

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).

OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet S
Parts I-III
Date/Time Prepared:
11/28/2020 5:27 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/28/2020	Time: 5:27 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	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☐ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☐ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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 ST MARYS HOSPITAL (14-0166) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)_____
Title_____
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-7,229	207,891	0	0	1.00
2.00	Subprovider - IPF	0	55,020	-156		0	2.00
3.00	Subprovider - IRF	0	26,560	-44		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	74,351	207,691	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: 14-0166		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 5:27 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1800 EAST LAKE SHORE DRIVE			PO Box:				1.00				
2.00	City: DECATUR			State: IL		Zip Code: 62521		County: MACON 2.00				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			ST MARYS HOSPITAL	140166	19500	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF			PSYCHIATRY UNIT	14S166	19500	4	07/01/2011	N	P	N	4.00
5.00	Subprovider - IRF			REHABILITATION UNIT	14T166	19500	5	07/01/2008	N	P	N	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		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	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,814	540	0	0	5,364	144	24.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0166		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 5:27 pm		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			36	33	0	0	173		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	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N	48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.						N	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
						NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
						1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.						N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/28/2020 5:27 pm

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

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

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 5:27 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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	109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
						1.00	2.00
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				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	377,583	9,565,781	2,839,732	118.01		
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0166		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 5:27 pm				
						1.00		2.00				
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		140.00				
						1.00		2.00				
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: HOSPITAL SISTERS HEALTH SYSTEM		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131					141.00		
142.00	Street: STREET: 4936 LAVERNA ROAD		PO Box:							142.00		
143.00	City: SPRINGFIELD		State: IL		Zip Code:		62794			143.00		
								1.00				
144.00	Are provider based physicians' costs included in Worksheet A?					Y		144.00				
						1.00		2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							145.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00				
								1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N		147.00				
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N		148.00				
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N		149.00				
					Part A		Part B		Title V	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		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)										0.00	166.00
								1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act												
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y		167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99		169.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/28/2020 5:27 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0166		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 5:27 pm	
				Y/N	Date		
				1.00	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	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N		Legal Oper.	
				1.00		2.00	
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	10/15/2020	Y	10/15/2020 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/28/2020 5:27 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		211 N BROADWAY STE 600, ST LOUIS, MO	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/28/2020 5:27 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		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: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 5:27 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					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	118	43,188	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)		118	43,188	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	13	4,758	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		131	47,946	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	56	20,496		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,320		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		207				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 5:27 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)	8,531	1,482	20,281		1.00
2.00	HMO and other (see instructions)	2,039	5,904			2.00
3.00	HMO IPF Subprovider	433	0			3.00
4.00	HMO IRF Subprovider	226	206			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)	8,531	1,482	20,281		7.00
8.00	INTENSIVE CARE UNIT	1,561	224	3,110		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		108	1,425		13.00
14.00	Total (see instructions)	10,092	1,814	24,816	0.00	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	2,583	0	3,505	0.00	16.00
17.00	SUBPROVIDER - IRF	1,898	36	2,926	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					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	849.26
28.00	Observation Bed Days		654	3,152		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			438		30.00
31.00	Employee discount days - IRF			38		31.00
32.00	Labor & delivery days (see instructions)	0	144	512		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/28/2020 5:27 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	2,262	333	5,525	1.00
2.00 HMO and other (see instructions)			434	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,262	333	5,525	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	145	5	215	16.00
17.00 SUBPROVIDER - IRF	0.00	0	159	4	243	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/28/2020 5:27 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	53,634,301	-13,960	53,620,341	1,766,442.66	30.35 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		3,204,885	0	3,204,885	22,677.00	141.33 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 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	0	0	0	0.00	0.00 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)		8,003,918	113,080	8,116,998	345,476.64	23.50 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,266,775	0	2,266,775	37,977.21	59.69 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		308,900	0	308,900	1,930.04	160.05 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		9,178,562	0	9,178,562	288,089.20	31.86 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)		16,985,635	0	16,985,635		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,604,035	0	3,604,035		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		915,115	0	915,115		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,560,842	0	3,560,842		
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: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/28/2020 5:27 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	300,631	0	300,631	5,207.23	57.73	26.00
27.00	Administrative & General	5.00	6,311,686	-914,411	5,397,275	161,769.33	33.36	27.00
28.00	Administrative & General under contract (see inst.)		1,064,232	0	1,064,232	18,348.64	58.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,355,089	55,118	1,410,207	56,089.79	25.14	30.00
31.00	Laundry & Linen Service	8.00	31,471	0	31,471	2,446.57	12.86	31.00
32.00	Housekeeping	9.00	948,755	0	948,755	71,221.79	13.32	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	999,317	-564,219	435,098	30,501.38	14.26	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	564,219	564,219	39,553.00	14.26	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	989,222	22,717	1,011,939	22,360.48	45.26	38.00
39.00	Central Services and Supply	14.00	440,487	0	440,487	24,864.12	17.72	39.00
40.00	Pharmacy	15.00	2,062,232	0	2,062,232	47,588.95	43.33	40.00
41.00	Medical Records & Medical Records Library	16.00	13,960	-13,960	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/28/2020 5:27 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	51,493,648	-13,960	51,479,688	1,762,114.30	29.21	1.00
