other (see instructions)			794	1,033		2.00
3.00 HMO IPF Subprovider				141		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,674	195	9,104	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	35	28	658	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	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	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
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: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/28/2021 3:08 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	73,813,750	657,004	74,470,754	1,979,904.00	37.61 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		102,949	0	102,949	602.00	171.01 4.00
4.01	Physicians - Part A - Teaching		256,459	0	256,459	2,416.85	106.11 4.01
5.00	Physician and Non Physician-Part B		78,480	0	78,480	4,466.00	17.57 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	1,678,595	0	1,678,595	57,632.95	29.13 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		10,711,602	0	10,711,602	224,987.86	47.61 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,883,349	0	5,883,349	116,241.00	50.61 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		862,457	0	862,457	4,882.00	176.66 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		17,207,756	0	17,207,756	340,915.22	50.48 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,095,501	0	17,095,501		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,564,492	0	2,564,492		
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		11,982	0	11,982		
22.01	Physician Part A - Teaching		36,718	0	36,718		
23.00	Physician Part B		39,149	0	39,149		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		444,877	0	444,877		
25.50	Home office wage-related (core)		3,051,694	0	3,051,694		
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: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/28/2021 3:08 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	-378,518	473,185	94,667	3,354.00	28.23	26.00
27.00	Administrative & General	5.00	3,657,294	-83,646	3,573,648	94,760.00	37.71	27.00
28.00	Administrative & General under contract (see inst.)		89,328	0	89,328	746.29	119.70	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,072,504	0	2,072,504	78,576.00	26.38	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,617,819	0	2,617,819	107,358.00	24.38	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		800,824	0	800,824	30,343.73	26.39	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,974,771	0	1,974,771	41,614.00	47.45	38.00
39.00	Central Services and Supply	14.00	576,028	0	576,028	25,154.00	22.90	39.00
40.00	Pharmacy	15.00	2,986,192	0	2,986,192	75,248.00	39.68	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	89,168	0	89,168	2,018.00	44.19	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/28/2021 3:08 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)	75,308,187	657,004	75,965,191	2,053,836.22	36.99	1.00
2.00	Excluded area salaries (see instructions)	10,711,602	0	10,711,602	224,987.86	47.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	64,596,585	657,004	65,253,589	1,828,848.36	35.68	3.00
4.00	Subtotal other wages & related costs (see inst.)	23,953,562	0	23,953,562	462,038.22	51.84	4.00
5.00	Subtotal wage-related costs (see inst.)	20,159,177	0	20,159,177	0.00	30.89	5.00
6.00	Total (sum of lines 3 thru 5)	108,709,324	657,004	109,366,328	2,290,886.58	47.74	6.00
7.00	Total overhead cost (see instructions)	14,485,410	389,539	14,874,949	459,172.02	32.40	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
7/28/2021 3:08 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,613,860	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)	9,622,749	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	-66,272	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-197,641	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)	273,328	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	829,195	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	5,405,263	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	456,246	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	149,613	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,086,341	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/28/2021 3:08 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	5,883,349	20,086,341	1.00
2.00	Hospital	5,883,349	17,095,501	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	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	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	2,990,840	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0122 Component CCN: 14-7207		Period: From 01/01/2020 To 12/31/2020		Worksheet S-4 Date/Time Prepared: 7/28/2021 3:08 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	2,189	0	1,912	4,101	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,000.00	0.00	4,350.00	5,951.00	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)			0.61	0.00	0.61	4.00
5.00	Other Administrative Personnel			11.37	0.00	11.37	5.00
6.00	Direct Nursing Service			9.04	0.00	9.04	6.00
7.00	Nursing Supervisor			0.62	0.00	0.62	7.00
8.00	Physical Therapy Service			4.08	0.00	4.08	8.00
9.00	Physical Therapy Supervisor			0.97	0.00	0.97	9.00
10.00	Occupational Therapy Service			0.28	0.00	0.28	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.04	0.00	0.04	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.00	0.00	0.00	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.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	12,896	1,018	580	24	14,518	21.00
22.00	Skilled Nursing Visit Charges	3,205,250	254,250	138,250	6,000	3,603,750	22.00
23.00	Physical Therapy Visits	9,794	876	221	24	10,915	23.00
24.00	Physical Therapy Visit Charges	2,441,250	218,500	54,500	6,000	2,720,250	24.00
25.00	Occupational Therapy Visits	2,671	635	20	12	3,338	25.00
26.00	Occupational Therapy Visit Charges	665,500	158,750	4,750	3,000	832,000	26.00
27.00	Speech Pathology Visits	347	179	4	8	538	27.00
28.00	Speech Pathology Visit Charges	86,750	44,750	1,000	2,000	134,500	28.00
29.00	Medical Social Service Visits	67	12	0	0	79	29.00
30.00	Medical Social Service Visit Charges	16,500	3,000	0	0	19,500	30.00
31.00	Home Health Aide Visits	1,909	277	2	1	2,189	31.00
32.00	Home Health Aide Visit Charges	252,720	36,720	270	135	289,845	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	27,684	2,997	827	69	31,577	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)	6,667,970	715,970	198,770	17,135	7,599,845	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,903		468	11	3,382	36.00
37.00	Total Number of Outlier Episodes		126		1	127	37.00
38.00	Total Non-Routine Medical Supply Charges	156,694	16,653	8,587	552	182,486	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0122

Period:

Worksheet S-9

Hospice CCN: 14-1507

From 01/01/2020
To 12/31/2020PARTS I THROUGH IV
Date/Time Prepared:
7/28/2021 3:08 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	34,409	352	1,652	36,413	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	1,164	0	183	1,347	13.00
14.00	Total Hospice Days	35,573	352	1,835	37,760	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: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/28/2021 3:08 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)		0.241385	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		15,614,543	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			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		97,117,575	6.00
7.00	Medicaid cost (line 1 times line 6)		23,442,726	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)		7,828,183	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		24,674	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		7,828,183	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)	4,281,173	1,054,505	5,335,678
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,033,411	1,054,505	2,087,916
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)	1,033,411	1,054,505	2,087,916
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,701,050	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		304,796	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		468,917	27.01
28.00	Non-Medicare bad debt expense (see instructions)		5,232,133	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,427,079	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,514,995	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,343,178	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0122

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

Worksheet A

Date/Time Prepared:
7/28/2021 3:08 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	12,379,316	12,379,316	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	8,171,765	8,171,765	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-378,518	14,489,837	14,111,319	14,111,319	4.00
5.01	00590	SHARED SERVICES	1,171,957	4,435,743	5,607,700	5,589,958	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	2,485,337	63,145,238	65,630,575	63,705,057	5.03
7.00	00700	OPERATION OF PLANT	2,072,504	8,386,054	10,458,558	10,355,059	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	532,481	532,481	8.00
9.00	00900	HOUSEKEEPING	0	4,059,974	4,059,974	3,509,116	9.00
10.00	01000	DIETARY	0	4,061,398	4,061,398	1,272,177	10.00
11.00	01100	CAFETERIA	0	0	2,788,857	2,788,857	11.00
13.00	01300	NURSING ADMINISTRATION	1,974,771	565,717	2,540,488	2,232,545	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	576,028	778,958	1,354,986	1,016,868	14.00
15.00	01500	PHARMACY	2,986,192	7,043,904	10,030,096	3,284,422	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	255,100	255,100	255,080	16.00
17.00	01700	SOCIAL SERVICE	89,168	70,634	159,802	159,665	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,678,595	295,424	1,974,019	1,973,612	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,758,024	610,427	2,368,451	2,364,227	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,310,812	5,218,546	21,529,358	15,216,496	30.00
31.00	03100	INTENSIVE CARE UNIT	5,954,153	3,298,775	9,252,928	8,404,529	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,965,368	201,402	2,166,770	2,149,824	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	1,017	76	1,093	1,262,342	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,407,416	13,708,270	20,115,686	8,157,237	50.00
51.00	05100	RECOVERY ROOM	674,712	83,321	758,033	728,839	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,426,237	52.00
53.00	05300	ANESTHESIOLOGY	142,536	1,606,580	1,749,116	1,368,660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,198,402	3,870,658	8,069,060	5,335,819	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	854,128	274,767	1,128,895	1,440,292	55.00
56.00	05600	RADIOISOTOPE	159,565	20,621	180,186	198,653	56.00
57.00	05700	CT SCAN	534,241	158,995	693,236	1,175,438	57.00
58.00	05800	MRI	636,076	204,598	840,674	953,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,085,324	6,152,463	7,237,787	2,286,802	59.00
60.00	06000	LABORATORY	107,015	10,816,653	10,923,668	10,712,507	60.00
65.00	06500	RESPIRATORY THERAPY	1,934,484	1,063,647	2,998,131	2,666,970	65.00
66.00	06600	PHYSICAL THERAPY	1,086,102	2,142,982	3,229,084	3,053,038	66.00
67.00	06700	OCCUPATIONAL THERAPY	383,744	26,645	410,389	410,363	67.00
68.00	06800	SPEECH PATHOLOGY	147,370	10,607	157,977	157,977	68.00
69.00	06900	ELECTROCARDIOLOGY	595,183	324,721	919,904	859,061	69.00
69.01	06901	CARDIAC REHAB	278,749	25,496	304,245	302,195	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	506,701	717,811	1,224,512	710,486	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,167,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,640,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,361,550	73.00
74.00	07400	RENAL DIALYSIS	0	779,086	779,086	779,086	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	900,562	445,277	1,345,839	1,399,948	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,182,728	243,055	1,425,783	1,393,826	90.00
90.01	09001	WOODRIDGE	116,691	3,477,321	3,594,012	2,567,533	90.01
91.00	09100	EMERGENCY	3,709,348	1,498,428	5,207,776	4,556,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	781,031	399,945	1,180,976	917,655	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	5,006,608	1,196,577	6,203,185	6,203,185	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	15,355,708	15,355,708	0	113.00
116.00	11600	HOSPICE	2,264,099	2,138,678	4,402,777	4,402,777	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,338,223	183,660,117	255,998,340	256,069,002	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	171,762	114,092	285,854	285,854	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	730,397	1,774,573	2,504,970	2,434,878	192.00
194.00	07950	FOUNDATION	0	17,117	17,117	17,117	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	OP PHARMACY	541,796	11,608,665	12,150,461	12,150,461	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	31,572	297,209	328,781	328,211	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	73,813,750	197,471,773	271,285,523	271,285,523	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0122

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

Worksheet A

Date/Time Prepared:
7/28/2021 3:08 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	-7,182,750	5,196,566	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,436,471	9,608,236	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-405,275	13,706,044	4.00
5.01	00590	SHARED SERVICES	-22,631	5,567,327	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-15,157,288	48,547,769	5.03
7.00	00700	OPERATION OF PLANT	-307,050	10,048,009	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	532,481	8.00
9.00	00900	HOUSEKEEPING	0	3,509,116	9.00
10.00	01000	DIETARY	-485,233	786,944	10.00
11.00	01100	CAFETERIA	0	2,788,857	11.00
13.00	01300	NURSING ADMINISTRATION	-16,183	2,216,362	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	813,372	1,830,240	14.00
15.00	01500	PHARMACY	78,976	3,363,398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-50,138	204,942	16.00
17.00	01700	SOCIAL SERVICE	-57,401	102,264	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,973,612	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-363,429	2,000,798	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,197,733	13,018,763	30.00
31.00	03100	INTENSIVE CARE UNIT	-715,560	7,688,969	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	-9,263	2,140,561	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,262,342	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-257,494	7,899,743	50.00
51.00	05100	RECOVERY ROOM	0	728,839	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,426,237	52.00
53.00	05300	ANESTHESIOLOGY	-1,185,018	183,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,262,830	4,072,989	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-23,250	1,417,042	55.00
56.00	05600	RADIOISOTOPE	0	198,653	56.00
57.00	05700	CT SCAN	-263	1,175,175	57.00
58.00	05800	MRI	0	953,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	-714,344	1,572,458	59.00
60.00	06000	LABORATORY	-9,915	10,702,592	60.00
65.00	06500	RESPIRATORY THERAPY	-13,569	2,653,401	65.00
66.00	06600	PHYSICAL THERAPY	-355	3,052,683	66.00
67.00	06700	OCCUPATIONAL THERAPY	-417	409,946	67.00
68.00	06800	SPEECH PATHOLOGY	-227	157,750	68.00
69.00	06900	ELECTROCARDIOLOGY	-122,148	736,913	69.00
69.01	06901	CARDIAC REHAB	0	302,195	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-140,601	569,885	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,167,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,640,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-705,265	5,656,285	73.00
74.00	07400	RENAL DIALYSIS	0	779,086	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	1,399,948	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-128,571	1,265,255	90.00
90.01	09001	WOODRIDGE	-2,489,315	78,218	90.01
91.00	09100	EMERGENCY	-503,070	4,053,260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040	PARTIAL HOSP	-108,446	809,209	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	1,588,326	7,791,511	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	851,448	5,254,225	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-29,866,439	226,202,563	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	285,854	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,378	2,432,500	192.00
194.00	07950	FOUNDATION	0	17,117	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	OP PHARMACY	0	12,150,461	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	328,211	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-29,868,817	241,416,706	200.00

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
7/28/2021 3:08 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA					
1.00	CAFETERIA	11.00	0	2,788,857		1.00
	TOTALS		0	2,788,857		
	B - NURSERY					
1.00	NURSERY	43.00	936,794	324,455		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,544,842	881,395		2.00
	TOTALS		3,481,636	1,205,850		
	C - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,361,550		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
	TOTALS		0	6,361,550		
	D - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	532,481		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,737		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	540,218		
	E - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,780,097		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,028,738		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
	TOTALS		0	15,808,835		
	F - MISCELLANEOUS					
1.00		0.00	0	0		1.00
	TOTALS		0	0		
	G - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	539,952		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	539,952		
	H - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	874,328		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,890,801		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	9,257		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	114		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: 14-0122

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	2,774,500		
I - PROPERTY TAXES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	459,329		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	459,329		
J - BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,167,503		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
	TOTALS		0	14,167,503		
K - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,904,258		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	252,226		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	5		3.00
	TOTALS		0	3,156,489		
L - ACI DEPT						
1.00	RADIOLOGY-THERAPEUTIC	55.00	128,994	314,768		1.00
2.00	CT SCAN	57.00	33,740	82,332		2.00
3.00	HEART AND VASCULAR CNTR	76.01	104,731	255,561		3.00
	TOTALS		267,465	652,661		
M - IMPLANTIBLES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,640,678		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
	TOTALS		0	8,640,678		

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
7/28/2021 3:08 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	N - RADIOLOGY ADMIN				
1.00	RADIOISOTOPE	56.00	24,306	6,477	1.00
2.00	CT SCAN	57.00	382,172	101,843	2.00
3.00	MRI	58.00	143,900	38,347	3.00
	TOTALS		550,378	146,667	
	O - NEGATIVE SALARIES				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	473,185	0	1.00
	TOTALS		473,185	0	
	P - WOODRIDGE LINE 90.01				
1.00	WOODRIDGE	90.01	0	2,178,648	1.00
	TOTALS		0	2,178,648	
	Q - ACI				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	183,819	0	1.00
	TOTALS		183,819	0	
500.00	Grand Total: Increases		4,956,483	59,421,737	500.00

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
7/28/2021 3:08 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA						
1.00	DIETARY	10.00	0	2,788,857	0		1.00
	TOTALS		0	2,788,857			
	B - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	3,481,636	1,205,850	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		3,481,636	1,205,850			
	C - BILLABLE DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,495	0		1.00
2.00	PHARMACY	15.00	0	6,179,493	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	16,065	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	7,762	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	21	0		5.00
6.00	OPERATING ROOM	50.00	0	65,224	0		6.00
7.00	RECOVERY ROOM	51.00	0	155	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	62,378	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,079	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	196	0		10.00
11.00	RADIOISOTOPE	56.00	0	189	0		11.00
12.00	CT SCAN	57.00	0	6,508	0		12.00
13.00	MRI	58.00	0	108	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	5,287	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	67	0		15.00
16.00	HEART AND VASCULAR CNTR	76.01	0	12	0		16.00
17.00	EMERGENCY	91.00	0	4,511	0		17.00
	TOTALS		0	6,361,550			
	D - LINEN						
1.00	HOUSEKEEPING	9.00	0	538,102	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,711	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	405	0		3.00
	TOTALS		0	540,218			
	E - DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	496,717	9		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	14,497	9		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	75,259	0		3.00
4.00	ELECTROENCEPHALOGRAPHY	70.00	0	480,007	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	37,991	0		5.00
6.00	EMERGENCY	91.00	0	5,280	0		6.00
7.00	HOUSEKEEPING	9.00	0	12,579	0		7.00
8.00	HEART AND VASCULAR CNTR	76.01	0	28,796	0		8.00
9.00	I&R SERVICES-OTHER PRGM	22.00	0	3,611	0		9.00
10.00	COSTS APPRV						
10.00	INTEREST EXPENSE	113.00	0	12,030,686	0		10.00
11.00	LABORATORY	60.00	0	35,015	0		11.00
12.00	MRI	58.00	0	36,058	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	98,762	0		13.00
14.00	OPERATING ROOM	50.00	0	319,188	0		14.00
15.00	OPERATION OF PLANT	7.00	0	90,370	0		15.00
16.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	0	570	0		16.00
17.00	PARTIAL HOSP	93.00	0	3,972	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	89,011	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	10,065	0		19.00
20.00	SUBPROVIDER - IPF	40.00	0	10,194	0		20.00
21.00	WOODRIDGE	90.01	0	1,930,207	0		21.00
	TOTALS		0	15,808,835			
	F - MISCELLANEOUS						
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
	G - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	517,937	12		1.00
2.00	WOODRIDGE	90.01	0	22,015	0		2.00
	TOTALS		0	539,952			
	H - RENT AND LEASES						
1.00	SHARED SERVICES	5.01	0	17,294	10		1.00
2.00	OPERATION OF PLANT	7.00	0	13,129	10		2.00
3.00	HOUSEKEEPING	9.00	0	177	0		3.00
4.00	DIETARY	10.00	0	364	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	209,181	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	363	0		6.00
7.00	PHARMACY	15.00	0	463,324	0		7.00