2.00	Excluded area salaries (see instructions)	8,003,918	113,080	8,116,998	345,476.64	23.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	43,489,730	-127,040	43,362,690	1,416,637.66	30.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,754,237	0	11,754,237	327,996.45	35.84	4.00
5.00	Subtotal wage-related costs (see inst.)	20,546,477	0	20,546,477	0.00	47.38	5.00
6.00	Total (sum of lines 3 thru 5)	75,790,444	-127,040	75,663,404	1,744,634.11	43.37	6.00
7.00	Total overhead cost (see instructions)	14,517,082	-850,536	13,666,546	479,951.28	28.47	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
11/28/2020 5:27 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	472,778	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	9,495,429	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)	7,322,441	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	64,411	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	498,653	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,766,644	17.00
18.00	Medicare Taxes - Employers Portion Only	777,495	18.00
19.00	Unemployment Insurance	39,535	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	67,399	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,504,785	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: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/28/2020 5:27 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	2,268,509	21,504,785	1.00
2.00	Hospital	2,266,775	21,504,785	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	1,734	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/28/2020 5:27 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)			0.206459 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	11,827,786		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	142,875,102		6.00
7.00	Medicaid cost (line 1 times line 6)	29,497,851		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)	17,670,065		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	17,670,065		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)	11,492,727	1,489,523	12,982,250 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,372,777	1,489,523	3,862,300 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	2,372,777	1,489,523	3,862,300 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	5,286,651		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	679,159		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,044,861		27.01
28.00	Non-Medicare bad debt expense (see instructions)	4,241,790		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,241,458		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	5,103,758		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	22,773,823		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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		6,541,008	6,541,008	-2,337,541	4,203,467	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,918,145	2,918,145	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	300,631	14,349,111	14,649,742	3,729,662	18,379,404	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,311,686	57,022,865	63,334,551	-4,919,452	58,415,099	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,355,089	3,317,871	4,672,960	108,054	4,781,014	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,471	594,480	625,951	0	625,951	8.00
9.00	00900	HOUSEKEEPING	948,755	734,873	1,683,628	6,032	1,689,660	9.00
10.00	01000	DIETARY	999,317	856,559	1,855,876	-1,182,555	673,321	10.00
11.00	01100	CAFETERIA	0	0	0	1,182,555	1,182,555	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	989,222	88,472	1,077,694	22,717	1,100,411	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	440,487	246,889	687,376	-115,034	572,342	14.00
15.00	01500	PHARMACY	2,062,232	5,747,422	7,809,654	-5,432,358	2,377,296	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,960	1,671	15,631	0	15,631	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,163,814	3,496,189	10,660,003	-602,153	10,057,850	30.00
31.00	03100	INTENSIVE CARE UNIT	2,024,353	851,437	2,875,790	-166,963	2,708,827	31.00
40.00	04000	SUBPROVIDER - IPF	988,738	9,942	998,680	169	998,849	40.00
41.00	04100	SUBPROVIDER - IRF	1,131,947	291,794	1,423,741	35,242	1,458,983	41.00
43.00	04300	NURSERY	395,344	469,594	864,938	-6,479	858,459	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,427,328	9,165,494	11,592,822	-8,073,963	3,518,859	50.00
50.02	03330	ENDOSCOPY	289,982	214,103	504,085	-198,301	305,784	50.02
51.00	05100	RECOVERY ROOM	519,806	56,330	576,136	3,957	580,093	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,648,370	1,086,533	2,734,903	-172,762	2,562,141	52.00
53.00	05300	ANESTHESIOLOGY	3,490,393	1,538,526	5,028,919	-302,574	4,726,345	53.00
53.01	05301	PAIN CENTER	462,015	159,086	621,101	-150,190	470,911	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,675,303	722,764	2,398,067	-93,342	2,304,725	54.00
56.00	05600	RADIOISOTOPE	141,902	343,197	485,099	-269,941	215,158	56.00
57.00	05700	CT SCAN	532,722	678,380	1,211,102	-129,866	1,081,236	57.00
58.00	05800	MRI	243,181	103,778	346,959	-28,915	318,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,114,096	4,510,828	5,624,924	-2,880,757	2,744,167	59.00
60.00	06000	LABORATORY	2,076,708	3,216,162	5,292,870	-1,244,125	4,048,745	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	379,883	379,883	-86,689	293,194	62.00
65.00	06500	RESPIRATORY THERAPY	723,011	1,074,542	1,797,553	-85,958	1,711,595	65.00
66.00	06600	PHYSICAL THERAPY	2,101,796	52,570	2,154,366	44,326	2,198,692	66.00
69.00	06900	ELECTROCARDIOLOGY	838,781	802,337	1,641,118	-301,848	1,339,270	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	283,527	56,324	339,851	-43,061	296,790	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	10,914,997	10,914,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,197,241	5,197,241	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,536,089	5,536,089	73.00
75.00	07500	ASC (NON-DISTINCT PART)	177,192	57,413	234,605	-53,548	181,057	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	163,316	8,198	171,514	3,890	175,404	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	130,199	32,701	162,900	972	163,872	90.02
90.03	09003	WOUND CLINIC	183,152	103,812	286,964	18,602	305,566	90.03
90.12	09012	CTPET	23,673	121,384	145,057	-25,742	119,315	90.12
90.13	09013	RADIATION ONCOLOGY	426,055	568,270	994,325	-14,355	979,970	90.13
91.00	09100	EMERGENCY	2,921,514	4,034,350	6,955,864	-313,326	6,642,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,440,803	3,135,223	8,576,026	-98,745	8,477,281	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		421,205	421,205	-421,205	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,191,871	127,263,570	180,455,441	-29,098	180,426,343	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	14,998	93,806	108,804	0	108,804	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	94,148	483,937	578,085	0	578,085	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	109,162	3,049	112,211	0	112,211	194.01
194.02	07952	SPORTS MEDICINE REHAB	217,313	6,235	223,548	29,098	252,646	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.04	07953	CANCER CARE	413	32,504	32,917	0	32,917	194.04
194.07	07976	BLUE MOUND	0	6,901	6,901	0	6,901	194.07
194.08	07955	ARTHUR CLINIC	-37	40,523	40,486	0	40,486	194.08
194.11	07956	2981 NORTH MAIN	0	8,509	8,509	0	8,509	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	357	157,621	157,978	0	157,978	194.13
194.15	07959	MT. ZION CLINIC	0	17,369	17,369	0	17,369	194.15
194.16	07960	CERRO GORDO	0	17,069	17,069	0	17,069	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	5,116	143,404	148,520	0	148,520	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	991	337,941	338,932	0	338,932	194.36
194.38	07969	SCHOOL HEALTH SERVICES	-31	3,124	3,093	0	3,093	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		TOTAL (SUM OF LINES 118 through 199)	53,634,301	128,615,562	182,249,863	0	182,249,863	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/28/2020 5:27 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	633,623	4,837,090	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	524,048	3,442,193	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-7,393,731	10,985,673	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-29,389,141	29,025,958	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-2,800	4,778,214	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-5,320	620,631	8.00
9.00	00900	HOUSEKEEPING	0	1,689,660	9.00
10.00	01000	DIETARY	-10,801	662,520	10.00
11.00	01100	CAFETERIA	-38,699	1,143,856	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,100,411	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	572,342	14.00
15.00	01500	PHARMACY	-24,217	2,353,079	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,640,390	2,656,021	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,201,182	8,856,668	30.00