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
7/28/2021 3:08 pm

Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
8.00	I&R SERVICES-OTHER PRGM	22.00	0	520	0	8.00
	COSTS APPRV					
9.00	INTENSIVE CARE UNIT	31.00	0	15	0	9.00
10.00	OPERATING ROOM	50.00	0	129,647	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	1,131	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,738	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	3,569	0	13.00
14.00	LABORATORY	60.00	0	176,146	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	51,739	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	143,802	0	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	826	0	17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	221	0	18.00
19.00	HEART AND VASCULAR CNTR	76.01	0	232,439	0	19.00
20.00	CLINIC	90.00	0	15,572	0	20.00
21.00	WOODRIDGE	90.01	0	974,530	0	21.00
22.00	EMERGENCY	91.00	0	130	0	22.00
23.00	PARTIAL HOSP	93.00	0	243,551	0	23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	70,092	0	24.00
	TOTALS		0	2,774,500		
I - PROPERTY TAXES						
1.00	WOODRIDGE	90.01	0	276,740	13	1.00
2.00	INTEREST EXPENSE	113.00	0	168,533	0	2.00
3.00	PARTIAL HOSP	93.00	0	14,056	0	3.00
	TOTALS		0	459,329		
J - BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	324,929	0	1.00
2.00	PHARMACY	15.00	0	102,857	0	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	20	0	3.00
4.00	SOCIAL SERVICE	17.00	0	137	0	4.00
5.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	407	0	5.00
6.00	I&R SERVICES-OTHER PRGM	22.00	0	93	0	6.00
	COSTS APPRV					
7.00	ADULTS & PEDIATRICS	30.00	0	1,586,570	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	835,095	0	8.00
9.00	SUBPROVIDER - IPF	40.00	0	6,731	0	9.00
10.00	OPERATING ROOM	50.00	0	6,087,080	0	10.00
11.00	RECOVERY ROOM	51.00	0	29,039	0	11.00
12.00	ANESTHESIOLOGY	53.00	0	316,947	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,144,243	0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	130,458	0	14.00
15.00	RADIOISOTOPE	56.00	0	12,127	0	15.00
16.00	CT SCAN	57.00	0	111,377	0	16.00
17.00	MRI	58.00	0	33,113	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	2,381,028	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	269,357	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	32,244	0	20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	26	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	21,621	0	22.00
23.00	CARDIAC REHAB	69.01	0	2,050	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	33,731	0	24.00
25.00	HEART AND VASCULAR CNTR	76.01	0	44,936	0	25.00
26.00	CLINIC	90.00	0	16,385	0	26.00
27.00	WOODRIDGE	90.01	0	1,635	0	27.00
28.00	EMERGENCY	91.00	0	641,525	0	28.00
29.00	PARTIAL HOSP	93.00	0	1,742	0	29.00
	TOTALS		0	14,167,503		
K - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	3,156,489	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	3,156,489		
L - ACI DEPT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	267,465	652,661	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		267,465	652,661		
M - IMPLANTIBLES						
1.00	SHARED SERVICES	5.01	0	448	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,331	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	8,358	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	5,527	0	4.00
5.00	OPERATING ROOM	50.00	0	5,357,310	0	5.00

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	777,862	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	2,485,842	0	7.00
	TOTALS		0	8,640,678		
N - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	550,378	146,667	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		550,378	146,667		
O - NEGATIVE SALARIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	473,185	0	1.00
	TOTALS		0	473,185		
P - WOODRIDGE LINE 90.01						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,178,648	9	1.00
	TOTALS		0	2,178,648		
Q - ACI						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	183,819	0	1.00
	TOTALS		0	183,819		
500.00	Grand Total: Decreases		4,299,479	60,078,741		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/28/2021 3:08 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	13,373,370	0	0	0	688,965	1.00	
2.00	Land Improvements	659,611	0	0	0	0	2.00	
3.00	Buildings and Fixtures	328,889,602	1,915,348	0	1,915,348	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	46,188,659	323,472	0	323,472	0	5.00	
6.00	Movable Equipment	129,562,445	2,807,423	0	2,807,423	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	518,673,687	5,046,243	0	5,046,243	688,965	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	518,673,687	5,046,243	0	5,046,243	688,965	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	12,684,405	0					1.00
2.00	Land Improvements	659,611	0					
3.00	Buildings and Fixtures	330,804,950	0					
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	46,512,131	0					
6.00	Movable Equipment	132,369,868	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	523,030,965	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	523,030,965	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/28/2021 3:08 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	377,976,692	0	377,976,692	0.740627	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	132,369,868	0	132,369,868	0.259373	0	2.00
3.00	Total (sum of lines 1-2)	510,346,560	0	510,346,560	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,184,941	874,328	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,465,209	1,890,801	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,650,150	2,765,129	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-4,402,655	539,952	0	0	5,196,566	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	252,226	0	0	0	9,608,236	2.00
3.00	Total (sum of lines 1-2)	-4,150,429	539,952	0	0	14,804,802	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0122

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

Worksheet A-8

Date/Time Prepared:
7/28/2021 3:08 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)	A	-141,026	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	7.00
8.00	Television and radio service (chapter 21)	A	-86,963	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,804,833			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	-6,524,816			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	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	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER OPERATING REVENUE	B	-9,982	SHARED SERVICES	5.01	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0122

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
33.01	OTHER OPERATING REVENUE	B	-1,694,772	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.01
33.02	OTHER OPERATING REVENUE	B	-219,891	OPERATION OF PLANT		7.00	0	33.02
33.03	OTHER OPERATING REVENUE	B	-485,233	DIETARY		10.00	0	33.03
33.04	OTHER OPERATING REVENUE	B	-16,183	NURSING ADMINISTRATION		13.00	0	33.04
33.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.05
33.06	OTHER OPERATING REVENUE	B	-5,204	MEDICAL RECORDS & LIBRARY		16.00	0	33.06
33.07	OTHER OPERATING REVENUE	B	-1,595	I&R SERVICES-OTHER PRGM		22.00	0	33.07
33.08	OTHER OPERATING REVENUE	B	-1,969	COSTS APPRV				
33.09	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0	ADULTS & PEDIATRICS		30.00	0	33.08
33.10	OTHER OPERATING REVENUE	B	-48,881	HOSPICE		0.00	0	33.09
33.11	OTHER OPERATING REVENUE	B	-19,416	RADIOLOGY-DIAGNOSTIC		116.00	0	33.10
33.12	OTHER OPERATING REVENUE	B	-48,837	CARDIAC CATHETERIZATION		54.00	0	33.11
33.13	OTHER OPERATING REVENUE	B	-5,936	LABORATORY		59.00	0	33.12
33.14	OTHER OPERATING REVENUE	B	-455	ELECTROCARDIOLOGY		60.00	0	33.13
33.15	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			69.00	0	33.14
33.16	OTHER OPERATING REVENUE	B	-705,265	DRUGS CHARGED TO PATIENTS		0.00	0	33.15
33.17	OTHER OPERATING REVENUE	B	-67,048	CLINIC		73.00	0	33.16
33.18	OTHER OPERATING REVENUE	B	-2,489,315	WOODRIDGE		90.00	0	33.17
33.19	OTHER OPERATING REVENUE	B	-145,340	EMERGENCY		90.01	0	33.18
33.20	OTHER OPERATING REVENUE	B	-108,446	PARTIAL HOSP		91.00	0	33.19
33.21	OTHER OPERATING REVENUE	B	-500	HOME HEALTH AGENCY		93.00	0	33.20
33.22	LEGAL	A	0			101.00	0	33.21
33.23	LEGAL	A	-2,378	PHYSICIANS' PRIVATE OFFICES		0.00	0	33.22
33.24	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			192.00	0	33.23
33.25	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0	33.24
33.26	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0	33.25
33.27	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0	33.26
33.28	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0	33.27
33.29	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0	33.28
33.30	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0	33.29
33.31	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0	33.30
33.32	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0	33.31
33.33	ENTERTAINMENT	A	0	SHARED SERVICES		0.00	0	33.32
33.34	ENTERTAINMENT	A	-118	OTHER ADMINISTRATIVE AND GENERAL		5.01	0	33.33
33.35	ENTERTAINMENT	A	-196	OPERATION OF PLANT		5.03	0	33.34
33.36	ENTERTAINMENT	A	0	NURSING ADMINISTRATION		7.00	0	33.35
33.37	ENTERTAINMENT	A	-2,596	PHARMACY		13.00	0	33.36
33.38	ENTERTAINMENT	A	0	I&R SERVICES-OTHER PRGM		15.00	0	33.37
33.39	OTHER ADJUSTMENTS (SPECIFY) (3)		0	COSTS APPRV		22.00	0	33.38
33.40	AMBULANCE	A	-26	RADIOLOGY-THERAPEUTIC		0.00	0	33.39
33.41	ENTERTAINMENT	A	-326	SUBPROVIDER - IPF		55.00	0	33.40
33.42	ENTERTAINMENT	A	-126	LABORATORY		40.00	0	33.41
33.43	ENTERTAINMENT	A	-257	ELECTROENCEPHALOGRAPHY		60.00	0	33.42
33.44	AMBULANCE	A	-90	HOME HEALTH AGENCY		70.00	0	33.43
33.45	AMBULANCE	A	-2,030	HOSPICE		101.00	0	33.44
33.46	ENTERTAINMENT	A	-400	HOSPICE		116.00	0	33.45
33.47	AMBULANCE	A	-280	OTHER ADMINISTRATIVE AND GENERAL		116.00	0	33.46
33.48	AMBULANCE	A	-1,190	CENTRAL SERVICES & SUPPLY		5.03	0	33.47
33.49	AMBULANCE	A	-4,858	SOCIAL SERVICE		14.00	0	33.48
33.50	AMBULANCE	A	-151	ADULTS & PEDIATRICS		17.00	0	33.49
33.51	AMBULANCE	A	-151	INTENSIVE CARE UNIT		30.00	0	33.50
33.52	AMBULANCE	A	-747	ANESTHESIOLOGY		31.00	0	33.51
						53.00	0	33.52

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0122

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

Worksheet A-8

Date/Time Prepared:
7/28/2021 3:08 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	
33.53	COMMUNITY BENEFIT	A	-179,717	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.53
33.54	COMMUNITY BENEFIT	A	-52,543	SOCIAL SERVICE	17.00	0	33.54
33.55	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.55
33.56	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.56
33.57	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.57
33.58	CORPORATE SPONSORSHIPS	A	0		0.00	0	33.58
33.59	FEDERAL & STATE INCOME TAX	A	-145,000	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.59
33.60	FEDERAL & STATE INCOME TAX	A	-35,000	CAP REL COSTS-BLDG & FIXT	1.00	11	33.60
33.61	PROPERTY TAXES	A	-459,329	CAP REL COSTS-BLDG & FIXT	1.00	13	33.61
33.62	PROVIDER TAX	A	0		0.00	0	33.62
33.63	MALPRACTICE	A	0		0.00	0	33.63
33.64	MALPRACTICE	A	-361,834	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.64
33.65	ADVERTISING & MARKETING	A	-3,860	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.65
33.66	ADVERTISING & MARKETING	A	0		0.00	0	33.66
33.67	DUE & LOBBYING	A	0		0.00	0	33.67
33.68	DUE & LOBBYING	A	-31,332	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.68
33.69	DUE & LOBBYING	A	0		0.00	0	33.69
33.70	DUE & LOBBYING	A	0		0.00	0	33.70
33.71	DUE & LOBBYING	A	0		0.00	0	33.71
33.72	DUE & LOBBYING	A	0		0.00	0	33.72
33.73	DUE & LOBBYING	A	0		0.00	0	33.73
33.74	DUE & LOBBYING	A	0		0.00	0	33.74
33.75	DUE & LOBBYING	A	0		0.00	0	33.75
33.76	DUE & LOBBYING	A	0		0.00	0	33.76
33.77	HOSPICE	A	-782	OPERATING ROOM	50.00	0	33.77
33.78	HOSPICE	A	0	RECOVERY ROOM	51.00	0	33.78
33.79	HOSPICE	A	0	ANESTHESIOLOGY	53.00	0	33.79
33.80	HOSPICE	A	-1,456	RADIOLOGY-DIAGNOSTIC	54.00	0	33.80
33.81	HOSPICE	A	0	RADIOLOGY-THERAPEUTIC	55.00	0	33.81
33.82	HOSPICE	A	-263	CT SCAN	57.00	0	33.82
33.83	HOSPICE	A	0	MRI	58.00	0	33.83
33.84	HOSPICE	A	-3,853	LABORATORY	60.00	0	33.84
33.85	HOSPICE	A	-13,569	RESPIRATORY THERAPY	65.00	0	33.85
33.86	HOSPICE	A	-355	PHYSICAL THERAPY	66.00	0	33.86
33.87	HOSPICE	A	-417	OCCUPATIONAL THERAPY	67.00	0	33.87
33.88	HOSPICE	A	-227	SPEECH PATHOLOGY	68.00	0	33.88
33.89	HOSPICE	A	-179	ELECTROCARDIOLOGY	69.00	0	33.89
33.90	HOSPICE	A	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.90
33.91	HOSPICE	A	0	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	33.91
33.92	HOSPICE	A	0	DRUGS CHARGED TO PATIENTS	73.00	0	33.92
33.93	HOSPICE	A	0	CLINIC	90.00	0	33.93
33.94	HOSPICE	A	-2,902	EMERGENCY	91.00	0	33.94
33.95	HOSPICE	A	-308,161	ADULTS & PEDIATRICS	30.00	0	33.95
33.96	HOSPICE	A	-6,184	INTENSIVE CARE UNIT	31.00	0	33.96
33.97	SELF INSURED ADJUSTMENT	A	-405,275	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.97
33.98	NON ALLOWABLE BORROWING	A	-7,208,753	CAP REL COSTS-BLDG & FIXT	1.00	11	33.98
33.99	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,868,817				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: 14-0122

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

Worksheet A-8-1

Date/Time Prepared:
7/28/2021 3:08 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	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFFICE	7,731	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MIDWEST HOME OFFICE	46,257	0	2.00
3.00	5.03	OTHER ADMINISTRATIVE AND GEN	MIDWEST HOME OFFICE	23,783,975	0	3.00
3.01	14.00	CENTRAL SERVICES & SUPPLY	MIDWEST HOME OFFICE	615,145	0	3.01
3.02	15.00	PHARMACY	MIDWEST HOME OFFICE	81,572	0	3.02
3.03	16.00	MEDICAL RECORDS & LIBRARY	MIDWEST HOME OFFICE	70,390	0	3.03
3.04	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFF INT	146,704	0	3.04
3.05	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	279,232	0	3.05
3.06	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	1,390,214	0	3.06
3.07	5.03	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	0	50,768	3.07
3.08	5.03	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	11,239,645	14,306,225	3.08
3.09	14.00	CENTRAL SERVICES & SUPPLY	AHS HOME OFFICE	199,417	0	3.09
3.10	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	6,066	121,390	3.10
4.00	101.00	HOME HEALTH AGENCY	AHS HOME OFFICE	1,961,384	372,468	4.00
4.01	116.00	HOSPICE	AHS HOME OFFICE	1,114,381	211,622	4.01
4.02	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	3,156,574	3,366,438	4.02
4.03	5.03	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	7,721,341	40,303,345	4.03
4.04	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	296,529	0	4.04
4.05	5.03	OTHER ADMINISTRATIVE AND GEN	AMITA HOME OFFICE	246,326	155,443	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			52,362,883	58,887,699	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	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

6.00	B	0.00	ADVENTHEALTH	0.00	6.00
7.00	B	0.00	AMITA HEALTH	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: 14-0122

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

Worksheet A-8-1

Date/Time Prepared:
7/28/2021 3:08 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	7,731	9		1.00
2.00	46,257	9		2.00
3.00	23,783,975	0		3.00
3.01	615,145	0		3.01
3.02	81,572	0		3.02
3.03	70,390	0		3.03
3.04	146,704	11		3.04
3.05	279,232	9		3.05
3.06	1,390,214	9		3.06
3.07	-50,768	0		3.07
3.08	-3,066,580	0		3.08
3.09	199,417	0		3.09
3.10	-115,324	0		3.10
4.00	1,588,916	0		4.00
4.01	902,759	0		4.01
4.02	-209,864	11		4.02
4.03	-32,582,004	0		4.03
4.04	296,529	9		4.04
4.05	90,883	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
5.00	-6,524,816			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	HOME OFFICE		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: 14-0122