31.00	03100	INTENSIVE CARE UNIT	5,000	2,713,827	31.00
40.00	04000	SUBPROVIDER - IPF	0	998,849	40.00
41.00	04100	SUBPROVIDER - IRF	-157,711	1,301,272	41.00
43.00	04300	NURSERY	-403,152	455,307	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-334,268	3,184,591	50.00
50.02	03330	ENDOSCOPY	0	305,784	50.02
51.00	05100	RECOVERY ROOM	0	580,093	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-643,698	1,918,443	52.00
53.00	05300	ANESTHESIOLOGY	-4,376,555	349,790	53.00
53.01	05301	PAIN CENTER	0	470,911	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,058	2,313,783	54.00
56.00	05600	RADIOISOTOPE	0	215,158	56.00
57.00	05700	CT SCAN	-29,901	1,051,335	57.00
58.00	05800	MRI	0	318,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,173,643	1,570,524	59.00
60.00	06000	LABORATORY	-188,851	3,859,894	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	293,194	62.00
65.00	06500	RESPIRATORY THERAPY	-1,154,487	557,108	65.00
66.00	06600	PHYSICAL THERAPY	0	2,198,692	66.00
69.00	06900	ELECTROCARDIOLOGY	-195,906	1,143,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,369	295,421	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	10,914,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,197,241	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,536,089	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	181,057	75.00
76.00	03950	TREATMENT CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-3,432	171,972	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	-163,872	0	90.02
90.03	09003	WOUND CLINIC	-18,589	286,977	90.03
90.12	09012	CTPET	0	119,315	90.12
90.13	09013	RADIATION ONCOLOGY	-58	979,912	90.13
91.00	09100	EMERGENCY	-3,300,400	3,342,138	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-2,310	8,474,971	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-46,401,974	134,024,369	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	108,804	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	578,085	192.00
194.00	07950	SENIOR SERVICES	0	0	194.00
194.01	07951	ADULT DAY CARE	0	112,211	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	252,646	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04	07953	CANCER CARE	0	32,917	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
194.07	07976 BLUE MOUND	0	6,901	194.07
194.08	07955 ARTHUR CLINIC	0	40,486	194.08
194.11	07956 2981 NORTH MAIN	0	8,509	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	157,978	194.13
194.15	07959 MT. ZION CLINIC	0	17,369	194.15
194.16	07960 CERRO GORDO	0	17,069	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	148,520	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	338,932	194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	3,093	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	0	0	194.40
194.48	07972 MRI BUILDING	0	0	194.48
200.00	TOTAL (SUM OF LINES 118 through 199)	-46,401,974	135,847,889	200.00

RECLASSIFICATIONS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
11/28/2020 5:27 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,860,385		1.00
	0		0	2,860,385		
	B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	564,219	618,336		1.00
	0		564,219	618,336		
	F - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,536,089		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
	0		0	5,536,089		
	G - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	421,205		1.00
	0		0	421,205		
	H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	10,883,985		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	0		0	10,883,985		
	I - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,197,241		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/28/2020 5:27 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
4.00	0.00	0	0		4.00
6.00	0.00	0	0		6.00
0		0	5,197,241		
J - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	159,399	1.00
0			0	159,399	
K - LEGAL EXPENSES					
1.00		0.00	0	0	1.00
0			0	0	
L - COVID EXPENSES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,729,662	1.00
2.00	OPERATION OF PLANT	7.00	55,118	52,936	2.00
3.00	HOUSEKEEPING	9.00	0	6,032	3.00
4.00	NURSING ADMINISTRATION	13.00	22,717	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	52,350	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	37,386	0	6.00
7.00	SUBPROVIDER - IPF	40.00	538	0	7.00
8.00	SUBPROVIDER - IRF	41.00	83,444	0	8.00
9.00	NURSERY	43.00	366	0	9.00
10.00	OPERATING ROOM	50.00	85,648	0	10.00
11.00	ENDOSCOPY	50.02	4,098	0	11.00
12.00	RECOVERY ROOM	51.00	47,680	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	52,219	0	13.00
14.00	PAIN CENTER	53.01	347	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	1,045	0	15.00
16.00	MRI	58.00	11,442	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	124,872	0	17.00
18.00	LABORATORY	60.00	49,518	26,000	18.00
19.00	RESPIRATORY THERAPY	65.00	622	0	19.00
20.00	PHYSICAL THERAPY	66.00	63,734	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	662	0	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	1,746	0	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	31,012	23.00
25.00	CARDIAC REHABILITATION	76.97	3,924	0	25.00
26.00	OUTPATIENT PSYCHIATRIC	90.02	972	0	26.00
27.00	WOUND CLINIC	90.03	41,499	0	27.00
28.00	RADIATION ONCOLOGY	90.13	948	0	28.00
29.00	EMERGENCY	91.00	142,418	0	29.00
30.00	SPORTS MEDICINE REHAB	194.02	29,098	0	30.00
	TOTALS		914,411	3,845,642	
M - TUITION EXPENSE IN DEPT 8711					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	13,960	1.00
	TOTALS		0	13,960	
500.00	Grand Total: Increases		1,478,630	29,536,242	500.00

RECLASSIFICATIONS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/28/2020 5:27 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,860,385	9		1.00
	0		0	2,860,385			
	B - CAFETERIA RECLASS						
1.00	DIETARY	10.00	564,219	618,336	0		1.00
	0		564,219	618,336			
	F - CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	5,323,277	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	44,003	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	15,359	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	979	0		4.00
5.00	NURSERY	43.00	0	83	0		5.00
6.00	OPERATING ROOM	50.00	0	38,184	0		6.00
7.00	ENDOSCOPY	50.02	0	8,865	0		7.00
8.00	RECOVERY ROOM	51.00	0	1,464	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	13,143	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	53,942	0		10.00
11.00	PAIN CENTER	53.01	0	1,303	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	166	0		12.00
13.00	RADIOISOTOPE	56.00	0	169	0		13.00
14.00	CT SCAN	57.00	0	1,285	0		14.00
15.00	MRI	58.00	0	115	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	5,859	0		16.00
17.00	LABORATORY	60.00	0	55	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	3,178	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	29	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	30	0		20.00
21.00	ASC (NON-DISTINCT PART)	75.00	0	134	0		21.00
22.00	WOUND CLINIC	90.03	0	277	0		22.00
23.00	RADIATION ONCOLOGY	90.13	0	771	0		23.00
24.00	EMERGENCY	91.00	0	23,419	0		24.00
	0		0	5,536,089			
	G - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	421,205	11		1.00
	0		0	421,205			
	H - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	115,034	0		1.00
2.00	PHARMACY	15.00	0	109,081	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	584,689	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	187,704	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	369	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	45,925	0		6.00
7.00	NURSERY	43.00	0	6,762	0		7.00
8.00	OPERATING ROOM	50.00	0	4,410,192	0		8.00
9.00	ENDOSCOPY	50.02	0	193,534	0		9.00
10.00	RECOVERY ROOM	51.00	0	42,259	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	211,838	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	248,632	0		12.00
13.00	PAIN CENTER	53.01	0	149,234	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	94,221	0		14.00
15.00	RADIOISOTOPE	56.00	0	269,772	0		15.00
16.00	CT SCAN	57.00	0	128,581	0		16.00
17.00	MRI	58.00	0	40,242	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	1,542,159	0		18.00
19.00	LABORATORY	60.00	0	1,319,588	0		19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	0	86,689	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	83,402	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	19,379	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	302,480	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	44,807	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	53,414	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	34	0		26.00
27.00	WOUND CLINIC	90.03	0	22,620	0		27.00
28.00	CTPET	90.12	0	25,742	0		28.00
29.00	RADIATION ONCOLOGY	90.13	0	14,532	0		29.00
30.00	EMERGENCY	91.00	0	432,325	0		30.00
31.00	AMBULANCE SERVICES	95.00	0	98,745	0		31.00
	0		0	10,883,985			
	I - IMPLANT SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	25,811	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,286	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	1,298	0		3.00