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

Worksheet A-8-2

Date/Time Prepared:
7/28/2021 3:08 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	5.01	SHARED SERVICES	73,150	0	73,150	211,500	595	1.00
2.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	1,344,325	1,049,715	294,610	211,500	2,042	2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,887,452	1,887,452	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	736,850	700,000	36,850	179,000	321	5.00
6.00	40.00	SUBPROVIDER - IPF	22,273	0	22,273	181,300	153	6.00
7.00	50.00	OPERATING ROOM	268,795	256,482	12,313	246,400	102	7.00
8.00	53.00	ANESTHESIOLOGY	1,184,271	1,184,271	0	239,400	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	1,276,468	1,228,468	48,000	271,900	264	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	52,375	0	52,375	271,900	223	10.00
11.00	59.00	CARDIAC CATHETERIZATION	758,242	484,642	273,600	211,500	912	11.00
12.00	69.00	ELECTROCARDIOLOGY	121,514	121,514	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	148,174	136,015	12,159	211,500	77	13.00
14.00	90.00	CLINIC	115,516	0	115,516	211,500	531	14.00
15.00	91.00	EMERGENCY	379,390	354,828	24,562	211,500	265	15.00
16.00	93.00	PARTIAL HOSP	0	0	0	0	0	16.00
200.00			8,368,795	7,403,387	965,408		5,485	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01	SHARED SERVICES	60,501	3,025	0	0	0	1.00
2.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	207,636	10,382	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	27,625	1,381	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	13,336	667	0	0	0	6.00
7.00	50.00	OPERATING ROOM	12,083	604	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	34,510	1,726	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	29,151	1,458	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	92,735	4,637	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	7,830	392	0	0	0	13.00
14.00	90.00	CLINIC	53,993	2,700	0	0	0	14.00
15.00	91.00	EMERGENCY	26,946	1,347	0	0	0	15.00
16.00	93.00	PARTIAL HOSP	0	0	0	0	0	16.00
200.00			566,346	28,319	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.01	SHARED SERVICES	0	60,501	12,649	12,649		1.00
2.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	0	207,636	86,974	1,136,689		2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	0		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,887,452		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	27,625	9,225	709,225		5.00
6.00	40.00	SUBPROVIDER - IPF	0	13,336	8,937	8,937		6.00
7.00	50.00	OPERATING ROOM	0	12,083	230	256,712		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	1,184,271		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	34,510	13,490	1,241,958		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	29,151	23,224	23,224		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	92,735	180,865	665,507		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	121,514		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	7,830	4,329	140,344		13.00
14.00	90.00	CLINIC	0	53,993	61,523	61,523		14.00
15.00	91.00	EMERGENCY	0	26,946	0	354,828		15.00
16.00	93.00	PARTIAL HOSP	0	0	0	0		16.00
200.00			0	566,346	401,446	7,804,833		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
0			1.00	2.00	4.00	4A		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,196,566	5,196,566				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,608,236		9,608,236			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,706,044	11,353	20,992	13,738,389		4.00
5.01	00590	SHARED SERVICES	5,567,327	64,171	118,650	216,478	5,966,626	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	48,547,769	303,855	561,815	443,628	49,857,067	5.03
7.00	00700	OPERATION OF PLANT	10,048,009	2,822,423	5,218,542	382,823	18,471,797	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	532,481	0	0	0	532,481	8.00
9.00	00900	HOUSEKEEPING	3,509,116	11,180	20,672		3,540,968	9.00
10.00	01000	DIETARY	786,944	4,668	8,631	0	800,243	10.00
11.00	01100	CAFETERIA	2,788,857	18,858	34,868	0	2,842,583	11.00
13.00	01300	NURSING ADMINISTRATION	2,216,362	17,360	32,098	364,770	2,630,590	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,830,240	65,514	121,133	106,401	2,123,288	14.00
15.00	01500	PHARMACY	3,363,398	17,192	31,786	551,594	3,963,970	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	204,942	29,137	53,873	0	287,952	16.00
17.00	01700	SOCIAL SERVICE	102,264	7,751	14,331	16,471	140,817	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,973,612	0	0	310,062	2,283,674	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,000,798	3,088	5,709	324,733	2,334,328	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,018,763	565,994	1,046,500	2,369,752	17,001,009	30.00
31.00	03100	INTENSIVE CARE UNIT	7,688,969	72,728	134,471	1,099,821	8,995,989	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	2,140,561	37,771	69,837	363,033	2,611,202	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,262,342	0	0	173,228	1,435,570	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,899,743	186,980	345,718	1,183,546	9,615,987	50.00
51.00	05100	RECOVERY ROOM	728,839	12,027	22,238	124,629	887,733	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,426,237	0	0	470,070	3,896,307	52.00
53.00	05300	ANESTHESIOLOGY	183,642	2,172	4,016	26,329	216,159	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,072,989	76,139	140,778	673,845	4,963,751	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,417,042	0	0	181,597	1,598,639	55.00
56.00	05600	RADIOISOTOPE	198,653	13,088	24,200	33,964	269,905	56.00
57.00	05700	CT SCAN	1,175,175	2,491	4,606	175,508	1,357,780	57.00
58.00	05800	MRI	953,642	27,347	50,564	144,073	1,175,626	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,572,458	27,224	50,336	200,476	1,850,494	59.00
60.00	06000	LABORATORY	10,702,592	75,483	139,565	19,767	10,937,407	60.00
65.00	06500	RESPIRATORY THERAPY	2,653,401	342	632	357,328	3,011,703	65.00
66.00	06600	PHYSICAL THERAPY	3,052,683	7,778	14,382	200,619	3,275,462	66.00
67.00	06700	OCCUPATIONAL THERAPY	409,946	6,658	12,310	70,883	499,797	67.00
68.00	06800	SPEECH PATHOLOGY	157,750	4,458	8,243	27,221	197,672	68.00
69.00	06900	ELECTROCARDIOLOGY	736,913	21,960	40,602	109,939	909,414	69.00
69.01	06901	CARDIAC REHAB	302,195	8,539	15,788	51,489	378,011	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	569,885	21,167	39,137	93,595	723,784	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,167,503	0	0	0	14,167,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,640,678	0	0	0	8,640,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,656,285	0	0	0	5,656,285	73.00
74.00	07400	RENAL DIALYSIS	779,086	0	0	0	779,086	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	1,399,948	37,680	69,669	185,693	1,692,990	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,265,255	89,865	166,156	218,468	1,739,744	90.00
90.01	09001	WOODRIDGE	78,218	0	0	21,555	99,773	90.01
91.00	09100	EMERGENCY	4,053,260	79,081	146,217	685,172	4,963,730	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	809,209	0	0	144,268	953,477	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,791,511	0	0	924,796	8,716,307	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,254,225	30,722	56,803	418,213	5,759,963	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	226,202,563	4,784,244	8,845,868	13,465,837	224,755,321	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	285,854	14,122	26,111	31,727	357,814	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,432,500	0	0	134,915	2,567,415	192.00
194.00	07950	FOUNDATION	17,117	5,337	9,869	0	32,323	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.02	07952	OP PHARMACY	12,150,461	2,591	4,791	100,078	12,257,921	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	328,211	390,272	721,597	5,832	1,445,912	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	241,416,706	5,196,566	9,608,236	13,738,389	241,416,706	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			SHARED SERVICES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5A.01	5.03	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	SHARED SERVICES	5,966,626					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	1,264,000	51,121,067	51,121,067			5.03
7.00	00700	OPERATION OF PLANT	468,297	18,940,094	5,090,769	24,030,863		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,499	545,980	146,749	0	692,729	8.00
9.00	00900	HOUSEKEEPING	89,771	3,630,739	975,874	134,687	0	9.00
10.00	01000	DIETARY	20,288	820,531	220,543	56,234	0	10.00
11.00	01100	CAFETERIA	72,065	2,914,648	783,402	227,185	0	11.00
13.00	01300	NURSING ADMINISTRATION	66,691	2,697,281	724,978	209,135	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,830	2,177,118	585,168	789,250	0	14.00
15.00	01500	PHARMACY	100,495	4,064,465	1,092,451	207,105	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,300	295,252	79,358	351,009	0	16.00
17.00	01700	SOCIAL SERVICE	3,570	144,387	38,808	93,376	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	57,896	2,341,570	629,370	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	59,180	2,393,508	643,329	37,197	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	431,010	17,432,019	4,685,395	6,818,513	448,345	30.00
31.00	03100	INTENSIVE CARE UNIT	228,066	9,224,055	2,479,251	876,152	119,932	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	66,199	2,677,401	719,635	455,028	58,314	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	36,395	1,471,965	395,636	0	60,674	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	243,785	9,859,772	2,650,119	2,252,539	0	50.00
51.00	05100	RECOVERY ROOM	22,506	910,239	244,655	144,891	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,779	3,995,086	1,073,803	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,480	221,639	59,572	26,169	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,841	5,089,592	1,367,986	917,244	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	40,529	1,639,168	440,577	0	0	55.00
56.00	05600	RADIOISOTOPE	6,843	276,748	74,385	157,674	0	56.00
57.00	05700	CT SCAN	34,422	1,392,202	374,197	30,010	0	57.00
58.00	05800	MRI	29,804	1,205,430	323,997	329,448	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,914	1,897,408	509,987	327,967	0	59.00
60.00	06000	LABORATORY	277,285	11,214,692	3,014,296	909,344	0	60.00
65.00	06500	RESPIRATORY THERAPY	76,353	3,088,056	830,011	4,115	0	65.00
66.00	06600	PHYSICAL THERAPY	83,040	3,358,502	902,702	93,705	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,671	512,468	137,742	80,209	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,011	202,683	54,477	53,710	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,055	932,469	250,630	264,546	0	69.00
69.01	06901	CARDIAC REHAB	9,583	387,594	104,178	102,867	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	18,349	742,133	199,471	255,000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	359,175	14,526,678	3,904,495	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	219,058	8,859,736	2,381,329	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	143,398	5,799,683	1,558,845	0	0	73.00
74.00	07400	RENAL DIALYSIS	19,751	798,837	214,712	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	42,921	1,735,911	466,580	453,931	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	44,106	1,783,850	479,465	1,082,599	0	90.00
90.01	09001	WOODRIDGE	0	99,773	0	0	0	90.01
91.00	09100	EMERGENCY	125,840	5,089,570	1,367,980	952,685	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	24,173	977,650	262,774	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	220,976	8,937,283	2,402,172	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	146,027	5,905,990	1,587,418	370,101	5,464	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,544,227	224,332,922	46,529,271	19,063,625	692,729	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,071	366,885	98,612	170,128	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	65,089	2,632,504	707,567	0	0	192.00
194.00	07950	FOUNDATION	819	33,142	8,908	64,299	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	310,763	12,568,684	3,378,223	31,217	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	36,657	1,482,569	398,486	4,701,594	0	194.03
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
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Cost Center Description		SHARED SERVICES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5A.01	5.03	7.00	8.00	
202.00	TOTAL (sum lines 118 through 201)	5,966,626	241,416,706	51,121,067	24,030,863	692,729	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,741,300					9.00
10.00	01000	DIETARY	11,158	1,108,466				10.00
11.00	01100	CAFETERIA	45,076	0	3,970,311			11.00
13.00	01300	NURSING ADMINISTRATION	41,495	0	91,645	3,764,534		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	156,597	0	55,405	1,706	3,765,244	14.00
15.00	01500	PHARMACY	41,092	0	165,693	0	27,336	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	69,645	0	0	0	5	16.00
17.00	01700	SOCIAL SERVICE	18,527	0	4,423	8,397	36	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	126,886	0	108	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,380	0	47,891	0	25	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,352,878	717,417	842,398	1,237,050	421,656	30.00
31.00	03100	INTENSIVE CARE UNIT	173,839	191,908	317,309	588,517	221,940	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	90,283	93,311	115,044	122,162	1,789	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	97,087	53,693	86,843	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	446,932	0	401,582	497,782	1,617,742	50.00
51.00	05100	RECOVERY ROOM	28,748	0	35,621	61,312	7,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	145,814	235,909	0	52.00
53.00	05300	ANESTHESIOLOGY	5,192	0	11,129	0	84,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,993	0	200,316	71,095	304,101	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	59,115	37,893	34,671	55.00
56.00	05600	RADIOISOTOPE	31,285	0	8,989	0	3,223	56.00
57.00	05700	CT SCAN	5,954	0	59,543	5,706	29,600	57.00
58.00	05800	MRI	65,367	0	45,276	678	8,800	58.00
59.00	05900	CARDIAC CATHETERIZATION	65,073	0	51,030	52,259	632,796	59.00
60.00	06000	LABORATORY	180,425	0	24,968	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	816	0	121,559	0	71,586	65.00
66.00	06600	PHYSICAL THERAPY	18,592	0	61,255	17	8,569	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,914	0	22,495	0	7	67.00
68.00	06800	SPEECH PATHOLOGY	10,657	0	6,801	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	52,489	0	34,242	20,672	5,746	69.00
69.01	06901	CARDIAC REHAB	20,410	0	16,693	18,577	545	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	50,595	0	43,944	6,012	8,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	86,355	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	90,066	0	54,740	32,973	11,942	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	214,801	0	74,334	61,053	4,355	90.00
90.01	09001	WOODRIDGE	0	0	143	0	435	90.01
91.00	09100	EMERGENCY	189,025	0	232,608	341,433	170,496	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	57,213	14,521	463	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	128,455	90,134	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	73,433	8,743	143,341	146,561	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,755,737	1,108,466	3,861,593	3,739,262	3,765,244	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,756	0	13,174	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	61,778	25,272	0	192.00
194.00	07950	FOUNDATION	12,758	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	6,194	0	31,626	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	932,855	0	2,140	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
202.00	TOTAL (sum lines 118 through 201)	4,741,300	1,108,466	3,970,311	3,764,534	3,765,244	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER	
						APPRV	PRGM COSTS APPRV	
			15.00	16.00	17.00	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	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	5,598,142					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	795,269				16.00
17.00	01700	SOCIAL SERVICE	0	0	307,954			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	3,097,934		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		3,129,330	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,154	47,545	199,312	2,201,505	2,223,816	30.00
31.00	03100	INTENSIVE CARE UNIT	6,839	23,300	53,316	227,323	229,627	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	19	6,259	25,924	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	4,054	26,973	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,465	81,443	0	65,074	65,733	50.00
51.00	05100	RECOVERY ROOM	137	9,541	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,016	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	54,958	27,737	0	59,188	59,788	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,356	56,220	0	47,143	47,621	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	173	23,560	0	0	0	55.00
56.00	05600	RADIOISOTOPE	167	4,205	0	0	0	56.00
57.00	05700	CT SCAN	5,734	66,114	0	0	0	57.00
58.00	05800	MRI	95	24,898	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,658	23,393	0	0	0	59.00
60.00	06000	LABORATORY	0	93,206	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	20,355	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11,657	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,913	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	966	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,470	0	87,528	88,415	69.00
69.01	06901	CARDIAC REHAB	0	1,051	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	59	4,959	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,167	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	49,109	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,444,343	53,152	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,065	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	11	19,182	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,160	0	225,633	227,920	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,974	57,285	0	184,540	186,410	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	6,659	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	9,286	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,342	2,429			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,598,142	795,269	307,954	3,097,934	3,129,330	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
200.00	Cross Foot Adjustments	15.00	16.00	17.00	21.00	22.00	
201.00	Negative Cost Centers	0	0	0	0	0	200.00
202.00	TOTAL (sum lines 118 through 201)	5,598,142	795,269	307,954	3,097,934	3,129,330	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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	00590	SHARED SERVICES				5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL				5.03
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,642,003	-4,425,321	34,216,682	30.00
31.00	03100	INTENSIVE CARE UNIT	14,733,308	-456,950	14,276,358	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,365,169	0	4,365,169	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	2,196,925	0	2,196,925	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,996,183	-130,807	17,865,376	50.00
51.00	05100	RECOVERY ROOM	1,442,862	0	1,442,862	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,461,628	0	5,461,628	52.00
53.00	05300	ANESTHESIOLOGY	609,606	-118,976	490,630	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,288,667	-94,764	8,193,903	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,235,157	0	2,235,157	55.00
56.00	05600	RADIOISOTOPE	556,676	0	556,676	56.00
57.00	05700	CT SCAN	1,969,060	0	1,969,060	57.00
58.00	05800	MRI	2,003,989	0	2,003,989	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,564,571	0	3,564,571	59.00
60.00	06000	LABORATORY	15,436,931	0	15,436,931	60.00
65.00	06500	RESPIRATORY THERAPY	4,136,498	0	4,136,498	65.00
66.00	06600	PHYSICAL THERAPY	4,454,999	0	4,454,999	66.00
67.00	06700	OCCUPATIONAL THERAPY	770,748	0	770,748	67.00
68.00	06800	SPEECH PATHOLOGY	329,294	0	329,294	68.00
69.00	06900	ELECTROCARDIOLOGY	1,754,207	-175,943	1,578,264	69.00
69.01	06901	CARDIAC REHAB	651,915	0	651,915	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,311,138	0	1,311,138	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,539,695	0	18,539,695	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,290,174	0	11,290,174	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,856,023	0	12,856,023	73.00
74.00	07400	RENAL DIALYSIS	1,015,614	0	1,015,614	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	2,865,336	0	2,865,336	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,161,170	-453,553	3,707,617	90.00
90.01	09001	WOODRIDGE	100,351	0	100,351	90.01
91.00	09100	EMERGENCY	8,776,006	-370,950	8,405,056	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04040	PARTIAL HOSP	1,319,280	0	1,319,280	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	11,567,330	0	11,567,330	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	8,251,822	0	8,251,822	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	213,654,335	-6,227,264	207,427,071	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	682,555	0	682,555	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,427,121	0	3,427,121	192.00
194.00	07950	FOUNDATION	119,107	0	119,107	194.00
194.01	07951	MARKETING	0	0	0	194.01
194.02	07952	OP PHARMACY	16,015,944	0	16,015,944	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	7,517,644	0	7,517,644	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	241,416,706	-6,227,264	235,189,442		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/28/2021 3:08 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	11,353	20,992	32,345	4.00
5.01	00590	SHARED SERVICES	0	64,171	118,650	182,821	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	303,855	561,815	865,670	5.03
7.00	00700	OPERATION OF PLANT	0	2,822,423	5,218,542	8,040,965	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	11,180	20,672	31,852	9.00
10.00	01000	DIETARY	0	4,668	8,631	13,299	10.00
11.00	01100	CAFETERIA	0	18,858	34,868	53,726	11.00
13.00	01300	NURSING ADMINISTRATION	0	17,360	32,098	49,458	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	65,514	121,133	186,647	14.00
15.00	01500	PHARMACY	0	17,192	31,786	48,978	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	29,137	53,873	83,010	16.00
17.00	01700	SOCIAL SERVICE	0	7,751	14,331	22,082	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,088	5,709	8,797	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	565,994	1,046,500	1,612,494	30.00
31.00	03100	INTENSIVE CARE UNIT	0	72,728	134,471	207,199	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	37,771	69,837	107,608	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	186,980	345,718	532,698	50.00
51.00	05100	RECOVERY ROOM	0	12,027	22,238	34,265	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,172	4,016	6,188	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	76,139	140,778	216,917	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	13,088	24,200	37,288	56.00
57.00	05700	CT SCAN	0	2,491	4,606	7,097	57.00
58.00	05800	MRI	0	27,347	50,564	77,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,224	50,336	77,560	59.00
60.00	06000	LABORATORY	0	75,483	139,565	215,048	60.00
65.00	06500	RESPIRATORY THERAPY	0	342	632	974	65.00
66.00	06600	PHYSICAL THERAPY	0	7,778	14,382	22,160	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,658	12,310	18,968	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,458	8,243	12,701	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21,960	40,602	62,562	69.00
69.01	06901	CARDIAC REHAB	0	8,539	15,788	24,327	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,167	39,137	60,304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	37,680	69,669	107,349	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	89,865	166,156	256,021	90.00
90.01	09001	WOODRIDGE	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	79,081	146,217	225,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	30,722	56,803	87,525	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,784,244	8,845,868	13,630,112	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,122	26,111	40,233	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	5,337	9,869	15,206	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	2,591	4,791	7,382	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	390,272	721,597	1,111,869	14	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,196,566	9,608,236	14,804,802	32,345	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			SHARED SERVICES	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.03	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	00590	SHARED SERVICES	183,331					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	38,834	905,549				5.03
7.00	00700	OPERATION OF PLANT	14,390	90,200	8,146,457			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	415	2,599	0	3,014		8.00
9.00	00900	HOUSEKEEPING	2,758	17,286	45,659	0	97,555	9.00
10.00	01000	DIETARY	623	3,907	19,063	0	230	10.00
11.00	01100	CAFETERIA	2,214	13,877	77,016	0	927	11.00
13.00	01300	NURSING ADMINISTRATION	2,049	12,842	70,897	0	854	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,654	10,365	267,556	0	3,222	14.00
15.00	01500	PHARMACY	3,088	19,351	70,209	0	845	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	224	1,406	118,992	0	1,433	16.00
17.00	01700	SOCIAL SERVICE	110	687	31,654	0	381	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,779	11,148	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,818	11,395	12,610	0	152	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,244	82,994	2,311,474	1,950	27,835	30.00
31.00	03100	INTENSIVE CARE UNIT	7,008	43,916	297,015	522	3,577	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	2,034	12,747	154,255	254	1,858	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,118	7,008	0	264	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,491	46,942	763,610	0	9,196	50.00
51.00	05100	RECOVERY ROOM	692	4,334	49,118	0	592	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,035	19,021	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	168	1,055	8,871	0	107	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,867	24,232	310,945	0	3,745	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,245	7,804	0	0	0	55.00
56.00	05600	RADIOISOTOPE	210	1,318	53,452	0	644	56.00
57.00	05700	CT SCAN	1,058	6,628	10,173	0	123	57.00
58.00	05800	MRI	916	5,739	111,683	0	1,345	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,442	9,034	111,181	0	1,339	59.00
60.00	06000	LABORATORY	8,520	53,393	308,267	0	3,712	60.00
65.00	06500	RESPIRATORY THERAPY	2,346	14,702	1,395	0	17	65.00
66.00	06600	PHYSICAL THERAPY	2,552	15,990	31,766	0	383	66.00
67.00	06700	OCCUPATIONAL THERAPY	389	2,440	27,191	0	327	67.00
68.00	06800	SPEECH PATHOLOGY	154	965	18,208	0	219	68.00
69.00	06900	ELECTROCARDIOLOGY	708	4,439	89,681	0	1,080	69.00
69.01	06901	CARDIAC REHAB	294	1,845	34,872	0	420	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	564	3,533	86,445	0	1,041	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,036	69,162	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,731	42,181	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,406	27,612	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	607	3,803	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	1,319	8,265	153,883	0	1,853	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,355	8,493	367,001	0	4,420	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,867	24,231	322,960	0	3,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	743	4,655	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,790	42,550	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,487	28,118	125,464	24	1,511	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	170,352	824,212	6,462,566	3,014	77,277	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	279	1,747	57,673	0	695	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,000	12,533	0	0	0	192.00
194.00	07950	FOUNDATION	25	158	21,797	0	262	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	9,549	59,840	10,582	0	127	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	1,126	7,059	1,593,839	0	19,194	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description		SHARED SERVICES	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.03	7.00	8.00	9.00	
202.00	TOTAL (sum lines 118 through 201)	183,331	905,549	8,146,457	3,014	97,555	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
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	37,122					10.00
11.00	01100	CAFETERIA	0	147,760				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,411	140,370			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,062	64	471,821		14.00
15.00	01500	PHARMACY	0	6,166	0	3,425	153,361	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	165	313	5	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,722	0	14	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,782	0	3	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,026	31,353	46,128	52,838	388	30.00
31.00	03100	INTENSIVE CARE UNIT	6,427	11,809	21,944	27,811	187	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	3,125	4,281	4,555	224	1	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	3,251	1,998	3,238	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	14,945	18,561	202,718	1,574	50.00
51.00	05100	RECOVERY ROOM	0	1,326	2,286	967	4	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,427	8,796	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	414	0	10,555	1,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,455	2,651	38,107	147	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,200	1,413	4,345	5	55.00
56.00	05600	RADIOISOTOPE	0	335	0	404	5	56.00
57.00	05700	CT SCAN	0	2,216	213	3,709	157	57.00
58.00	05800	MRI	0	1,685	25	1,103	3	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,899	1,949	79,295	128	59.00
60.00	06000	LABORATORY	0	929	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,524	0	8,970	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,280	1	1,074	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	837	0	1	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	253	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,274	771	720	0	69.00
69.01	06901	CARDIAC REHAB	0	621	693	68	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,635	224	1,123	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,821	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	149,145	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	2,037	1,229	1,497	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,766	2,276	546	0	90.00
90.01	09001	WOODRIDGE	0	5	0	54	0	90.01
91.00	09100	EMERGENCY	0	8,657	12,731	21,365	109	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	2,129	541	58	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	4,781	3,361	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	293	5,335	5,465	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,122	143,714	139,428	471,821	153,361	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	490	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,299	942	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	1,177	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	80	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
202.00	TOTAL (sum lines 118 through 201)	37,122	147,760	140,370	471,821	153,361	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER		
					APPRV	PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	205,066					16.00
17.00	01700	SOCIAL SERVICE	0	55,436				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	18,393			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		37,322		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,285	35,879			4,258,458	30.00
31.00	03100	INTENSIVE CARE UNIT	6,020	9,598			645,623	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			0	33.00
40.00	04000	SUBPROVIDER - IPF	1,617	4,667			298,081	40.00
41.00	04100	SUBPROVIDER - IRF	0	0			0	41.00
43.00	04300	NURSERY	1,048	4,855			23,188	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,043	0			1,621,565	50.00
51.00	05100	RECOVERY ROOM	2,465	0			96,342	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,846	0			40,232	52.00
53.00	05300	ANESTHESIOLOGY	7,167	0			36,093	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,526	0			624,179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,087	0			23,527	55.00
56.00	05600	RADIOISOTOPE	1,087	0			94,823	56.00
57.00	05700	CT SCAN	17,082	0			48,869	57.00
58.00	05800	MRI	6,433	0			207,182	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,044	0			290,343	59.00
60.00	06000	LABORATORY	23,670	0			613,586	60.00
65.00	06500	RESPIRATORY THERAPY	5,259	0			39,029	65.00
66.00	06600	PHYSICAL THERAPY	3,012	0			79,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	494	0			50,814	67.00
68.00	06800	SPEECH PATHOLOGY	250	0			32,814	68.00
69.00	06900	ELECTROCARDIOLOGY	4,514	0			166,008	69.00
69.01	06901	CARDIAC REHAB	271	0			63,532	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,281	0			156,372	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,727	0			96,746	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,689	0			61,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,733	0			194,896	73.00
74.00	07400	RENAL DIALYSIS	534	0			4,944	74.00
76.00	03020	IP RENAL DIALYSIS	0	0			0	76.00
76.01	03950	HEART AND VASCULAR CNTR	4,956	0			282,825	76.01
76.02	03952	DIABETES EDUCATION	0	0			0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,850	0			645,242	90.00
90.01	09001	WOODRIDGE	0	0			110	90.01
91.00	09100	EMERGENCY	14,801	0			639,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0			0	92.01
93.00	04040	PARTIAL HOSP	1,720	0			10,186	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,399	0			62,059	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,156	437			261,800	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	205,066	55,436	0	0	11,770,281	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			101,192	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			18,092	192.00
194.00	07950	FOUNDATION	0	0			37,448	194.00
194.01	07951	MARKETING	0	0			0	194.01
194.02	07952	OP PHARMACY	0	0			88,893	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0			2,733,181	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
200.00		Cross Foot Adjustments	16.00	17.00	18,393	37,322	55,715	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	205,066	55,436	18,393	37,322	14,804,802	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00590	SHARED SERVICES			5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL			5.03
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	4,258,458	30.00
31.00	03100	INTENSIVE CARE UNIT	0	645,623	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	298,081	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	23,188	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,621,565	50.00
51.00	05100	RECOVERY ROOM	0	96,342	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	40,232	52.00
53.00	05300	ANESTHESIOLOGY	0	36,093	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	624,179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23,527	55.00
56.00	05600	RADIOISOTOPE	0	94,823	56.00
57.00	05700	CT SCAN	0	48,869	57.00
58.00	05800	MRI	0	207,182	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	290,343	59.00
60.00	06000	LABORATORY	0	613,586	60.00
65.00	06500	RESPIRATORY THERAPY	0	39,029	65.00
66.00	06600	PHYSICAL THERAPY	0	79,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	50,814	67.00
68.00	06800	SPEECH PATHOLOGY	0	32,814	68.00
69.00	06900	ELECTROCARDIOLOGY	0	166,008	69.00
69.01	06901	CARDIAC REHAB	0	63,532	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	156,372	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	96,746	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	61,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	194,896	73.00
74.00	07400	RENAL DIALYSIS	0	4,944	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	282,825	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	645,242	90.00
90.01	09001	WOODRIDGE	0	110	90.01
91.00	09100	EMERGENCY	0	639,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040	PARTIAL HOSP	0	10,186	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	62,059	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	261,800	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,770,281	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	101,192	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	18,092	192.00
194.00	07950	FOUNDATION	0	37,448	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	OP PHARMACY	0	88,893	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	2,733,181	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		17/20/2021 07:00 pm
200.00		Cross Foot Adjustments	0	55,715		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	14,804,802		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A.01	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,141,089				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,141,089			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,493	2,493	74,376,087		4.00
5.01	00590	SHARED SERVICES	14,091	14,091	1,171,957	-5,966,626	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	66,722	66,722	2,401,691	0	5.03
7.00	00700	OPERATION OF PLANT	619,762	619,762	2,072,504	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,455	2,455	0	0	9.00
10.00	01000	DIETARY	1,025	1,025	0	0	10.00
11.00	01100	CAFETERIA	4,141	4,141	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,812	3,812	1,974,771	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,386	14,386	576,028	0	14.00
15.00	01500	PHARMACY	3,775	3,775	2,986,192	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,398	6,398	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,702	1,702	89,168	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,678,595	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	678	678	1,758,024	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	124,284	124,284	12,829,176	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,970	15,970	5,954,153	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	8,294	8,294	1,965,368	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	937,811	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,058	41,058	6,407,416	0	50.00
51.00	05100	RECOVERY ROOM	2,641	2,641	674,712	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,544,842	0	52.00
53.00	05300	ANESTHESIOLOGY	477	477	142,536	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,719	16,719	3,648,024	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	983,122	0	55.00
56.00	05600	RADIOISOTOPE	2,874	2,874	183,871	0	56.00
57.00	05700	CT SCAN	547	547	950,153	0	57.00
58.00	05800	MRI	6,005	6,005	779,976	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,978	5,978	1,085,324	0	59.00
60.00	06000	LABORATORY	16,575	16,575	107,015	0	60.00
65.00	06500	RESPIRATORY THERAPY	75	75	1,934,484	0	65.00
66.00	06600	PHYSICAL THERAPY	1,708	1,708	1,086,102	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,462	1,462	383,744	0	67.00
68.00	06800	SPEECH PATHOLOGY	979	979	147,370	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,822	4,822	595,183	0	69.00
69.01	06901	CARDIAC REHAB	1,875	1,875	278,749	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,648	4,648	506,701	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	8,274	8,274	1,005,293	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	19,733	19,733	1,182,728	0	90.00
90.01	09001	WOODRIDGE	0	0	116,691	-99,773	90.01
91.00	09100	EMERGENCY	17,365	17,365	3,709,348	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	781,031	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	5,006,608	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	6,746	6,746	2,264,099	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,050,549	1,050,549	72,900,560	-6,066,399	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,101	3,101	171,762	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	730,397	0	192.00
194.00	07950	FOUNDATION	1,172	1,172	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A.01	5.01	
194.02	07952	OP PHARMACY	569	569	541,796	0	12,257,921	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	85,698	85,698	31,572	0	1,445,912	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,196,566	9,608,236	13,738,389		5,966,626	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.554041	8.420234	0.184715		0.025352	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			32,345		183,331	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000435		0.000779	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: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
			5A.03	5.03	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	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-51,121,067	190,195,866				5.03
7.00	00700	OPERATION OF PLANT	0	18,940,094	438,021			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	545,980	0	48,432		8.00
9.00	00900	HOUSEKEEPING	0	3,630,739	2,455	0	435,566	9.00
10.00	01000	DIETARY	0	820,531	1,025	0	1,025	10.00
11.00	01100	CAFETERIA	0	2,914,648	4,141	0	4,141	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,697,281	3,812	0	3,812	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,177,118	14,386	0	14,386	14.00
15.00	01500	PHARMACY	0	4,064,465	3,775	0	3,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	295,252	6,398	0	6,398	16.00
17.00	01700	SOCIAL SERVICE	0	144,387	1,702	0	1,702	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,341,570	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,393,508	678	0	678	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	17,432,019	124,284	31,346	124,284	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,224,055	15,970	8,385	15,970	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	2,677,401	8,294	4,077	8,294	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	1,471,965	0	4,242	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,859,772	41,058	0	41,058	50.00
51.00	05100	RECOVERY ROOM	0	910,239	2,641	0	2,641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,995,086	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	221,639	477	0	477	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,089,592	16,719	0	16,719	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,639,168	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	276,748	2,874	0	2,874	56.00
57.00	05700	CT SCAN	0	1,392,202	547	0	547	57.00
58.00	05800	MRI	0	1,205,430	6,005	0	6,005	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,897,408	5,978	0	5,978	59.00
60.00	06000	LABORATORY	0	11,214,692	16,575	0	16,575	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,088,056	75	0	75	65.00
66.00	06600	PHYSICAL THERAPY	0	3,358,502	1,708	0	1,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	512,468	1,462	0	1,462	67.00
68.00	06800	SPEECH PATHOLOGY	0	202,683	979	0	979	68.00
69.00	06900	ELECTROCARDIOLOGY	0	932,469	4,822	0	4,822	69.00
69.01	06901	CARDIAC REHAB	0	387,594	1,875	0	1,875	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	742,133	4,648	0	4,648	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,526,678	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,859,736	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,799,683	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	798,837	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	1,735,911	8,274	0	8,274	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,783,850	19,733	0	19,733	90.00
90.01	09001	WOODRIDGE	-99,773	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	5,089,570	17,365	0	17,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	977,650	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	8,937,283	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	5,905,990	6,746	382	6,746	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-51,220,840	173,112,082	347,481	48,432	345,026	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	366,885	3,101	0	3,101	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,632,504	0	0	0	192.00
194.00	07950	FOUNDATION	0	33,142	1,172	0	1,172	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	12,568,684	569	0	569	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	1,482,569	85,698	0	85,698	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5A.03	5.03	7.00	8.00	9.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		51,121,067	24,030,863	692,729	4,741,300	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.268781	54.862354	14.303126	10.885377	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		905,549	8,146,457	3,014	97,555	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.004761	18.598325	0.062232	0.223973	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: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description			DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
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	48,432					10.00
11.00	01100	CAFETERIA	0	83,483				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,927	871,569			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,165	395	14,167,503		14.00
15.00	01500	PHARMACY	0	3,484	0	102,857	6,354,056	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	20	0	16.00
17.00	01700	SOCIAL SERVICE	0	93	1,944	137	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,668	0	407	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,007	0	93	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,346	17,713	286,403	1,586,570	16,065	30.00
31.00	03100	INTENSIVE CARE UNIT	8,385	6,672	136,254	835,095	7,762	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,077	2,419	28,283	6,731	21	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	4,242	1,129	20,106	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,444	115,247	6,087,080	65,224	50.00
51.00	05100	RECOVERY ROOM	0	749	14,195	29,039	155	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,066	54,618	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	234	0	316,947	62,379	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,212	16,460	1,144,243	6,079	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,243	8,773	130,458	196	55.00
56.00	05600	RADIOISOTOPE	0	189	0	12,127	189	56.00
57.00	05700	CT SCAN	0	1,252	1,321	111,377	6,508	57.00
58.00	05800	MRI	0	952	157	33,113	108	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,073	12,099	2,381,028	5,287	59.00
60.00	06000	LABORATORY	0	525	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,556	0	269,357	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,288	4	32,244	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	473	0	26	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	143	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	720	4,786	21,621	0	69.00
69.01	06901	CARDIAC REHAB	0	351	4,301	2,050	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	924	1,392	33,731	67	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	324,929	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	6,179,493	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	1,151	7,634	44,936	12	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,563	14,135	16,385	0	90.00
90.01	09001	WOODRIDGE	0	3	0	1,635	0	90.01
91.00	09100	EMERGENCY	0	4,891	79,049	641,525	4,511	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	1,203	3,362	1,742	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,701	20,868	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	382	3,014	33,932	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,432	81,197	865,718	14,167,503	6,354,056	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	277	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,299	5,851	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	665	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	45	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description			DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,108,466	3,970,311	3,764,534	3,765,244	5,598,142	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.887058	47.558317	4.319261	0.265766	0.881034	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	37,122	147,760	140,370	471,821	153,361	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.766477	1.769941	0.161054	0.033303	0.024136	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: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS			
					SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPROV (ASSIGNED TIME)		
					16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	859,322,130					16.00
17.00	01700	SOCIAL SERVICE	0	48,432				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	56,842			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		56,842		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,400,320	31,346	40,394	40,394		30.00
31.00	03100	INTENSIVE CARE UNIT	25,188,785	8,385	4,171	4,171		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
40.00	04000	SUBPROVIDER - IPF	6,766,234	4,077	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00	04300	NURSERY	4,383,180	4,242	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88,046,707	0	1,194	1,194		50.00
51.00	05100	RECOVERY ROOM	10,314,496	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,908,805	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	29,986,076	0	1,086	1,086		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,777,943	0	865	865		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,470,313	0	0	0		55.00
56.00	05600	RADIOISOTOPE	4,546,256	0	0	0		56.00
57.00	05700	CT SCAN	71,474,729	0	0	0		57.00
58.00	05800	MRI	26,916,457	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	25,289,933	0	0	0		59.00
60.00	06000	LABORATORY	100,333,471	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	22,005,544	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	12,602,316	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,068,079	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	1,044,552	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	18,886,349	0	1,606	1,606		69.00
69.01	06901	CARDIAC REHAB	1,135,968	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,361,362	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,963,974	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,090,992	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,462,160	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	2,232,647	0	0	0		74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0		76.00
76.01	03950	HEART AND VASCULAR CNTR	20,737,802	0	0	0		76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0		76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,740,416	0	4,140	4,140		90.00
90.01	09001	WOODRIDGE	0	0	0	0		90.01
91.00	09100	EMERGENCY	61,929,640	0	3,386	3,386		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
93.00	04040	PARTIAL HOSP	7,198,398	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	10,039,363	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,018,863	382				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	859,322,130	48,432	56,842	56,842		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	FOUNDATION	0	0	0	0		194.00
194.01	07951	MARKETING	0	0	0	0		194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS			
					SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	17.00	21.00	22.00		