4.00	OPERATING ROOM	50.00	0	3,711,235	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/28/2020 5:27 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
6.00	CARDIAC CATHETERIZATION	59.00	0	1,457,611	0		6.00
	0		0	5,197,241			
	J - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	159,399	5		1.00
	0		0	159,399			
	K - LEGAL EXPENSES						
1.00		0.00	0	0	0		1.00
	0		0	0			
	L - COVID EXPENSES						
1.00	ADMINISTRATIVE & GENERAL	5.00	914,411	3,845,642	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
	TOTALS		914,411	3,845,642			
	M - TUITION EXPENSE IN DEPT 8711						
1.00	MEDICAL RECORDS & LIBRARY	16.00	13,960	0	0		1.00
	TOTALS		13,960	0			
500.00	Grand Total: Decreases		1,492,590	29,522,282			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/28/2020 5:27 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	3,295,160	0	0	0	0	1.00
2.00	Land Improvements	5,809,092	0	0	0	0	2.00
3.00	Buildings and Fixtures	136,650,447	2,420,817	0	2,420,817	127,032	3.00
4.00	Building Improvements	3,282	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	68,973,145	3,655,013	0	3,655,013	811,574	6.00
7.00	HIT designated Assets	12,265,809	329,083	0	329,083	0	7.00
8.00	Subtotal (sum of lines 1-7)	226,996,935	6,404,913	0	6,404,913	938,606	8.00
9.00	Reconciling Items	15,565,834	11,570,964	0	11,570,964	0	9.00
10.00	Total (line 8 minus line 9)	211,431,101	-5,166,051	0	-5,166,051	938,606	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,295,160	0				1.00
2.00	Land Improvements	5,809,092	0				2.00
3.00	Buildings and Fixtures	138,944,232	0				3.00
4.00	Building Improvements	3,282	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	71,816,584	0				6.00
7.00	HIT designated Assets	12,594,892	0				7.00
8.00	Subtotal (sum of lines 1-7)	232,463,242	0				8.00
9.00	Reconciling Items	27,136,798	0				9.00
10.00	Total (line 8 minus line 9)	205,326,444	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/28/2020 5:27 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	6,541,008	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)	6,541,008	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	6,541,008				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,541,008				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	148,051,766	0	148,051,766	0.637638	101,639	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	84,411,476	275,376	84,136,100	0.362362	57,760	2.00
3.00	Total (sum of lines 1-2)	232,463,242	275,376	232,187,866	1.000000	159,399	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed 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	101,639	4,354,805	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	57,760	3,384,433	0	2.00
3.00	Total (sum of lines 1-2)	0	0	159,399	7,739,238	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed 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	380,646	101,639	0	0	4,837,090	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	57,760	0	0	3,442,193	2.00
3.00	Total (sum of lines 1-2)	380,646	159,399	0	0	8,279,283	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/28/2020 5:27 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 #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-40,559	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,682,205			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	4,671,163			0	12.00
13.00	Laundry and linen service	B	-5,320	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-15,905	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	0	CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00	Sale of drugs to other than patients	B	-24,217	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/28/2020 5:27 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			
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MEDICAID TAX	A	-7,726,980	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	ADVERTISING SPONSORSHIP COSTS	A	-625,377	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	ADVERTISING SPONSORSHIP COSTS	A	-932	CARDIAC REHABILITATION	76.97	0	33.02
33.03	PUBLIC RELATIONS	A	-58	RADIATION ONCOLOGY	90.13	0	33.03
33.04	PHYSICIAN RECRUITMENT	A	-241,395	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	LOBBYING COSTS	A	-30,313	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	SELF INSURED HEALTH PREMIUMS	A	-7,640,329	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07	CRNA SALARIES	A	-3,204,885	ANESTHESIOLOGY	53.00	0	33.07
33.08	CRNA BENEFITS	A	-931,591	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.08
33.09	TRANSPORTATION	A	-1	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	PURCHASED SERVICES HSHS MEDICAL	A	-19,467,437	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	PURCHASED SERVICES HSHS MEDICAL	A	-96,375	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	DEFINED PENSION	A	1,273,696	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	MISC REVENUE	B	-35,791	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	MISC REVENUE	B	-2,942	RADIOLOGY-DIAGNOSTIC	54.00	0	33.14
33.15	MISC REVENUE	B	-6,403	CARDIAC CATHETERIZATION	59.00	0	33.15
33.16	MISC REVENUE	B	-244,658	RESPIRATORY THERAPY	65.00	0	33.16
33.17	MISC REVENUE	B	-139,872	OUTPATIENT PSYCHIATRIC	90.02	0	33.17
33.18	MISC REVENUE	B	-17,814	WOUND CLINIC	90.03	0	33.18
33.19	ADVERTISING SPONSORSHIP COSTS	A	-20	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20	ADVERTISING SPONSORSHIP COSTS	A	-2,310	AMBULANCE SERVICES	95.00	0	33.20
33.22	MISC REVENUE	B	-118	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.22
33.23	MISC REVENUE	B	-2,800	OPERATION OF PLANT	7.00	0	33.23
33.24	MISC REVENUE	B	-32,568	OPERATING ROOM	50.00	0	33.24
33.25	ADVERTISING SPONSORSHIP COSTS	A	-932	ELECTROENCEPHALOGRAPHY	70.00	0	33.25
33.26	DUES	A	-880	ADMINISTRATIVE & GENERAL	5.00	0	33.26
33.27	CATERED MEALS	A	-10,801	DIETARY	10.00	0	33.27
33.28	CATERED MEALS	A	-22,794	CAFETERIA	11.00	0	33.28
33.29	ASSET RE-LIFING ADJUSTMENT	A	674,182	CAP REL COSTS-BLDG & FIXT	1.00	9	33.29
33.30	ASSET RE-LIFING ADJUSTMENT	A	524,048	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.30
33.31	GIFTS	A	-7,500	ADMINISTRATIVE & GENERAL	5.00	0	33.31
33.32	ADVERTISING SPONSORSHIP COSTS	A	-775	WOUND CLINIC	90.03	0	33.32
33.34	RESTRUCTURING	A	-3,282,206	ADMINISTRATIVE & GENERAL	5.00	0	33.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-46,401,974				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: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/28/2020 5:27 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		4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	10,161,627	10,160,621 1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - ISC	9,946,850	6,760,076 2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SSC	2,893,622	1,877,233 3.00
3.01		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SBO	4,550,215	6,629,900 3.01
3.02		16.00	MEDICAL RECORDS & LIBRARY	CONTRACTED SERVICES - SBO	2,640,390	0 3.02
3.03		8.00	LAUNDRY & LINEN SERVICE	SJS LAUNDRY FEE	580,854	580,854 3.03
3.04		5.00	ADMINISTRATIVE & GENERAL	CID SID ALLOCATION	1,485,734	1,579,445 3.04
4.00		5.00	ADMINISTRATIVE & GENERAL	RELATED SERVICES	20,284,900	20,284,900 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				52,544,192	47,873,029 5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
	1.00	2.00	3.00	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	ST. MARYS HOSPITAL	100.00	HSBS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/28/2020 5:27 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	1,006	0		1.00
2.00	3,186,774	0		2.00
3.00	1,016,389	0		3.00
3.01	-2,079,685	0		3.01
3.02	2,640,390	0		3.02
3.03	0	0		3.03
3.04	-93,711	0		3.04
4.00	0	0		4.00
5.00	4,671,163			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	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
11/28/2020 5:27 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	5.00	ADMINISTRATIVE & GENERAL	4,994	194	4,800	211,500	39	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,277,952	1,139,552	138,400	211,500	755	2.00
3.00	31.00	INTENSIVE CARE UNIT	-5,000	-5,000	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	196,063	98,300	97,763	181,300	440	4.00
5.00	43.00	NURSERY	458,893	385,993	72,900	237,100	489	5.00
6.00	50.00	OPERATING ROOM	301,700	301,700	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	643,698	643,698	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	1,171,670	1,171,670	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	-12,000	-12,000	0	0	0	9.00
10.00	57.00	CT SCAN	29,901	29,901	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	1,167,240	1,167,240	0	0	0	11.00
12.00	60.00	LABORATORY	188,851	188,851	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	923,251	903,451	19,800	211,500	132	13.00
14.00	69.00	ELECTROCARDIOLOGY	206,989	179,814	27,175	211,500	109	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	1,250	0	1,250	211,500	8	15.00
16.00	76.97	CARDIAC REHABILITATION	2,500	2,500	0	0	0	16.00
17.00	90.02	OUTPATIENT PSYCHIATRIC	24,000	24,000	0	0	0	17.00