194.02	07952	OP PHARMACY	0	0	0	0		194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	795,269	307,954	3,097,934	3,129,330		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000925	6.358482	54.500792	55.053130		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	205,066	55,436	18,393	37,322		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000239	1.144615	0.323581	0.656592		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/28/2021 3:08 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	34,216,682		34,216,682	0	34,216,682	30.00	
31.00	03100	INTENSIVE CARE UNIT	14,276,358		14,276,358	9,225	14,285,583	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	4,365,169		4,365,169	8,937	4,374,106	40.00	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
43.00	04300	NURSERY	2,196,925		2,196,925	0	2,196,925	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,865,376		17,865,376	230	17,865,606	50.00	
51.00	05100	RECOVERY ROOM	1,442,862		1,442,862	0	1,442,862	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,461,628		5,461,628	0	5,461,628	52.00	
53.00	05300	ANESTHESIOLOGY	490,630		490,630	0	490,630	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,193,903		8,193,903	13,490	8,207,393	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,235,157		2,235,157	23,224	2,258,381	55.00	
56.00	05600	RADIOISOTOPE	556,676		556,676	0	556,676	56.00	
57.00	05700	CT SCAN	1,969,060		1,969,060	0	1,969,060	57.00	
58.00	05800	MRI	2,003,989		2,003,989	0	2,003,989	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,564,571		3,564,571	180,865	3,745,436	59.00	
60.00	06000	LABORATORY	15,436,931		15,436,931	0	15,436,931	60.00	
65.00	06500	RESPIRATORY THERAPY	4,136,498	0	4,136,498	0	4,136,498	65.00	
66.00	06600	PHYSICAL THERAPY	4,454,999	0	4,454,999	0	4,454,999	66.00	
67.00	06700	OCCUPATIONAL THERAPY	770,748	0	770,748	0	770,748	67.00	
68.00	06800	SPEECH PATHOLOGY	329,294	0	329,294	0	329,294	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,578,264		1,578,264	0	1,578,264	69.00	
69.01	06901	CARDIAC REHAB	651,915		651,915	0	651,915	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,311,138		1,311,138	4,329	1,315,467	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,539,695		18,539,695	0	18,539,695	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,290,174		11,290,174	0	11,290,174	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	12,856,023		12,856,023	0	12,856,023	73.00	
74.00	07400	RENAL DIALYSIS	1,015,614		1,015,614	0	1,015,614	74.00	
76.00	03020	IP RENAL DIALYSIS	0		0	0	0	76.00	
76.01	03950	HEART AND VASCULAR CNTR	2,865,336		2,865,336	0	2,865,336	76.01	
76.02	03952	DIABETES EDUCATION	0		0	0	0	76.02	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3,707,617		3,707,617	61,523	3,769,140	90.00	
90.01	09001	WOODRIDGE	100,351		100,351	0	100,351	90.01	
91.00	09100	EMERGENCY	8,405,056		8,405,056	0	8,405,056	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,479,075		3,479,075	0	3,479,075	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01	
93.00	04040	PARTIAL HOSP	1,319,280		1,319,280	0	1,319,280	93.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	11,567,330		11,567,330		11,567,330	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	8,251,822		8,251,822		8,251,822	116.00	
200.00		Subtotal (see instructions)	210,906,146	0	210,906,146	301,823	211,207,969	200.00	
201.00		Less Observation Beds	3,479,075		3,479,075		3,479,075	201.00	
202.00		Total (see instructions)	207,427,071	0	207,427,071	301,823	207,728,894	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/28/2021 3:08 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	41,674,596		41,674,596		30.00
31.00	03100	INTENSIVE CARE UNIT	25,188,785		25,188,785		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	6,766,234		6,766,234		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	4,383,180		4,383,180		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,821,224	61,225,483	88,046,707	0.202908	0.000000
51.00	05100	RECOVERY ROOM	3,258,590	7,055,906	10,314,496	0.139887	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,831,926	76,879	11,908,805	0.458621	0.000000
53.00	05300	ANESTHESIOLOGY	10,822,897	19,163,179	29,986,076	0.016362	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,939,864	47,838,079	60,777,943	0.134817	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	281,082	25,189,231	25,470,313	0.087755	0.000000
56.00	05600	RADIOISOTOPE	1,114,718	3,431,538	4,546,256	0.122447	0.000000
57.00	05700	CT SCAN	20,572,611	50,902,118	71,474,729	0.027549	0.000000
58.00	05800	MRI	5,187,107	21,729,350	26,916,457	0.074452	0.000000
59.00	05900	CARDIAC CATHETERIZATION	7,568,275	17,721,658	25,289,933	0.140948	0.000000
60.00	06000	LABORATORY	45,779,289	54,554,182	100,333,471	0.153856	0.000000
65.00	06500	RESPIRATORY THERAPY	20,800,413	1,205,131	22,005,544	0.187975	0.000000
66.00	06600	PHYSICAL THERAPY	3,125,711	9,476,605	12,602,316	0.353506	0.000000
67.00	06700	OCCUPATIONAL THERAPY	1,882,266	185,813	2,068,079	0.372688	0.000000
68.00	06800	SPEECH PATHOLOGY	985,829	58,723	1,044,552	0.315249	0.000000
69.00	06900	ELECTROCARDIOLOGY	7,723,547	11,162,802	18,886,349	0.083566	0.000000
69.01	06901	CARDIAC REHAB	88,862	1,047,106	1,135,968	0.573885	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	332,390	5,028,972	5,361,362	0.244553	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,943,902	14,020,072	23,963,974	0.773649	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,222,304	33,868,688	53,090,992	0.212657	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	43,179,949	14,282,211	57,462,160	0.223730	0.000000
74.00	07400	RENAL DIALYSIS	2,147,617	85,030	2,232,647	0.454892	0.000000
76.00	03020	IP RENAL DIALYSIS	0	0	0	0.000000	0.000000
76.01	03950	HEART AND VASCULAR CNTR	41,334	20,696,468	20,737,802	0.138170	0.000000
76.02	03952	DIABETES EDUCATION	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	168,661	7,571,755	7,740,416	0.478995	0.000000
90.01	09001	WOODRIDGE	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	20,539,782	41,389,858	61,929,640	0.135719	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,915,516	7,810,208	9,725,724	0.357719	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
93.00	04040	PARTIAL HOSP	1,221	7,197,177	7,198,398	0.183274	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	10,039,363	10,039,363		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	9,018,863	9,018,863		116.00
200.00		Subtotal (see instructions)	356,289,682	503,032,448	859,322,130		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	356,289,682	503,032,448	859,322,130		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.202911		50.00
51.00	05100	RECOVERY ROOM	0.139887		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.458621		52.00
53.00	05300	ANESTHESIOLOGY	0.016362		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135039		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.088667		55.00
56.00	05600	RADIOISOTOPE	0.122447		56.00
57.00	05700	CT SCAN	0.027549		57.00
58.00	05800	MRI	0.074452		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.148100		59.00
60.00	06000	LABORATORY	0.153856		60.00
65.00	06500	RESPIRATORY THERAPY	0.187975		65.00
66.00	06600	PHYSICAL THERAPY	0.353506		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.372688		67.00
68.00	06800	SPEECH PATHOLOGY	0.315249		68.00
69.00	06900	ELECTROCARDIOLOGY	0.083566		69.00
69.01	06901	CARDIAC REHAB	0.573885		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.245361		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.773649		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.212657		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223730		73.00
74.00	07400	RENAL DIALYSIS	0.454892		74.00
76.00	03020	IP RENAL DIALYSIS	0.000000		76.00
76.01	03950	HEART AND VASCULAR CNTR	0.138170		76.01
76.02	03952	DIABETES EDUCATION	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.486943		90.00
90.01	09001	WOODRIDGE	0.000000		90.01
91.00	09100	EMERGENCY	0.135719		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.357719		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04040	PARTIAL HOSP	0.183274		93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,216,682		34,216,682	0	34,216,682	30.00
31.00	03100	INTENSIVE CARE UNIT	14,276,358		14,276,358	9,225	14,285,583	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,365,169		4,365,169	8,937	4,374,106	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,196,925		2,196,925	0	2,196,925	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,865,376		17,865,376	230	17,865,606	50.00
51.00	05100	RECOVERY ROOM	1,442,862		1,442,862	0	1,442,862	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,461,628		5,461,628	0	5,461,628	52.00
53.00	05300	ANESTHESIOLOGY	490,630		490,630	0	490,630	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,193,903		8,193,903	13,490	8,207,393	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,235,157		2,235,157	23,224	2,258,381	55.00
56.00	05600	RADIOISOTOPE	556,676		556,676	0	556,676	56.00
57.00	05700	CT SCAN	1,969,060		1,969,060	0	1,969,060	57.00
58.00	05800	MRI	2,003,989		2,003,989	0	2,003,989	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,564,571		3,564,571	180,865	3,745,436	59.00
60.00	06000	LABORATORY	15,436,931		15,436,931	0	15,436,931	60.00
65.00	06500	RESPIRATORY THERAPY	4,136,498	0	4,136,498	0	4,136,498	65.00
66.00	06600	PHYSICAL THERAPY	4,454,999	0	4,454,999	0	4,454,999	66.00
67.00	06700	OCCUPATIONAL THERAPY	770,748	0	770,748	0	770,748	67.00
68.00	06800	SPEECH PATHOLOGY	329,294	0	329,294	0	329,294	68.00
69.00	06900	ELECTROCARDIOLOGY	1,578,264		1,578,264	0	1,578,264	69.00
69.01	06901	CARDIAC REHAB	651,915		651,915	0	651,915	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,311,138		1,311,138	4,329	1,315,467	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,539,695		18,539,695	0	18,539,695	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,290,174		11,290,174	0	11,290,174	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,856,023		12,856,023	0	12,856,023	73.00
74.00	07400	RENAL DIALYSIS	1,015,614		1,015,614	0	1,015,614	74.00
76.00	03020	IP RENAL DIALYSIS	0		0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	2,865,336		2,865,336	0	2,865,336	76.01
76.02	03952	DIABETES EDUCATION	0		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,707,617		3,707,617	61,523	3,769,140	90.00
90.01	09001	WOODRIDGE	100,351		100,351	0	100,351	90.01
91.00	09100	EMERGENCY	8,405,056		8,405,056	0	8,405,056	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,479,075		3,479,075	0	3,479,075	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04040	PARTIAL HOSP	1,319,280		1,319,280	0	1,319,280	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	11,567,330		11,567,330		11,567,330	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,251,822		8,251,822		8,251,822	116.00
200.00		Subtotal (see instructions)	210,906,146	0	210,906,146	301,823	211,207,969	200.00
201.00		Less Observation Beds	3,479,075		3,479,075		3,479,075	201.00
202.00		Total (see instructions)	207,427,071	0	207,427,071	301,823	207,728,894	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet C
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			Title XIX			Hospital	Cost
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	41,674,596		41,674,596		30.00
31.00	03100	INTENSIVE CARE UNIT	25,188,785		25,188,785		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	6,766,234		6,766,234		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	4,383,180		4,383,180		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,821,224	61,225,483	88,046,707	0.202908	0.000000
51.00	05100	RECOVERY ROOM	3,258,590	7,055,906	10,314,496	0.139887	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,831,926	76,879	11,908,805	0.458621	0.000000
53.00	05300	ANESTHESIOLOGY	10,822,897	19,163,179	29,986,076	0.016362	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,939,864	47,838,079	60,777,943	0.134817	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	281,082	25,189,231	25,470,313	0.087755	0.000000
56.00	05600	RADIOISOTOPE	1,114,718	3,431,538	4,546,256	0.122447	0.000000
57.00	05700	CT SCAN	20,572,611	50,902,118	71,474,729	0.027549	0.000000
58.00	05800	MRI	5,187,107	21,729,350	26,916,457	0.074452	0.000000
59.00	05900	CARDIAC CATHETERIZATION	7,568,275	17,721,658	25,289,933	0.140948	0.000000
60.00	06000	LABORATORY	45,779,289	54,554,182	100,333,471	0.153856	0.000000
65.00	06500	RESPIRATORY THERAPY	20,800,413	1,205,131	22,005,544	0.187975	0.000000
66.00	06600	PHYSICAL THERAPY	3,125,711	9,476,605	12,602,316	0.353506	0.000000
67.00	06700	OCCUPATIONAL THERAPY	1,882,266	185,813	2,068,079	0.372688	0.000000
68.00	06800	SPEECH PATHOLOGY	985,829	58,723	1,044,552	0.315249	0.000000
69.00	06900	ELECTROCARDIOLOGY	7,723,547	11,162,802	18,886,349	0.083566	0.000000
69.01	06901	CARDIAC REHAB	88,862	1,047,106	1,135,968	0.573885	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	332,390	5,028,972	5,361,362	0.244553	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,943,902	14,020,072	23,963,974	0.773649	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,222,304	33,868,688	53,090,992	0.212657	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	43,179,949	14,282,211	57,462,160	0.223730	0.000000
74.00	07400	RENAL DIALYSIS	2,147,617	85,030	2,232,647	0.454892	0.000000
76.00	03020	IP RENAL DIALYSIS	0	0	0	0.000000	0.000000
76.01	03950	HEART AND VASCULAR CNTR	41,334	20,696,468	20,737,802	0.138170	0.000000
76.02	03952	DIABETES EDUCATION	0	0	0	0.000000	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	168,661	7,571,755	7,740,416	0.478995	0.000000
90.01	09001	WOODRIDGE	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	20,539,782	41,389,858	61,929,640	0.135719	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,915,516	7,810,208	9,725,724	0.357719	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
93.00	04040	PARTIAL HOSP	1,221	7,197,177	7,198,398	0.183274	0.000000
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	10,039,363	10,039,363		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	9,018,863	9,018,863		116.00
200.00		Subtotal (see instructions)	356,289,682	503,032,448	859,322,130		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	356,289,682	503,032,448	859,322,130		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
40.00	04000	SUBPROVIDER - IPF				40.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
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
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	CARDIAC REHAB	0.000000			69.01
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
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	IP RENAL DIALYSIS	0.000000			76.00
76.01	03950	HEART AND VASCULAR CNTR	0.000000			76.01
76.02	03952	DIABETES EDUCATION	0.000000			76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOODRIDGE	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
93.00	04040	PARTIAL HOSP	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/28/2021 3:08 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	4,258,458	0	4,258,458	34,452	123.61	30.00
31.00	INTENSIVE CARE UNIT	645,623		645,623	8,385	77.00	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
40.00	SUBPROVIDER - IPF	298,081	0	298,081	4,077	73.11	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	23,188		23,188	4,242	5.47	43.00
200.00	Total (lines 30 through 199)	5,225,350		5,225,350	51,156		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	11,698	1,445,990				30.00
31.00	INTENSIVE CARE UNIT	1,237	95,249				31.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
40.00	SUBPROVIDER - IPF	277	20,251				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	13,212	1,561,490				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/28/2021 3:08 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,621,565	88,046,707	0.018417	10,105,902	186,120	50.00
51.00	05100	RECOVERY ROOM	96,342	10,314,496	0.009340	1,231,421	11,501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,232	11,908,805	0.003378	0	0	52.00
53.00	05300	ANESTHESIOLOGY	36,093	29,986,076	0.001204	3,380,248	4,070	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	624,179	60,777,943	0.010270	5,475,750	56,236	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	23,527	25,470,313	0.000924	210,938	195	55.00
56.00	05600	RADIOISOTOPE	94,823	4,546,256	0.020857	542,891	11,323	56.00
57.00	05700	CT SCAN	48,869	71,474,729	0.000684	9,154,704	6,262	57.00
58.00	05800	MRI	207,182	26,916,457	0.007697	1,994,992	15,355	58.00
59.00	05900	CARDIAC CATHETERIZATION	290,343	25,289,933	0.011481	3,173,322	36,433	59.00
60.00	06000	LABORATORY	613,586	100,333,471	0.006115	17,032,098	104,151	60.00
65.00	06500	RESPIRATORY THERAPY	39,029	22,005,544	0.001774	7,557,748	13,407	65.00
66.00	06600	PHYSICAL THERAPY	79,690	12,602,316	0.006323	1,438,455	9,095	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,814	2,068,079	0.024571	1,011,165	24,845	67.00
68.00	06800	SPEECH PATHOLOGY	32,814	1,044,552	0.031414	403,857	12,687	68.00
69.00	06900	ELECTROCARDIOLOGY	166,008	18,886,349	0.008790	3,531,328	31,040	69.00
69.01	06901	CARDIAC REHAB	63,532	1,135,968	0.055928	29,611	1,656	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	156,372	5,361,362	0.029166	95,814	2,795	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	96,746	23,963,974	0.004037	3,393,741	13,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,601	53,090,992	0.001160	8,040,898	9,327	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	194,896	57,462,160	0.003392	14,354,005	48,689	73.00
74.00	07400	RENAL DIALYSIS	4,944	2,232,647	0.002214	1,078,632	2,388	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0.000000	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	282,825	20,737,802	0.013638	33,671	459	76.01
76.02	03952	DIABETES EDUCATION	0	0	0.000000	0	0	76.02
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	645,242	7,740,416	0.083360	3,603	300	90.00
90.01	09001	WOODRIDGE	110	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	639,522	61,929,640	0.010327	8,209,492	84,779	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	432,992	9,725,724	0.044520	925,318	41,195	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04040	PARTIAL HOSP	10,186	7,198,398	0.001415	0	0	93.00
200.00		Total (lines 50 through 199)	6,654,064	762,251,109		102,409,604	728,009	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0122		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/28/2021 3:08 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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	34,452	0.00	11,698	30.00			
31.00	03100	INTENSIVE CARE UNIT		0	8,385	0.00	1,237	31.00			
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00			
40.00	04000	SUBPROVIDER - IPF	0	0	4,077	0.00	277	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00			
43.00	04300	NURSERY		0	4,242	0.00	0	43.00			
200.00		Total (lines 30 through 199)		0	51,156		13,212	200.00			
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0								33.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0122		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/28/2021 3:08 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	88,046,707	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,314,496	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,908,805	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,986,076	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	60,777,943	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	25,470,313	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,546,256	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	71,474,729	0.000000	57.00
58.00	05800	MRI	0	0	0	26,916,457	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	25,289,933	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	100,333,471	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,005,544	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,602,316	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,068,079	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,044,552	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,886,349	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,135,968	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,361,362	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	23,963,974	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	53,090,992	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	57,462,160	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,232,647	0.000000	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	20,737,802	0.000000	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	7,740,416	0.000000	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	61,929,640	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,725,724	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04040	PARTIAL HOSP	0	0	0	7,198,398	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	762,251,109		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	10,105,902	0	17,683,605	0
51.00	05100	RECOVERY ROOM	0.000000	1,231,421	0	1,274,868	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	3,380,248	0	4,834,755	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,475,750	0	7,546,459	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	210,938	0	238,919	0
56.00	05600	RADIOISOTOPE	0.000000	542,891	0	1,201,631	0
57.00	05700	CT SCAN	0.000000	9,154,704	0	13,032,804	0
58.00	05800	MRI	0.000000	1,994,992	0	4,369,479	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,173,322	0	7,261,441	0
60.00	06000	LABORATORY	0.000000	17,032,098	0	6,189,542	0
65.00	06500	RESPIRATORY THERAPY	0.000000	7,557,748	0	462,589	0
66.00	06600	PHYSICAL THERAPY	0.000000	1,438,455	0	27,033	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,011,165	0	13,350	0
68.00	06800	SPEECH PATHOLOGY	0.000000	403,857	0	9,032	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,531,328	0	3,228,145	0
69.01	06901	CARDIAC REHAB	0.000000	29,611	0	451,907	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	95,814	0	1,078,142	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,393,741	0	2,883,918	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,040,898	0	12,610,547	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	14,354,005	0	3,526,148	0
74.00	07400	RENAL DIALYSIS	0.000000	1,078,632	0	85,030	0
76.00	03020	IP RENAL DIALYSIS	0.000000	0	0	0	0
76.01	03950	HEART AND VASCULAR CNTR	0.000000	33,671	0	9,109,887	0
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	3,603	0	0	0
90.01	09001	WOODRIDGE	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.000000	8,209,492	0	7,983,119	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	925,318	0	1,943,420	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
93.00	04040	PARTIAL HOSP	0.000000	0	0	656,837	0
200.00		Total (lines 50 through 199)		102,409,604	0	107,702,607	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/28/2021 3:08 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	0.202908	17,683,605	3,115	0	3,588,145	50.00
51.00	05100	RECOVERY ROOM	0.139887	1,274,868	0	0	178,337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.458621	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.016362	4,834,755	0	0	79,106	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134817	7,546,459	0	0	1,017,391	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087755	238,919	0	0	20,966	55.00
56.00	05600	RADIOISOTOPE	0.122447	1,201,631	0	0	147,136	56.00
57.00	05700	CT SCAN	0.027549	13,032,804	0	0	359,041	57.00
58.00	05800	MRI	0.074452	4,369,479	0	0	325,316	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140948	7,261,441	0	0	1,023,486	59.00
60.00	06000	LABORATORY	0.153856	6,189,542	750	0	952,298	60.00
65.00	06500	RESPIRATORY THERAPY	0.187975	462,589	0	0	86,955	65.00
66.00	06600	PHYSICAL THERAPY	0.353506	27,033	0	0	9,556	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.372688	13,350	0	0	4,975	67.00
68.00	06800	SPEECH PATHOLOGY	0.315249	9,032	0	0	2,847	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083566	3,228,145	0	0	269,763	69.00
69.01	06901	CARDIAC REHAB	0.573885	451,907	0	0	259,343	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.244553	1,078,142	0	0	263,663	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.773649	2,883,918	29	0	2,231,140	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.212657	12,610,547	0	0	2,681,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223730	3,526,148	0	38,888	788,905	73.00
74.00	07400	RENAL DIALYSIS	0.454892	85,030	0	0	38,679	74.00
76.00	03020	IP RENAL DIALYSIS	0.000000	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.138170	9,109,887	0	0	1,258,713	76.01
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.478995	0	0	0	0	90.00
90.01	09001	WOODRIDGE	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.135719	7,983,119	0	0	1,083,461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.357719	1,943,420	0	0	695,198	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0.183274	656,837	0	0	120,381	93.00
200.00		Subtotal (see instructions)		107,702,607	3,894	38,888	17,486,522	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		107,702,607	3,894	38,888	17,486,522	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/28/2021 3:08 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	632	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	115	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CARDIAC REHAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,700		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	IP RENAL DIALYSIS	0	0		76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0		76.01
76.02	03952	DIABETES EDUCATION	0	0		76.02
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	WOODRIDGE	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04040	PARTIAL HOSP	0	0		93.00
200.00		Subtotal (see instructions)	769	8,700		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	769	8,700		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0122