18.00	90.03	WOUND CLINIC	29,650	0	29,650	211,500	307	18.00
19.00	91.00	EMERGENCY	3,309,653	3,294,728	14,925	211,500	91	19.00
200.00			9,921,255	9,514,592	406,663		2,370	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	3,966	198	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	76,770	3,839	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	38,352	1,918	0	0	0	4.00
5.00	43.00	NURSERY	55,741	2,787	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	57.00	CT SCAN	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	13,422	671	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	11,083	554	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	813	41	0	0	0	15.00
16.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	16.00
17.00	90.02	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	17.00
18.00	90.03	WOUND CLINIC	31,217	1,561	0	0	0	18.00
19.00	91.00	EMERGENCY	9,253	463	0	0	0	19.00
200.00			240,617	12,032	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	3,966	834	1,028		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	76,770	61,630	1,201,182		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	-5,000		3.00
4.00	41.00	SUBPROVIDER - IRF	0	38,352	59,411	157,711		4.00
5.00	43.00	NURSERY	0	55,741	17,159	403,152		5.00
6.00	50.00	OPERATING ROOM	0	0	0	301,700		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	643,698		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	1,171,670		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	-12,000		9.00
10.00	57.00	CT SCAN	0	0	0	29,901		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,167,240		11.00
12.00	60.00	LABORATORY	0	0	0	188,851		12.00
13.00	65.00	RESPIRATORY THERAPY	0	13,422	6,378	909,829		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	11,083	16,092	195,906		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	813	437	437		15.00
16.00	76.97	CARDIAC REHABILITATION	0	0	0	2,500		16.00
17.00	90.02	OUTPATIENT PSYCHIATRIC	0	0	0	24,000		17.00
18.00	90.03	WOUND CLINIC	0	31,217	0	0		18.00
19.00	91.00	EMERGENCY	0	9,253	5,672	3,300,400		19.00
200.00			0	240,617	167,613	9,682,205		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,837,090	4,837,090			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,442,193		3,442,193		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,985,673	18,550	13,201	11,017,424	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	29,025,958	629,169	447,732	1,189,335	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	36,117	25,702	0	6.00
7.00	00700	OPERATION OF PLANT	4,778,214	409,467	291,387	310,752	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	620,631	162,416	115,579	6,935	8.00
9.00	00900	HOUSEKEEPING	1,689,660	58,514	41,640	209,067	9.00
10.00	01000	DIETARY	662,520	165,608	117,851	95,878	10.00
11.00	01100	CAFETERIA	1,143,856	39,381	28,025	124,331	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,100,411	18,243	12,982	222,990	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	572,342	100,065	71,208	97,065	14.00
15.00	01500	PHARMACY	2,353,079	39,064	27,799	454,431	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,656,021	87,562	62,311	3,076	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,856,668	839,189	597,187	1,590,135	30.00
31.00	03100	INTENSIVE CARE UNIT	2,713,827	60,724	43,213	454,323	31.00
40.00	04000	SUBPROVIDER - IPF	998,849	71,386	50,800	217,996	40.00
41.00	04100	SUBPROVIDER - IRF	1,301,272	117,612	83,695	267,822	41.00
43.00	04300	NURSERY	455,307	23,543	16,754	87,198	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,184,591	179,983	128,081	553,757	50.00
50.02	03330	ENDOSCOPY	305,784	33,959	24,166	64,803	50.02
51.00	05100	RECOVERY ROOM	580,093	23,185	16,499	125,051	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,918,443	96,791	68,879	374,740	52.00
53.00	05300	ANESTHESIOLOGY	349,790	3,223	2,294	62,914	53.00
53.01	05301	PAIN CENTER	470,911	35,882	25,535	101,886	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,313,783	146,997	104,607	369,398	54.00
56.00	05600	RADIOISOTOPE	215,158	6,784	4,827	31,269	56.00
57.00	05700	CT SCAN	1,051,335	5,709	4,063	117,390	57.00
58.00	05800	MRI	318,044	9,034	6,429	56,108	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,570,524	51,025	36,310	273,018	59.00
60.00	06000	LABORATORY	3,859,894	363,179	258,447	468,533	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	293,194	2,783	1,980	0	62.00
65.00	06500	RESPIRATORY THERAPY	557,108	7,745	5,512	159,459	65.00
66.00	06600	PHYSICAL THERAPY	2,198,692	140,602	100,056	477,194	66.00
69.00	06900	ELECTROCARDIOLOGY	1,143,364	38,665	27,515	184,979	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	295,421	26,950	19,178	62,862	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	10,914,997	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,197,241	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,536,089	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	181,057	0	0	39,046	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	171,972	0	0	36,853	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	286,977	0	0	49,504	90.03
90.12	09012	CTPET	119,315	0	0	5,217	90.12
90.13	09013	RADIATION ONCOLOGY	979,912	0	0	94,094	90.13
91.00	09100	EMERGENCY	3,342,138	384,072	273,315	675,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	8,474,971	0	0	1,198,930	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	134,024,369	4,433,178	3,154,759	10,913,504	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	108,804	5,372	3,823	3,305	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	578,085	0	0	20,746	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	112,211	0	0	24,055	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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To 06/30/2020Worksheet B
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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	SPORTS MEDICINE REHAB	252,646	0	0	54,299	306,945	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	343,279	244,286	0	587,565	194.03
194.04	07953	CANCER CARE	32,917	0	0	91	33,008	194.04
194.07	07976	BLUE MOUND	6,901	0	0	0	6,901	194.07
194.08	07955	ARTHUR CLINIC	40,486	0	0	0	40,486	194.08
194.11	07956	2981 NORTH MAIN	8,509	0	0	0	8,509	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	157,978	0	0	79	158,057	194.13
194.15	07959	MT. ZION CLINIC	17,369	0	0	0	17,369	194.15
194.16	07960	CERRO GORDO	17,069	0	0	0	17,069	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	148,520	0	0	1,127	149,647	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	338,932	0	0	218	339,150	194.36
194.38	07969	SCHOOL HEALTH SERVICES	3,093	0	0	0	3,093	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	55,261	39,325	0	94,586	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
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)	135,847,889	4,837,090	3,442,193	11,017,424	135,847,889	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	31,292,194					5.00
6.00	00600	MAINTENANCE & REPAIRS	18,505	80,324				6.00
7.00	00700	OPERATION OF PLANT	1,733,107	7,919	7,530,846			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	271,068	3,141	326,709	1,506,479		8.00
9.00	00900	HOUSEKEEPING	598,339	1,132	117,705	0	2,716,057	9.00
10.00	01000	DIETARY	311,866	3,203	333,130	0	127,681	10.00
11.00	01100	CAFETERIA	399,792	762	79,218	0	30,362	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	405,490	353	36,697	0	14,065	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	251,647	1,935	201,286	0	77,148	14.00
15.00	01500	PHARMACY	860,406	755	78,580	0	30,118	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	840,829	1,693	176,135	0	67,508	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,557,078	16,230	1,688,085	1,079,951	647,002	30.00
31.00	03100	INTENSIVE CARE UNIT	979,457	1,174	122,150	138,841	46,817	31.00
40.00	04000	SUBPROVIDER - IPF	400,822	1,381	143,596	155,873	55,037	40.00
41.00	04100	SUBPROVIDER - IRF	529,947	2,275	236,583	131,814	90,676	41.00
43.00	04300	NURSERY	174,454	455	47,358	0	18,151	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,211,241	3,481	362,047	0	138,764	50.00
50.02	03330	ENDOSCOPY	128,329	657	68,310	0	26,181	50.02
51.00	05100	RECOVERY ROOM	222,955	448	46,637	0	17,875	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	736,026	1,872	194,700	0	74,624	52.00
53.00	05300	ANESTHESIOLOGY	125,189	62	6,483	0	2,485	53.00
53.01	05301	PAIN CENTER	189,844	694	72,179	0	27,664	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	878,490	2,843	295,693	0	113,332	54.00
56.00	05600	RADIOISOTOPE	77,240	131	13,645	0	5,230	56.00
57.00	05700	CT SCAN	352,768	110	11,484	0	4,402	57.00
58.00	05800	MRI	116,626	175	18,173	0	6,965	58.00
59.00	05900	CARDIAC CATHETERIZATION	577,983	987	102,639	0	39,339	59.00
60.00	06000	LABORATORY	1,481,734	7,024	730,556	0	280,004	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	89,190	54	5,598	0	2,146	62.00
65.00	06500	RESPIRATORY THERAPY	218,463	150	15,580	0	5,971	65.00
66.00	06600	PHYSICAL THERAPY	873,030	2,719	282,829	0	108,402	66.00
69.00	06900	ELECTROCARDIOLOGY	417,432	748	77,777	0	29,810	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	121,055	521	54,211	0	20,778	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,267,262	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,555,727	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,657,156	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	65,885	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	62,509	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	100,721	0	0	0	0	90.03
90.12	09012	CTPET	37,277	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	321,490	0	0	0	0	90.13
91.00	09100	EMERGENCY	1,399,308	7,428	772,583	0	296,112	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,895,757	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,513,494	72,512	6,718,356	1,506,479	2,404,649	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	36,311	104	10,805	0	4,141	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	179,252	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	40,789	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	91,880	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	175,880	6,639	690,525	0	264,662	194.03
194.04	07953	CANCER CARE	9,881	0	0	0	0	194.04
194.07	07976	BLUE MOUND	2,066	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	12,119	0	0	0	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

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Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			ADMINISTRATIVE E & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.11	07956	2981 NORTH MAIN	2,547	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	47,312	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	5,109	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	44,795	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	101,520	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	926	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	28,313	1,069	111,160	0	42,605	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	31,292,194	80,324	7,530,846	1,506,479	2,716,057	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,817,737					10.00
11.00	01100	CAFETERIA	0	1,845,727				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	35,748	0	1,846,979		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,738	0	0	1,412,434	14.00
15.00	01500	PHARMACY	0	76,085	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	133	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,303,082	424,952	0	592,593	0	30.00
31.00	03100	INTENSIVE CARE UNIT	167,527	104,384	0	210,578	0	31.00
40.00	04000	SUBPROVIDER - IPF	188,079	55,700	0	80,076	0	40.00
41.00	04100	SUBPROVIDER - IRF	159,049	58,460	0	0	0	41.00
43.00	04300	NURSERY	0	15,962	0	54,366	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	124,935	0	179,036	0	50.00
50.02	03330	ENDOSCOPY	0	15,663	0	25,375	0	50.02
51.00	05100	RECOVERY ROOM	0	25,406	0	66,433	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	76,650	0	182,921	0	52.00
53.00	05300	ANESTHESIOLOGY	0	41,867	0	0	0	53.00
53.01	05301	PAIN CENTER	0	22,579	0	36,432	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	84,432	0	25,945	0	54.00
56.00	05600	RADIOISOTOPE	0	4,988	0	0	0	56.00
57.00	05700	CT SCAN	0	23,511	0	0	0	57.00
58.00	05800	MRI	0	9,577	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	51,211	0	75,883	0	59.00
60.00	06000	LABORATORY	0	125,234	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	36,214	0	76	0	65.00
66.00	06600	PHYSICAL THERAPY	0	91,947	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	36,945	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,829	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	956,833	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	455,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	8,047	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	6,950	0	22,442	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	8,713	0	0	0	90.03
90.12	09012	CTPET	0	998	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	15,330	0	0	0	90.13
91.00	09100	EMERGENCY	0	157,524	0	280,635	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	16,727	0	4,916	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,817,737	1,812,439	0	1,837,707	1,412,434	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	8,513	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	5,853	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	6,518	0	9,272	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	12,005	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	33	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.08	07955	ARTHUR CLINIC	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	33	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	333	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	194.48
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,817,737	1,845,727	0	1,846,979	1,412,434 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	3,920,317					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,895,268				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	188,195	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	41,385	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	22,422	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	31,298	0	0	0	41.00
43.00	04300	NURSERY	0	10,539	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	311,143	0	0	0	50.00
50.02	03330	ENDOSCOPY	0	34,125	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	34,422	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,099	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	66,949	0	0	0	53.00
53.01	05301	PAIN CENTER	0	55,832	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	175,287	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	9,810	0	0	0	56.00
57.00	05700	CT SCAN	0	394,529	0	0	0	57.00
58.00	05800	MRI	0	117,761	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	162,358	0	0	0	59.00
60.00	06000	LABORATORY	0	520,481	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	14,879	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	79,250	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	126,114	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	190,171	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,224	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	96,259	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	139,193	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,920,317	491,478	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	2,496	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	4,603	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	7,041	0	0	0	90.03
90.12	09012	CTPET	0	8,957	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	41,617	0	0	0	90.13
91.00	09100	EMERGENCY	0	391,852	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	43,499	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,920,317	3,895,268	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.08	07955	ARTHUR CLINIC	0	0	0	0	0 194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	0 194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0 194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0 194.15
194.16	07960	CERRO GORDO	0	0	0	0	0 194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0 194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0 194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0 194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0 194.40
194.48	07972	MRI BUILDING	0	0	0	0	0 194.48
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	3,920,317	3,895,268	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	21,380,347	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	5,084,400	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	2,442,017	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,010,503	0	41.00
43.00	04300	NURSERY	0	0	0	904,087	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	6,377,059	0	50.00
50.02	03330	ENDOSCOPY	0	0	0	727,352	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	1,159,004	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,773,745	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	661,256	0	53.00
53.01	05301	PAIN CENTER	0	0	0	1,039,438	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,510,807	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	369,082	0	56.00
57.00	05700	CT SCAN	0	0	0	1,965,301	0	57.00
58.00	05800	MRI	0	0	0	658,892	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,941,277	0	59.00
60.00	06000	LABORATORY	0	0	0	8,095,086	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	409,824	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,085,528	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,401,585	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,147,406	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	650,029	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	15,235,351	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,347,762	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,605,040	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	296,531	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	305,329	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	452,956	0	90.03