Period:

Worksheet D

Component CCN: 14-S122

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:
7/28/2021 3:08 pm

Title XVIII

Subprovider -

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,621,565	88,046,707	0.018417	0	0	50.00
51.00	05100 RECOVERY ROOM	96,342	10,314,496	0.009340	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	40,232	11,908,805	0.003378	0	0	52.00
53.00	05300 ANESTHESIOLOGY	36,093	29,986,076	0.001204	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	624,179	60,777,943	0.010270	2,942	30	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	23,527	25,470,313	0.000924	0	0	55.00
56.00	05600 RADIOISOTOPE	94,823	4,546,256	0.020857	0	0	56.00
57.00	05700 CT SCAN	48,869	71,474,729	0.000684	5,088	3	57.00
58.00	05800 MRI	207,182	26,916,457	0.007697	5,305	41	58.00
59.00	05900 CARDIAC CATHETERIZATION	290,343	25,289,933	0.011481	0	0	59.00
60.00	06000 LABORATORY	613,586	100,333,471	0.006115	52,577	322	60.00
65.00	06500 RESPIRATORY THERAPY	39,029	22,005,544	0.001774	10,533	19	65.00
66.00	06600 PHYSICAL THERAPY	79,690	12,602,316	0.006323	1,504	10	66.00
67.00	06700 OCCUPATIONAL THERAPY	50,814	2,068,079	0.024571	586	14	67.00
68.00	06800 SPEECH PATHOLOGY	32,814	1,044,552	0.031414	328	10	68.00
69.00	06900 ELECTROCARDIOLOGY	166,008	18,886,349	0.008790	3,294	29	69.00
69.01	06901 CARDIAC REHAB	63,532	1,135,968	0.055928	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	156,372	5,361,362	0.029166	2,616	76	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	96,746	23,963,974	0.004037	39	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	61,601	53,090,992	0.001160	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	194,896	57,462,160	0.003392	46,063	156	73.00
74.00	07400 RENAL DIALYSIS	4,944	2,232,647	0.002214	0	0	74.00
76.00	03020 IP RENAL DIALYSIS	0	0	0.000000	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	282,825	20,737,802	0.013638	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	645,242	7,740,416	0.083360	0	0	90.00
90.01	09001 WOODRIDGE	110	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	639,522	61,929,640	0.010327	54,623	564	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,725,724	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04040 PARTIAL HOSP	10,186	7,198,398	0.001415	1,221	2	93.00
200.00	Total (lines 50 through 199)	6,221,072	762,251,109		186,719	1,276	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0122 Component CCN: 14-S122		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/28/2021 3:08 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	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
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS		0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR		0	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION		0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	WOODRIDGE		0	0	0	0	0	90.01
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP		0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0122 Component CCN: 14-S122		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/28/2021 3:08 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	88,046,707	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,314,496	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,908,805	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,986,076	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	60,777,943	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	25,470,313	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,546,256	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	71,474,729	0.000000	57.00
58.00	05800	MRI	0	0	0	26,916,457	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	25,289,933	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	100,333,471	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,005,544	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,602,316	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,068,079	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,044,552	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,886,349	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,135,968	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,361,362	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	23,963,974	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	53,090,992	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	57,462,160	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,232,647	0.000000	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	20,737,802	0.000000	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	7,740,416	0.000000	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	61,929,640	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,725,724	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04040	PARTIAL HOSP	0	0	0	7,198,398	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	762,251,109		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0122 Component CCN: 14-S122		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/28/2021 3:08 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	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	2,942	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	5,088	0	0	0	57.00
58.00	05800	MRI		0.000000	5,305	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	52,577	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.000000	10,533	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,504	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	586	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	328	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	3,294	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	2,616	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	39	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	46,063	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS		0.000000	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR		0.000000	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION		0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	WOODRIDGE		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.000000	54,623	0	216	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP		0.000000	1,221	0	0	0	93.00
200.00		Total (lines 50 through 199)			186,719	0	216	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

Period:

Worksheet D

Component CCN: 14-S122

From 01/01/2020

Part V

To 12/31/2020

Date/Time Prepared:
7/28/2021 3:08 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Charges				Costs	
			Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.202908	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.139887	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.458621	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.016362	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134817	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087755	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.122447	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027549	0	0	0	0	57.00
58.00	05800	MRI	0.074452	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140948	0	0	0	0	59.00
60.00	06000	LABORATORY	0.153856	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.187975	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.353506	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.372688	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.315249	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083566	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0.573885	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.244553	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.773649	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.212657	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223730	0		276	0	73.00
74.00	07400	RENAL DIALYSIS	0.454892	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0.000000	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.138170	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.478995	0	0	0	0	90.00
90.01	09001	WOODRIDGE	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.135719	216	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.357719	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0.183274	0	0	0	0	93.00
200.00		Subtotal (see instructions)		216	0	276	29	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		216	0	276	29	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

Period:

Worksheet D

Component CCN: 14-S122

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/28/2021 3:08 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	69.01
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	62	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOODRIDGE	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	93.00
200.00		Subtotal (see instructions)	0	62	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	62	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/28/2021 3:08 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)		34,452	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,452	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)		30,949	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)		11,698	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)		34,216,682	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)		34,216,682	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)		34,216,682	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)		993.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,618,103	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)		11,618,103	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/28/2021 3:08 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)	
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	14,285,583	8,385	1,703.71	1,237	2,107,489	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,852,108	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,577,700	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,541,239	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					728,009	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,269,248	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,308,452	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)					3,503	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					993.17	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,479,075	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

Worksheet D-1

Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		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	4,258,458	34,216,682	0.124456	3,479,075	432,992	90.00
91.00	Nursing School cost	0	34,216,682	0.000000	3,479,075	0	91.00
92.00	Allied health cost	0	34,216,682	0.000000	3,479,075	0	92.00
93.00	All other Medical Education	0	34,216,682	0.000000	3,479,075	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0122 Component CCN: 14-S122	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/28/2021 3:08 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,077	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,077	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)		4,077	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)		277	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)		4,374,106	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)		4,374,106	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)		4,374,106	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)		1,072.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		297,185	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)		297,185	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
			Component CCN: 14-S122		Date/Time Prepared: 7/28/2021 3:08 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					30,744
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					327,929
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					20,251
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,276
52.00 Total Program excludable cost (sum of lines 50 and 51)					21,527
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					306,402
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)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0122 Component CCN: 14-S122		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/28/2021 3:08 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	298,081	4,374,106	0.068147	0	0	90.00
91.00	Nursing School cost	0	4,374,106	0.000000	0	0	91.00
92.00	Allied health cost	0	4,374,106	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,374,106	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/28/2021 3:08 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		15,401,293	30.00
31.00	03100	INTENSIVE CARE UNIT		3,423,963	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.202911	10,105,902	50.00
51.00	05100	RECOVERY ROOM	0.139887	1,231,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.458621	0	52.00
53.00	05300	ANESTHESIOLOGY	0.016362	3,380,248	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135039	5,475,750	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.088667	210,938	55.00
56.00	05600	RADIOISOTOPE	0.122447	542,891	56.00
57.00	05700	CT SCAN	0.027549	9,154,704	57.00
58.00	05800	MRI	0.074452	1,994,992	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.148100	3,173,322	59.00
60.00	06000	LABORATORY	0.153856	17,032,098	60.00
65.00	06500	RESPIRATORY THERAPY	0.187975	7,557,748	65.00
66.00	06600	PHYSICAL THERAPY	0.353506	1,438,455	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.372688	1,011,165	67.00
68.00	06800	SPEECH PATHOLOGY	0.315249	403,857	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083566	3,531,328	69.00
69.01	06901	CARDIAC REHAB	0.573885	29,611	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.245361	95,814	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.773649	3,393,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.212657	8,040,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223730	14,354,005	73.00
74.00	07400	RENAL DIALYSIS	0.454892	1,078,632	74.00
76.00	03020	IP RENAL DIALYSIS	0.000000	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.138170	33,671	76.01
76.02	03952	DIABETES EDUCATION	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.486943	3,603	90.00
90.01	09001	WOODRIDGE	0.000000	0	90.01
91.00	09100	EMERGENCY	0.135719	8,209,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.357719	925,318	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04040	PARTIAL HOSP	0.183274	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		102,409,604	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)		102,409,604	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3	
		Component CCN: 14-S122		Date/Time Prepared: 7/28/2021 3:08 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		461,198		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.202911	0	0	50.00
51.00	05100 RECOVERY ROOM	0.139887	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.458621	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.016362	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.135039	2,942	397	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.088667	0	0	55.00
56.00	05600 RADIOISOTOPE	0.122447	0	0	56.00
57.00	05700 CT SCAN	0.027549	5,088	140	57.00
58.00	05800 MRI	0.074452	5,305	395	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.148100	0	0	59.00
60.00	06000 LABORATORY	0.153856	52,577	8,089	60.00
65.00	06500 RESPIRATORY THERAPY	0.187975	10,533	1,980	65.00
66.00	06600 PHYSICAL THERAPY	0.353506	1,504	532	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.372688	586	218	67.00
68.00	06800 SPEECH PATHOLOGY	0.315249	328	103	68.00
69.00	06900 ELECTROCARDIOLOGY	0.083566	3,294	275	69.00
69.01	06901 CARDIAC REHAB	0.573885	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.245361	2,616	642	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.773649	39	30	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.212657	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223730	46,063	10,306	73.00
74.00	07400 RENAL DIALYSIS	0.454892	0	0	74.00
76.00	03020 IP RENAL DIALYSIS	0.000000	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.138170	0	0	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.486943	0	0	90.00
90.01	09001 WOODRIDGE	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.135719	54,623	7,413	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.357719	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04040 PARTIAL HOSP	0.183274	1,221	224	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		186,719	30,744	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)		186,719		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/28/2021 3:08 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)		21,609,252	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,404,765	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)		167,528	2.03	
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		33,920	2.04	
3.00	Managed Care Simulated Payments		9,167,162	3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		239.63	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)		25.75	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)		0.19	7.00	
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01	
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		1.41	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)		26.97	9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		26.97	10.00	
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00	
12.00	Current year allowable FTE (see instructions)		26.97	12.00	
13.00	Total allowable FTE count for the prior year.		24.02	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.		25.56	14.00	
15.00	Sum of lines 12 through 14 divided by 3.		25.52	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		25.52	18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.106498	19.00	
20.00	Prior year resident to bed ratio (see instructions)		0.112940	20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.106498	21.00	
22.00	IME payment adjustment (see instructions)		1,638,741	22.00	
22.01	IME payment adjustment - Managed Care (see instructions)		517,770	22.01	
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00	23.00	
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00	
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00	
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00	
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00	
28.00	IME add-on adjustment amount (see instructions)		0	28.00	
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01	
29.00	Total IME payment (sum of lines 22 and 28)		1,638,741	29.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		517,770	29.01	
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.79	30.00	
31.00	Percentage of Medicaid patient days (see instructions)		18.35	31.00	
32.00	Sum of lines 30 and 31		20.14	32.00	
33.00	Allowable disproportionate share percentage (see instructions)		5.84	33.00	
34.00	Disproportionate share adjustment (see instructions)		423,605	34.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/28/2021 3:08 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000112699		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,042,486	934,276		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	780,440	235,489		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,015,929			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00			45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	32,293,740			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			32,811,510	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,545,237	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).			910,975	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			84,155	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			36,351,877	59.00
60.00	Primary payer payments			14,013	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			36,337,864	61.00
62.00	Deductibles billed to program beneficiaries			2,603,725	62.00
63.00	Coinurance billed to program beneficiaries			137,236	63.00
64.00	Allowable bad debts (see instructions)			276,357	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			179,632	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			217,848	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			33,776,535	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 AND MSP RECONCILIA			333	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)			154,849	70.93
70.94	HRR adjustment amount (see instructions)			-79,462	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/28/2021 3:08 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)		33,852,255	71.00
71.01	Sequestration adjustment (see instructions)		223,425	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		33,052,437	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)		576,393	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		722,551	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: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/28/2021 3:08 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	21,609,252	0	21,609,252		21,609,252	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,404,765	0		7,404,765	7,404,765	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	167,528	0	167,528		167,528	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	33,920	0		33,920	33,920	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,167,162	0	6,861,088	2,306,074	9,167,162	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.106498	0.106498	0.106498	0.106498		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,638,741	0	1,220,512	418,229	1,638,741	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	517,770	0	387,521	130,249	517,770	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,638,741	0	1,220,512	418,229	1,638,741	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	517,770	0	387,521	130,249	517,770	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0584	0.0584	0.0584	0.0584		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	423,605	0	315,495	108,110	423,605	11.00
11.01	Uncompensated care payments	36.00	1,015,929	0	842,080	283,069	1,125,149	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	32,293,740	0	24,045,647	8,248,093	32,293,740	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	32,811,510	0	24,433,168	8,378,342	32,811,510	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,545,237	0	-629,864	3,175,101	2,545,237	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/28/2021 3:08 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	84,155	0	0	84,155	84,155	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	23,803,304	11,637,598	35,440,902	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,260,918	0	-561,262	2,822,180	2,260,918	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	35,392	0	-6,808	42,200	35,392	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0685	0.0685	0.0685	0.0685		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	154,873	0	-38,446	193,319	154,873	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0416	0.0416	0.0416	0.0416		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	94,054	0	-23,348	117,402	94,054	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,545,237	0	-629,864	3,175,101	2,545,237	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/28/2021 3:08 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	21,609,252	21,609,252		21,609,252	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,404,765		7,404,765	7,404,765	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	167,528	167,528		167,528	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	33,920		33,920	33,920	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,167,162	6,861,088	2,306,074	9,167,162	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.106498	0.106498	0.106498		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,638,741	1,220,512	418,229	1,638,741	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	517,770	387,521	130,249	517,770	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,638,741	1,220,512	418,229	1,638,741	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	517,770	387,521	130,249	517,770	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0584	0.0584	0.0584		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	423,605	315,495	108,110	423,605	11.00
11.01	Uncompensated care payments	36.00	1,015,929	842,080	282,296	1,124,376	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	32,293,740	24,046,420	8,247,320	32,293,740	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	32,811,510	24,433,941	8,377,569	32,811,510	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,545,237	-629,864	3,175,101	2,545,237	16.00
17.00	Special add-on payments for new technologies	54.00	84,155	0	84,155	84,155	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			23,804,077	11,636,825	35,440,902	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/28/2021 3:08 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	2,260,918	-561,262	2,822,180	2,260,918	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	35,392	-6,808	42,200	35,392	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	0.0685	0.0685	0.0685		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	154,873	-38,446	193,319	154,873	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0416	0.0416	0.0416		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	94,054	-23,348	117,402	94,054	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,545,237	-629,864	3,175,101	2,545,237	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	154,849	154,489	360	154,849	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	-79,462	-73,471	-5,991	-79,462	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