90.12	09012	CTPET	0	0	0	171,764	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	1,452,443	0	90.13
91.00	09100	EMERGENCY	0	0	0	7,980,132	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	12,634,800	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	131,276,133	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	181,178	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	783,936	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	192,845	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALA RY & FRINGES A	SERVICES-OTHE R PRGM COSTS A				
			21.00	22.00	23.00	24.00	25.00	
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	410,830	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,725,271	0	194.03
194.04	07953	CANCER CARE	0	0	0	42,922	0	194.04
194.07	07976	BLUE MOUND	0	0	0	8,967	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	52,605	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	11,056	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	205,402	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	17,369	0	194.15
194.16	07960	CERRO GORDO	0	0	0	22,178	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	194,775	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	440,670	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	4,019	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	277,733	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	135,847,889	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.02	03330	ENDOSCOPY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
53.01	05301	PAIN CENTER	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03950	TREATMENT CENTER	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.02	09002	OUTPATIENT PSYCHIATRIC	90.02
90.03	09003	WOUND CLINIC	90.03
90.12	09012	CTPET	90.12
90.13	09013	RADIATION ONCOLOGY	90.13
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	SENIOR SERVICES	194.00
194.01	07951	ADULT DAY CARE	194.01
194.02	07952	SPORTS MEDICINE REHAB	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	194.03
194.04	07953	CANCER CARE	194.04
194.07	07976	BLUE MOUND	194.07
194.08	07955	ARTHUR CLINIC	194.08
194.11	07956	2981 NORTH MAIN	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

 Period:
 From 07/01/2019
 To 06/30/2020

 Worksheet B
 Part I
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Cost Center Description			Total	
			26.00	
194.13	07957	MEDICAL OFFICE BUILDING 1750	205,402	194.13
194.15	07959	MT. ZION CLINIC	17,369	194.15
194.16	07960	CERRO GORDO	22,178	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	194,775	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	440,670	194.36
194.38	07969	SCHOOL HEALTH SERVICES	4,019	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	277,733	194.40
194.48	07972	MRI BUILDING	0	194.48
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	135,847,889	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	18,550	13,201	31,751	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,068,803	629,169	447,732	4,145,704	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	36,117	25,702	61,819	6.00
7.00	00700	OPERATION OF PLANT	0	409,467	291,387	700,854	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	162,416	115,579	277,995	8.00
9.00	00900	HOUSEKEEPING	57	58,514	41,640	100,211	9.00
10.00	01000	DIETARY	0	165,608	117,851	283,459	10.00
11.00	01100	CAFETERIA	0	39,381	28,025	67,406	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	18,243	12,982	31,225	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	100,065	71,208	171,273	14.00
15.00	01500	PHARMACY	0	39,064	27,799	66,863	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	87,562	62,311	149,873	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	839,189	597,187	1,436,376	30.00
31.00	03100	INTENSIVE CARE UNIT	0	60,724	43,213	103,937	31.00
40.00	04000	SUBPROVIDER - IPF	0	71,386	50,800	122,186	40.00
41.00	04100	SUBPROVIDER - IRF	0	117,612	83,695	201,307	41.00
43.00	04300	NURSERY	0	23,543	16,754	40,297	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,800	179,983	128,081	309,864	50.00
50.02	03330	ENDOSCOPY	0	33,959	24,166	58,125	50.02
51.00	05100	RECOVERY ROOM	0	23,185	16,499	39,684	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	96,791	68,879	165,670	52.00
53.00	05300	ANESTHESIOLOGY	0	3,223	2,294	5,517	53.00
53.01	05301	PAIN CENTER	0	35,882	25,535	61,417	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	46	146,997	104,607	251,604	54.00
56.00	05600	RADIOISOTOPE	0	6,784	4,827	11,611	56.00
57.00	05700	CT SCAN	0	5,709	4,063	9,772	57.00
58.00	05800	MRI	0	9,034	6,429	15,463	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	51,025	36,310	87,335	59.00
60.00	06000	LABORATORY	26,355	363,179	258,447	647,981	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	2,783	1,980	4,763	62.00
65.00	06500	RESPIRATORY THERAPY	3,145	7,745	5,512	16,402	65.00
66.00	06600	PHYSICAL THERAPY	0	140,602	100,056	240,658	66.00
69.00	06900	ELECTROCARDIOLOGY	0	38,665	27,515	66,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	717	26,950	19,178	46,845	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	90.03
90.12	09012	CTPET	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	384,072	273,315	657,387	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	765,810	0	0	765,810	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,866,733	4,433,178	3,154,759	11,454,670	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	5,372	3,823	9,195	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet 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	07954	OTHER NONREIMBURSABLE COST CENTERS	0	343,279	244,286	587,565	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	3	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	1	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	55,261	39,325	94,586	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
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)	3,866,733	4,837,090	3,442,193	12,146,016	31,751	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,149,131					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,454	64,273				6.00
7.00	00700	OPERATION OF PLANT	229,798	6,337	937,884			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	35,942	2,513	40,688	357,158		8.00
9.00	00900	HOUSEKEEPING	79,336	906	14,659	0	195,714	9.00
10.00	01000	DIETARY	41,351	2,563	41,488	0	9,200	10.00
11.00	01100	CAFETERIA	53,010	609	9,866	0	2,188	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	53,765	282	4,570	0	1,013	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,367	1,549	25,068	0	5,559	14.00
15.00	01500	PHARMACY	114,084	605	9,786	0	2,170	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	111,488	1,355	21,936	0	4,865	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	471,646	12,986	210,234	256,035	46,623	30.00
31.00	03100	INTENSIVE CARE UNIT	129,869	940	15,212	32,917	3,374	31.00
40.00	04000	SUBPROVIDER - IPF	53,146	1,105	17,883	36,955	3,966	40.00
41.00	04100	SUBPROVIDER - IRF	70,267	1,820	29,464	31,251	6,534	41.00
43.00	04300	NURSERY	23,131	364	5,898	0	1,308	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	160,602	2,785	45,089	0	9,999	50.00
50.02	03330	ENDOSCOPY	17,016	526	8,507	0	1,887	50.02
51.00	05100	RECOVERY ROOM	29,562	359	5,808	0	1,288	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	97,592	1,498	24,248	0	5,377	52.00
53.00	05300	ANESTHESIOLOGY	16,599	50	807	0	179	53.00
53.01	05301	PAIN CENTER	25,172	555	8,989	0	1,993	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,482	2,275	36,825	0	8,166	54.00
56.00	05600	RADIOISOTOPE	10,242	105	1,699	0	377	56.00
57.00	05700	CT SCAN	46,775	88	1,430	0	317	57.00
58.00	05800	MRI	15,464	140	2,263	0	502	58.00
59.00	05900	CARDIAC CATHETERIZATION	76,637	790	12,783	0	2,835	59.00
60.00	06000	LABORATORY	196,468	5,620	90,983	0	20,177	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	11,826	43	697	0	155	62.00
65.00	06500	RESPIRATORY THERAPY	28,967	120	1,940	0	430	65.00
66.00	06600	PHYSICAL THERAPY	115,758	2,176	35,223	0	7,811	66.00
69.00	06900	ELECTROCARDIOLOGY	55,349	598	9,686	0	2,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,051	417	6,751	0	1,497	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	433,216	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	206,278	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	219,727	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	8,736	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,288	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	13,355	0	0	0	0	90.03
90.12	09012	CTPET	4,943	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	42,627	0	0	0	0	90.13