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/28/2021 3:08 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		9,469	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,486,522	2.00	
3.00	OPPS payments		18,455,988	3.00	
4.00	Outlier payment (see instructions)		49,528	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)		9,469	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		42,782	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)		42,782	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)		42,782	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,313	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)		9,469	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)		18,505,516	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		629	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,061,364	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)		15,452,992	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		484,456	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)		15,937,448	30.00	
31.00	Primary payer payments		4,354	31.00	
32.00	Subtotal (line 30 minus line 31)		15,933,094	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)		191,196	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		124,277	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		139,152	36.00	
37.00	Subtotal (see instructions)		16,057,371	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		119	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)		16,057,252	40.00	
40.01	Sequestration adjustment (see instructions)		105,978	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		15,775,663	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)		175,611	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: 14-0122 Component CCN: 14-S122	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/28/2021 3:08 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		62	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29	2.00
3.00	OPPS payments		78	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)		62	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		276	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)		276	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)		276	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		214	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)		62	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)		78	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)		0	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)		140	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)		140	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		140	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)		140	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)		140	40.00
40.01	Sequestration adjustment (see instructions)		1	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		354	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)		-215	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: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/28/2021 3:08 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		31,509,446		15,358,544	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		1,341,086		417,119	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/15/2020	844,844		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	10/13/2020	642,939		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)		201,905		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)		33,052,437		15,775,663	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		576,393		175,611	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		33,628,830		15,951,274	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: 14-0122

Period:

Worksheet E-1

Component CCN: 14-S122

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/28/2021 3:08 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		233,202		354	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	11/20/2020	6,618		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)		6,618		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)		239,820		354	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		5,331		215	6.02
7.00	Total Medicare program liability (see instructions)		234,489		139	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/28/2021 3:08 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122 Component CCN: 14-S122	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 7/28/2021 3:08 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	268,908	1.00	
2.00	Net IPF PPS Outlier Payments	0	2.00	
3.00	Net IPF PPS ECT Payments	0	3.00	
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00	
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01	
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00	
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	6.00	
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	7.00	
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00	
9.00	Average Daily Census (see instructions)	11.139344	9.00	
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.	0.000000	10.00	
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00	
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	268,908	12.00	
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00	
14.00	Organ acquisition (DO NOT USE THIS LINE)	0	14.00	
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00	
16.00	Subtotal (see instructions)	268,908	16.00	
17.00	Primary payer payments	0	17.00	
18.00	Subtotal (line 16 less line 17).	268,908	18.00	
19.00	Deductibles	33,748	19.00	
20.00	Subtotal (line 18 minus line 19)	235,160	20.00	
21.00	Coinsurance	0	21.00	
22.00	Subtotal (line 20 minus line 21)	235,160	22.00	
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,364	23.00	
24.00	Adjusted reimbursable bad debts (see instructions)	887	24.00	
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00	
26.00	Subtotal (sum of lines 22 and 24)	236,047	26.00	
27.00	Direct graduate medical education payments (see instructions)	0	27.00	
28.00	Other pass through costs (see instructions)	0	28.00	
29.00	Outlier payments reconciliation	0	29.00	
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00	
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50	
30.99	Demonstration payment adjustment amount before sequestration	0	30.99	
31.00	Total amount payable to the provider (see instructions)	236,047	31.00	
31.01	Sequestration adjustment (see instructions)	1,558	31.01	
31.02	Demonstration payment adjustment amount after sequestration	0	31.02	
32.00	Interim payments	239,820	32.00	
33.00	Tentative settlement (for contractor use only)	0	33.00	
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	-5,331	34.00	
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00	
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	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: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/28/2021 3:08 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.			25.75	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			1.21	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))			-0.90	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)			23.64	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			26.97	6.00
7.00	Enter the lesser of line 5 or line 6			23.64	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.	26.97	0.00	26.97	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.	23.64	0.00	23.64	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	23.64	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	23.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	24.54	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	23.73	0.00		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	23.73	0.00		17.00
18.00	Per resident amount	146,720.75	0.00		18.00
19.00	Approved amount for resident costs	3,481,683	0	3,481,683	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			3.33	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,481,683	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)	13,212	4,673		26.00
27.00	Total Inpatient Days (see instructions)	43,808	43,808		27.00
28.00	Ratio of inpatient days to total inpatient days	0.301589	0.106670		28.00
29.00	Program direct GME amount	1,050,037	371,391	1,421,428	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		25,997	25,997	30.00
31.00	Net Program direct GME amount			1,395,431	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/28/2021 3:08 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)			2,232,647	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)			32,905,629	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)			14,013	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			32,891,616	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			17,496,082	42.00
43.00	Primary payer payments (see instructions)			4,354	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			17,491,728	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			50,383,344	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.652827	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.347173	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			1,395,431	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			910,975	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			484,456	50.00

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

Provider CCN: 14-0122

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

Worksheet G

Date/Time Prepared:
7/28/2021 3:08 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	156,098,193	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	95,928,559	0	0	0	4.00
5.00	Other receivable	4,596,627	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-56,449,777	0	0	0	6.00
7.00	Inventory	6,488,511	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	35,022,318	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)	241,684,431	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,684,405	0	0	0	12.00
13.00	Land improvements	659,611	0	0	0	13.00
14.00	Accumulated depreciation	-593,876	0	0	0	14.00
15.00	Buildings	320,137,639	0	0	0	15.00
16.00	Accumulated depreciation	-235,184,543	0	0	0	16.00
17.00	Leasehold improvements	13,710,760	0	0	0	17.00
18.00	Accumulated depreciation	-3,863,806	0	0	0	18.00
19.00	Fixed equipment	45,670,758	0	0	0	19.00
20.00	Accumulated depreciation	-35,568,360	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	132,369,868	0	0	0	23.00
24.00	Accumulated depreciation	-120,822,473	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)	129,199,983	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	10,080,329	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	15,572,343	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	25,652,672	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	396,537,086	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,308,448	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,038,242	0	0	0	38.00
39.00	Payroll taxes payable	11,433,271	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	57,714,975	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	79,494,936	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	103,899,389	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	19,549,443	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	123,448,832	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	202,943,768	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	193,593,318				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	193,593,318	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	396,537,086	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0122

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

Worksheet G-1

Date/Time Prepared:
7/28/2021 3:08 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		154,692,131		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		38,901,187				2.00
3.00	Total (sum of line 1 and line 2)		193,593,318		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)		193,593,318		0		11.00
12.00	UNRESTRICTED ASSEST	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		193,593,318		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	UNRESTRICTED ASSEST		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0122

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	46,057,776		46,057,776	1.00
2.00	SUBPROVIDER - IPF	6,766,234		6,766,234	2.00
3.00	SUBPROVIDER - IRF	0		0	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)	52,824,010		52,824,010	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,188,785		25,188,785	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	25,188,785		25,188,785	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	78,012,795		78,012,795	17.00
18.00	Ancillary services	255,716,957	419,939,976	675,656,933	18.00
19.00	Outpatient services	22,625,180	63,968,998	86,594,178	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		10,039,363	10,039,363	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	9,527,285	9,527,285	26.00
27.00	PHARMACY	1,141	735,858	736,999	27.00
27.01	PHYSICIAN REVENUE	0	5,332,148	5,332,148	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	356,356,073	509,543,628	865,899,701	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		271,285,523		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	NON RECURRING EXP	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)		271,285,523		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0122

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

Worksheet G-3

Date/Time Prepared:
7/28/2021 3:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	865,899,701	1.00
2.00	Less contractual allowances and discounts on patients' accounts	597,655,490	2.00
3.00	Net patient revenues (line 1 minus line 2)	268,244,211	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	271,285,523	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,041,312	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	485,233	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	13,881,632	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR REVENUE, OTHER OPERATING, NON OP	12,283,661	24.00
24.50	COVID-19 PHE Funding	15,291,973	24.50
25.00	Total other income (sum of lines 6-24)	41,942,499	25.00
26.00	Total (line 5 plus line 25)	38,901,187	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)	38,901,187	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0122
HHA CCN: 14-7207
Period: From 01/01/2020 To 12/31/2020
Worksheet H
Date/Time Prepared: 7/28/2021 3:08 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	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	1,540,230	113,029	3,205	31,545	680,449	2,368,458	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,668,150	123,153	43,226	0	51	1,834,580	6.00
7.00	Physical Therapy	1,285,298	94,933	42,973	0	0	1,423,204	7.00
8.00	Occupational Therapy	357,730	26,157	13,401	0	0	397,288	8.00
9.00	Speech Pathology	50,865	3,891	5,194	0	0	59,950	9.00
10.00	Medical Social Services	19,931	1,256	0	0	0	21,187	10.00
11.00	Home Health Aide	84,404	5,849	8,265	0	0	98,518	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)	5,006,608	368,268	116,264	31,545	680,500	6,203,185	24.00
		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	0	2,368,458	1,588,326	3,956,784			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	1,834,580	0	1,834,580			6.00
7.00	Physical Therapy	0	1,423,204	0	1,423,204			7.00
8.00	Occupational Therapy	0	397,288	0	397,288			8.00
9.00	Speech Pathology	0	59,950	0	59,950			9.00
10.00	Medical Social Services	0	21,187	0	21,187			10.00
11.00	Home Health Aide	0	98,518	0	98,518			11.00
12.00	Supplies (see instructions)	0	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)	0	6,203,185	1,588,326	7,791,511			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: 14-0122

Period:

Worksheet H-1

HHA CCN: 14-7207

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/28/2021 3:08 pmHome Health
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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	3,956,784	0	0	0	0	3,956,784	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,834,580	0	0	0	0	1,834,580	6.00
7.00	Physical Therapy	1,423,204	0	0	0	0	1,423,204	7.00
8.00	Occupational Therapy	397,288	0	0	0	0	397,288	8.00
9.00	Speech Pathology	59,950	0	0	0	0	59,950	9.00
10.00	Medical Social Services	21,187	0	0	0	0	21,187	10.00
11.00	Home Health Aide	98,518	0	0	0	0	98,518	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)	7,791,511	0	0	0	0	7,791,511	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	3,956,784						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,892,975	3,727,555					6.00
7.00	Physical Therapy	1,468,503	2,891,707					7.00
8.00	Occupational Therapy	409,933	807,221					8.00
9.00	Speech Pathology	61,858	121,808					9.00
10.00	Medical Social Services	21,861	43,048					10.00
11.00	Home Health Aide	101,654	200,172					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)		7,791,511					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0122

Period:

Worksheet H-1

HHA CCN: 14-7207

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/28/2021 3:08 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	-3,956,784	5.00
						3,834,727	
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,834,580	6.00
7.00	Physical Therapy	0	0	0	0	1,423,204	7.00
8.00	Occupational Therapy	0	0	0	0	397,288	8.00
9.00	Speech Pathology	0	0	0	0	59,950	9.00
10.00	Medical Social Services	0	0	0	0	21,187	10.00
11.00	Home Health Aide	0	0	0	0	98,518	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	-3,956,784	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	3,834,727	25.00
25.00						3,956,784	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	1.031829	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/28/2021 3:08 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	SHARED SERVICES	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.01	
1.00	Administrative and General	0	0	0	284,504	284,504	7,213	1.00
2.00	Skilled Nursing Care	3,727,555	0	0	308,131	4,035,686	102,313	2.00
3.00	Physical Therapy	2,891,707	0	0	237,414	3,129,121	79,329	3.00
4.00	Occupational Therapy	807,221	0	0	66,078	873,299	22,140	4.00
5.00	Speech Pathology	121,808	0	0	9,396	131,204	3,326	5.00
6.00	Medical Social Services	43,048	0	0	3,682	46,730	1,185	6.00
7.00	Home Health Aide	200,172	0	0	15,591	215,763	5,470	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)	7,791,511	0	0	924,796	8,716,307	220,976	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
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5A.01	5.03	7.00	8.00	9.00	10.00	
1.00	Administrative and General	291,717	78,408	0	0	0	0	1.00
2.00	Skilled Nursing Care	4,137,999	1,112,216	0	0	0	0	2.00
3.00	Physical Therapy	3,208,450	862,370	0	0	0	0	3.00
4.00	Occupational Therapy	895,439	240,677	0	0	0	0	4.00
5.00	Speech Pathology	134,530	36,159	0	0	0	0	5.00
6.00	Medical Social Services	47,915	12,879	0	0	0	0	6.00
7.00	Home Health Aide	221,233	59,463	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)	8,937,283	2,402,172	0	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.	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: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/28/2021 3:08 pmHome Health
Agency I

PPS

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	128,455	90,134	0	0	9,286	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)	128,455	90,134	0	0	9,286	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		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		21.00	22.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	598,000	0	598,000	0	1.00
2.00	Skilled Nursing Care	0	0	5,250,215	0	5,250,215	286,218	2.00
3.00	Physical Therapy	0	0	4,070,820	0	4,070,820	221,925	3.00
4.00	Occupational Therapy	0	0	1,136,116	0	1,136,116	61,936	4.00
5.00	Speech Pathology	0	0	170,689	0	170,689	9,305	5.00
6.00	Medical Social Services	0	0	60,794	0	60,794	3,314	6.00
7.00	Home Health Aide	0	0	280,696	0	280,696	15,302	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	11,567,330	0	11,567,330	598,000	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.						0.054516	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: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/28/2021 3:08 pmHome Health
Agency I

PPS

Cost Center Description		Total HHA Costs		
		28.00		
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	5,536,433		2.00
3.00	Physical Therapy	4,292,745		3.00
4.00	Occupational Therapy	1,198,052		4.00
5.00	Speech Pathology	179,994		5.00
6.00	Medical Social Services	64,108		6.00
7.00	Home Health Aide	295,998		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19) (2)	11,567,330		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 STATISTICAL BASIS

Provider CCN: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/28/2021 3:08 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00	4.00	5A.01	5.01	5A.03	
1.00	Administrative and General	0	0	1,540,230	0	284,504	0	1.00
2.00	Skilled Nursing Care	0	0	1,668,150	0	4,035,686	0	2.00
3.00	Physical Therapy	0	0	1,285,298	0	3,129,121	0	3.00
4.00	Occupational Therapy	0	0	357,730	0	873,299	0	4.00
5.00	Speech Pathology	0	0	50,865	0	131,204	0	5.00
6.00	Medical Social Services	0	0	19,931	0	46,730	0	6.00
7.00	Home Health Aide	0	0	84,404	0	215,763	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	0	5,006,608		8,716,307		20.00
21.00	Total cost to be allocated	0	0	924,796		220,976		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.184715		0.025352		22.00
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	
		5.03	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	291,717	0	0	0	0	2,701	1.00
2.00	Skilled Nursing Care	4,137,999	0	0	0	0	0	2.00
3.00	Physical Therapy	3,208,450	0	0	0	0	0	3.00
4.00	Occupational Therapy	895,439	0	0	0	0	0	4.00
5.00	Speech Pathology	134,530	0	0	0	0	0	5.00
6.00	Medical Social Services	47,915	0	0	0	0	0	6.00
7.00	Home Health Aide	221,233	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)	8,937,283	0	0	0	0	2,701	20.00
21.00	Total cost to be allocated	2,402,172	0	0	0	0	128,455	21.00
22.00	Unit cost multiplier	0.268781	0.000000	0.000000	0.000000	0.000000	47.558312	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/28/2021 3:08 pmHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES) 16.00	SOCIAL SERVICE (TOTAL PATI ENT DAYS) 17.00	INTERNS & RESIDENTS		
							SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME) 21.00		
1.00	Administrative and General	20,868	0	0	10,039,363	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)	20,868	0	0	10,039,363	0	0	20.00	
21.00	Total cost to be allocated	90,134	0	0	9,286	0	0	21.00	
22.00	Unit cost multiplier	4.319245	0.000000	0.000000	0.000925	0.000000	0.000000	22.00	
Cost Center Description		INTERNS & RESIDENTS							
		SERVICES-OTHER							
		PRGM COSTS APPRV (ASSIGNED TIME)							
		22.00							
1.00	Administrative and General	0							1.00
2.00	Skilled Nursing Care	0							2.00
3.00	Physical Therapy	0							3.00
4.00	Occupational Therapy	0							4.00
5.00	Speech Pathology	0							5.00
6.00	Medical Social Services	0							6.00
7.00	Home Health Aide	0							7.00
8.00	Supplies (see instructions)	0							8.00
9.00	Drugs	0							9.00
10.00	DME	0							10.00
11.00	Home Dialysis Aide Services	0							11.00
12.00	Respiratory Therapy	0							12.00
13.00	Private Duty Nursing	0							13.00
14.00	Clinic	0							14.00
15.00	Health Promotion Activities	0							15.00
16.00	Day Care Program	0							16.00
17.00	Home Delivered Meals Program	0							17.00
18.00	Homemaker Service	0							18.00
19.00	All Others (specify)	0							19.00
19.50	Telemedicine	0							19.50
20.00	Total (sum of lines 1-19)	0							20.00
21.00	Total cost to be allocated	0							21.00
22.00	Unit cost multiplier	0.000000							22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/28/2021 3:08 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	5,536,433		5,536,433	18,982	291.67
2.00	Physical Therapy	3.00	4,292,745	0	4,292,745	15,087	284.53
3.00	Occupational Therapy	4.00	1,198,052	0	1,198,052	4,371	274.09
4.00	Speech Pathology	5.00	179,994	0	179,994	655	274.80
5.00	Medical Social Services	6.00	64,108		64,108	83	772.39
6.00	Home Health Aide	7.00	295,998		295,998	2,570	115.17
7.00	Total (sum of lines 1-6)		11,567,330	0	11,567,330	41,748	
				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		16974	0	14,518		8.00
9.00	Physical Therapy		16974	0	10,915		9.00
10.00	Occupational Therapy		16974	0	3,338		10.00
11.00	Speech Pathology		16974	0	538		11.00
12.00	Medical Social Services		16974	0	79		12.00
13.00	Home Health Aide		16974	0	2,189		13.00
14.00	Total (sum of lines 8-13)			0	31,577		14.00
		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	224,085	224,085	241,264	0.928796
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000
				Program Visits		Cost of Services	
				Part B		Part B	
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	14,518		0	4,234,465	1.00
2.00	Physical Therapy	0	10,915		0	3,105,645	2.00
3.00	Occupational Therapy	0	3,338		0	914,912	3.00
4.00	Speech Pathology	0	538		0	147,842	4.00
5.00	Medical Social Services	0	79		0	61,019	5.00
6.00	Home Health Aide	0	2,189		0	252,107	6.00
7.00	Total (sum of lines 1-6)	0	31,577		0	8,715,990	7.00
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/28/2021 3:08 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	182,485	0	0	169,491	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	4,234,465						1.00
2.00	Physical Therapy	3,105,645						2.00
3.00	Occupational Therapy	914,912						3.00
4.00	Speech Pathology	147,842						4.00
5.00	Medical Social Services	61,019						5.00
6.00	Home Health Aide	252,107						6.00
7.00	Total (sum of lines 1-6)	8,715,990						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/28/2021 3:08 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	0.353506	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.372688	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.315249	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.773649	289,647	224,085	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.223730	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122 HHA CCN: 14-7207	Period: From 01/01/2020 To 12/31/2020	Worksheet H-4 Part I-II Date/Time Prepared: 7/28/2021 3:08 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	0	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	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	6,789,448	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	328,382	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	142,743	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	8,825	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	57,618	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	262	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	7,327,278	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	7,327,278	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	7,327,278	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	7,327,278	29.00
30.00	OTHER ADJUSTMENTS		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	7,327,278	31.00
31.01	Sequestration adjustment (see instructions)		0	49,311	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	7,277,968	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	-1	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 BENEFICIARIESProvider CCN: 14-0122
HHA CCN: 14-7207Period:
From 01/01/2020
To 12/31/2020

Worksheet H-5

Date/Time Prepared:
7/28/2021 3:08 pm

		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		7,277,968	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		7,277,968	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		1	6.02
7.00	Total Medicare program liability (see instructions)		0		7,277,967	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: 14-0122

Period:

Worksheet 0

Hospice CCN: 14-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/28/2021 3:08 pm

				Hospice I		7/26/2022 5:50 pm	
		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	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	160,987	160,987	0	160,987	3.00
4.00	ADMINISTRATIVE & GENERAL*	300,486	195,127	495,613	0	495,613	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	7,731	7,731	0	7,731	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	1	1	0	1	6.00
7.00	HOUSEKEEPING*	0	9,355	9,355	0	9,355	7.00
8.00	DIETARY*	0	79	79	0	79	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	152,028	152,028	0	152,028	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	51,343	51,343	0	51,343	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	45,437	29,505	74,942	0	74,942	13.00
14.00	PHARMACY*	0	220,082	220,082	0	220,082	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	64,800	64,800	0	64,800	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		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**	1,429,617	928,352	2,357,969	0	2,357,969	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	268,837	174,575	443,412	0	443,412	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	23,948	15,551	39,499	0	39,499	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	112,344	72,953	185,297	0	185,297	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	2,030	2,030	0	2,030	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
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	83,431	54,178	137,609	0	137,609	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	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
100.00	TOTAL	2,264,100	2,138,677	4,402,777	0	4,402,777	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

Provider CCN: 14-0122

Period:

Worksheet 0

Hospice CCN: 14-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/28/2021 3:08 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	160,987		3.00
4.00	ADMINISTRATIVE & GENERAL*	851,448	1,347,061		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	7,731		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	1		6.00
7.00	HOUSEKEEPING*	0	9,355		7.00
8.00	DIETARY*	0	79		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	152,028		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	51,343		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	74,942		13.00
14.00	PHARMACY*	0	220,082		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	64,800		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	2,357,969		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	443,412		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	39,499		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	185,297		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	2,030		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	137,609		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	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	851,448	5,254,225		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: 14-0122

Period:

Worksheet 0-2

Hospice CCN: 14-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/28/2021 3:08 pm

				Hospice I		7/26/2022 3:00 pm	
		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	1,166,064	757,208	1,923,272	0	1,923,272	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	219,276	142,392	361,668	0	361,668	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	19,533	12,684	32,217	0	32,217	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	91,633	59,504	151,137	0	151,137	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,656	1,656	0	1,656	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 *	1,496,506	973,444	2,469,950	0	2,469,950	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	1,923,272	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	361,668	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	32,217	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	151,137	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,656	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	2,469,950	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: 14-0122

Period:

Worksheet 0-3

Hospice CCN: 14-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/28/2021 3:08 pm

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

* Transfer the amount in column 7 to Wkst. 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	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	0	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE		Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet 0-4
		Hospice CCN: 14-1507		Date/Time Prepared: 7/28/2021 3:08 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	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	263,553	171,144	434,697	0	434,697	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	49,561	32,183	81,744	0	81,744	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	4,415	2,867	7,282	0	7,282	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	20,711	13,449	34,160	0	34,160	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	374	374	0	374	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 *	338,240	220,017	558,257	0	558,257	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	434,697	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	81,744	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	7,282	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	34,160	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	374	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	558,257	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: 14-0122

Period:

Worksheet 0-5

Hospice CCN: 14-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/28/2021 3:08 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	30,722	30,722	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	56,803	56,803	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	160,987	418,213	579,200	3.00
4.00	ADMINISTRATIVE & GENERAL	1,347,061	1,876,786	3,223,847	4.00
5.00	PLANT OPERATION & MAINTENANCE	7,731	370,101	377,832	5.00
6.00	LAUNDRY & LINEN SERVICE	1	5,464	5,465	6.00
7.00	HOUSEKEEPING	9,355	73,433	82,788	7.00
8.00	DIETARY	79	8,743	8,822	8.00
9.00	NURSING ADMINISTRATION	0	146,561	146,561	9.00
10.00	ROUTINE MEDICAL SUPPLIES	152,028	0	152,028	10.00
11.00	MEDICAL RECORDS	0	8,342	8,342	11.00
12.00	STAFF TRANSPORTATION	51,343		51,343	12.00
13.00	VOLUNTEER SERVICE COORDINATION	74,942		74,942	13.00
14.00	PHARMACY	220,082	0	220,082	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	64,800		64,800	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		2,429	2,429	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,469,950		2,469,950	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0		0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	558,257		558,257	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	137,609		137,609	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		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
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	5,254,225	2,997,597	8,251,822	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/28/2021 3:08 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	30,722		30,722							1.00
2.00	CAP REL COSTS-MVBLE EQUIP	56,803				56,803					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	579,200		0		0		579,200			3.00
4.00	ADMINISTRATIVE & GENERAL	3,223,847		30,722		56,803		82,841		3,394,213	4.00
5.00	PLANT OPERATION & MAINTENANCE	377,832		0		0		0		377,832	5.00
6.00	LAUNDRY & LINEN SERVICE	5,465		0		0		0		5,465	6.00
7.00	HOUSEKEEPING	82,788		0		0		0		82,788	7.00
8.00	DIETARY	8,822		0		0		0		8,822	8.00
9.00	NURSING ADMINISTRATION	146,561		0		0		0		146,561	9.00
10.00	ROUTINE MEDICAL SUPPLIES	152,028		0		0		0		152,028	10.00
11.00	MEDICAL RECORDS	8,342		0		0		0		8,342	11.00
12.00	STAFF TRANSPORTATION	51,343		0		0		0		51,343	12.00
13.00	VOLUNTEER SERVICE COORDINATION	74,942		0		0		12,526		87,468	13.00
14.00	PHARMACY	220,082		0		0		0		220,082	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	64,800		0		0		0		64,800	15.00
16.00	OTHER GENERAL SERVICE	0		0		0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		0				2,429	17.00
LEVEL OF CARE											
50.00	HOSPICE CONTINUOUS HOME CARE	0						0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,469,950						381,902		2,851,852	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0		0		0		0		0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	558,257		0		0		77,411		635,668	53.00
NONREIMBURSABLE COST CENTERS											
60.00	BEREAVEMENT PROGRAM	137,609		0		0		24,520		162,129	60.00
61.00	VOLUNTEER PROGRAM	0		0		0		0		0	61.00
62.00	FUNDRAISING	0		0		0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0		0		0	65.00
66.00	RESIDENTIAL CARE	0		0		0		0		0	66.00
67.00	ADVERTISING	0		0		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	8,251,822		30,722		56,803		579,200		8,251,822	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2020
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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	3,394,213						4.00
5.00	PLANT OPERATION & MAINTENANCE	264,007	641,839					5.00
6.00	LAUNDRY & LINEN SERVICE	3,819	0		9,284			6.00
7.00	HOUSEKEEPING	57,847	0			140,635		7.00
8.00	DIETARY	6,164	0			0	14,986	8.00
9.00	NURSING ADMINISTRATION	102,408	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	106,228	641,839			140,635		10.00
11.00	MEDICAL RECORDS	5,829	0			0		11.00
12.00	STAFF TRANSPORTATION	35,876	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	61,118	0			0		13.00
14.00	PHARMACY	153,781	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	45,278	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	1,697	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,992,707						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	444,168	0		9,284	0	14,986	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	113,286	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	0	0		0	0	0	99.00
100.00	TOTAL	3,394,213	641,839		9,284	140,635	14,986	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:

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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	248,969				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	1,040,730			10.00
11.00	MEDICAL RECORDS	0		14,171		11.00
12.00	STAFF TRANSPORTATION	0			87,219	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	203,069	1,003,604	13,665	71,139	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	45,900	37,126	506	16,080	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	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					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	248,969	1,040,730	14,171	87,219	148,586

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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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	373,863					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	110,078				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				4,126		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	360,526	106,151	0		6,723,892	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	13,337	3,927	0	4,126	1,252,515	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		275,415	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					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	373,863	110,078	0	4,126	8,251,822	100.00

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

Provider CCN: 14-0122

Period:

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Hospice CCN: 14-1507

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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	6,746					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		6,746				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,100,916			3.00
4.00	ADMINISTRATIVE & GENERAL	6,746	6,746	300,486	-3,394,213	4,857,609	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	377,832	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	5,465	6.00
7.00	HOUSEKEEPING	0	0	0	0	82,788	7.00
8.00	DIETARY	0	0	0	0	8,822	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	146,561	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	152,028	10.00
11.00	MEDICAL RECORDS	0	0	0	0	8,342	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	51,343	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	45,437	0	87,468	13.00
14.00	PHARMACY	0	0	0	0	220,082	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	64,800	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	2,429	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,385,261	0	2,851,852	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	280,792	0	635,668	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	88,940	0	162,129	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	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)	30,722	56,803	579,200		3,394,213	100.00
101.00	UNIT COST MULTIPLIER	4.554106	8.420249	0.275689		0.698742	101.00

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

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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	6,746					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,347				6.00
7.00	HOUSEKEEPING	0		6,746			7.00
8.00	DIETARY	0		0	1,347		8.00
9.00	NURSING ADMINISTRATION	0		0		34,519	9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,746		6,746		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					28,155	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,347	0	1,347	6,364	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)	641,839	9,284	140,635	14,986	248,969	100.00
101.00	UNIT COST MULTIPLIER	95.143641	6.892353	20.847169	11.125464	7.212521	101.00

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

Provider CCN: 14-0122

Period:

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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	37,760				10.00
11.00	MEDICAL RECORDS		37,760			11.00
12.00	STAFF TRANSPORTATION			27,982		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	1,762	13.00
14.00	PHARMACY			0	0	37,760 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	36,413	36,413	22,823	1,437	36,413 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,347	1,347	5,159	325	1,347 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)	1,040,730	14,171	87,219	148,586	373,863 100.00
101.00	UNIT COST MULTIPLIER	27.561706	0.375291	3.116968	84.328036	9.901033 101.00

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

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/28/2021 3:08 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	37,760				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			1,347		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	36,413	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,347	0	1,347		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					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	110,078	0	4,126		100.00
101.00	UNIT COST MULTIPLIER	2.915201	0.000000	3.063103		101.00

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

Provider CCN: 14-0122

Period:

Worksheet 0-7

Hospice CCN: 14-1507

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

Date/Time Prepared:
7/28/2021 3:08 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS	0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.353506	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.372688	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.315249	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.223730	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.153856	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.773649	0	0	0	7.00
8.00	PARTIAL HOSP	93.00	0.183274	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.087755	0	0	0	9.00
10.00	IP RENAL DIALYSIS	76.00	0.000000	0	0	0	10.00
10.01	HEART AND VASCULAR CNTR	76.01	0.138170	0	0	0	10.01
10.02	DIABETES EDUCATION	76.02	0.000000	0	0	0	10.02
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	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	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	PARTIAL HOSP	0	0	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	IP RENAL DIALYSIS	0	0	0	0	0	10.00
10.01	HEART AND VASCULAR CNTR	0	0	0	0	0	10.01
10.02	DIABETES EDUCATION	0	0	0	0	0	10.02
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0122

Period:

Worksheet 0-8

Hospice CCN: 14-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/28/2021 3:08 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)			6,723,892	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			36,413	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			184.66	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	34,409	352		9.00
10.00	Program cost (line 8 times line 9)	6,353,966	65,000		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)			0	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			0.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0		14.00
15.00	Program cost (line 13 times line 14)	0	0		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)			1,252,515	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,347	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			929.86	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,164	0		19.00
20.00	Program cost (line 18 times line 19)	1,082,357	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			7,976,407	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			37,760	22.00
23.00	Average cost per diem (line 21 divided by line 22)			211.24	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0122	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/28/2021 3:08 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,260,918	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		35,392	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)		108.55	3.00
4.00	Number of interns & residents (see instructions)		25.52	4.00
5.00	Indirect medical education percentage (see instructions)		6.85	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)		154,873	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.35	8.00
9.00	Sum of lines 7 and 8		20.14	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.16	10.00
11.00	Disproportionate share adjustment (see instructions)		94,054	11.00
12.00	Total prospective capital payments (see instructions)		2,545,237	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