91.00	09100	EMERGENCY	185,538	5,944	96,217	0	21,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	383,957	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,045,881	58,023	836,697	357,158	173,275	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	4,815	83	1,346	0	298	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	23,768	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	5,408	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	12,183	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	23,320	5,312	85,997	0	19,071	194.03
194.04	07953	CANCER CARE	1,310	0	0	0	0	194.04
194.07	07976	BLUE MOUND	274	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	1,607	0	0	0	0	194.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.11	07956	2981 NORTH MAIN	338	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	6,273	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	677	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	5,939	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	13,461	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	123	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	3,754	855	13,844	0	3,070	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,149,131	64,273	937,884	357,158	195,714	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	378,337					10.00
11.00	01100	CAFETERIA	0	133,437				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,584	0	94,082		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,873	0	0	239,969	14.00
15.00	01500	PHARMACY	0	5,501	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	271,219	30,726	0	30,185	0	30.00
31.00	03100	INTENSIVE CARE UNIT	34,868	7,546	0	10,727	0	31.00
40.00	04000	SUBPROVIDER - IPF	39,146	4,027	0	4,079	0	40.00
41.00	04100	SUBPROVIDER - IRF	33,104	4,226	0	0	0	41.00
43.00	04300	NURSERY	0	1,154	0	2,769	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,032	0	9,120	0	50.00
50.02	03330	ENDOSCOPY	0	1,132	0	1,293	0	50.02
51.00	05100	RECOVERY ROOM	0	1,837	0	3,384	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,541	0	9,318	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,027	0	0	0	53.00
53.01	05301	PAIN CENTER	0	1,632	0	1,856	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,104	0	1,322	0	54.00
56.00	05600	RADIOISOTOPE	0	361	0	0	0	56.00
57.00	05700	CT SCAN	0	1,700	0	0	0	57.00
58.00	05800	MRI	0	692	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,702	0	3,865	0	59.00
60.00	06000	LABORATORY	0	9,054	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,618	0	4	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,647	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,671	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,144	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	162,561	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	77,408	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	582	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	502	0	1,143	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	630	0	0	0	90.03
90.12	09012	CTPET	0	72	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	1,108	0	0	0	90.13
91.00	09100	EMERGENCY	0	11,388	0	14,295	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	1,209	0	250	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	378,337	131,032	0	93,610	239,969	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	615	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	423	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	471	0	472	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	868	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	2	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.08	07955	ARTHUR CLINIC	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	2	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	24	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	194.48
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	378,337	133,437	0	94,082	239,969

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	200,319					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	289,536				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	13,978	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,074	0			31.00
40.00	04000	SUBPROVIDER - IPF	0	1,665	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	2,325	0			41.00
43.00	04300	NURSERY	0	783	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	23,110	0			50.00
50.02	03330	ENDOSCOPY	0	2,535	0			50.02
51.00	05100	RECOVERY ROOM	0	2,557	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,572	0			52.00
53.00	05300	ANESTHESIOLOGY	0	4,973	0			53.00
53.01	05301	PAIN CENTER	0	4,147	0			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,019	0			54.00
56.00	05600	RADIOISOTOPE	0	729	0			56.00
57.00	05700	CT SCAN	0	29,303	0			57.00
58.00	05800	MRI	0	8,746	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,059	0			59.00
60.00	06000	LABORATORY	0	38,878	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	1,105	0			62.00
65.00	06500	RESPIRATORY THERAPY	0	5,886	0			65.00
66.00	06600	PHYSICAL THERAPY	0	9,367	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	14,125	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,468	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	7,149	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,338	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	200,319	36,504	0			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	185	0			75.00
76.00	03950	TREATMENT CENTER	0	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	342	0			76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0			90.02
90.03	09003	WOUND CLINIC	0	523	0			90.03
90.12	09012	CTPET	0	665	0			90.12
90.13	09013	RADIATION ONCOLOGY	0	3,091	0			90.13
91.00	09100	EMERGENCY	0	29,104	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,231	0			95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	200,319	289,536	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0			190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0			192.00
194.00	07950	SENIOR SERVICES	0	0	0			194.00
194.01	07951	ADULT DAY CARE	0	0	0			194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0			194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.03
194.04	07953	CANCER CARE	0	0	0			194.04
194.07	07976	BLUE MOUND	0	0	0			194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.08	07955	ARTHUR CLINIC	0	0	0		194.08
194.11	07956	2981 NORTH MAIN	0	0	0		194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0		194.13
194.15	07959	MT. ZION CLINIC	0	0	0		194.15
194.16	07960	CERRO GORDO	0	0	0		194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0		194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0		194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0		194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0		194.40
194.48	07972	MRI BUILDING	0	0	0		194.48
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	200,319	289,536	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				2,784,593	0	30.00
31.00	03100	INTENSIVE CARE UNIT				343,773	0	31.00
40.00	04000	SUBPROVIDER - IPF				284,786	0	40.00
41.00	04100	SUBPROVIDER - IRF				381,070	0	41.00
43.00	04300	NURSERY				75,955	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				571,197	0	50.00
50.02	03330	ENDOSCOPY				91,208	0	50.02
51.00	05100	RECOVERY ROOM				84,839	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				313,896	0	52.00
53.00	05300	ANESTHESIOLOGY				31,333	0	53.00
53.01	05301	PAIN CENTER				106,055	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				436,907	0	54.00
56.00	05600	RADIOISOTOPE				25,214	0	56.00
57.00	05700	CT SCAN				89,723	0	57.00
58.00	05800	MRI				43,432	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				200,793	0	59.00
60.00	06000	LABORATORY				1,010,511	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD				18,589	0	62.00
65.00	06500	RESPIRATORY THERAPY				56,827	0	65.00
66.00	06600	PHYSICAL THERAPY				419,015	0	66.00
69.00	06900	ELECTROCARDIOLOGY				151,290	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				75,354	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT				602,926	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				294,024	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				456,550	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)				9,616	0	75.00
76.00	03950	TREATMENT CENTER				0	0	76.00
76.97	07697	CARDIAC REHABILITATION				10,381	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC				0	0	90.02
90.03	09003	WOUND CLINIC				14,651	0	90.03
90.12	09012	CTPET				5,695	0	90.12
90.13	09013	RADIATION ONCOLOGY				47,097	0	90.13
91.00	09100	EMERGENCY				1,023,156	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				1,157,912	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	11,218,368	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN				16,362	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES				24,251	0	192.00
194.00	07950	SENIOR SERVICES				0	0	194.00
194.01	07951	ADULT DAY CARE				6,420	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
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To 06/30/2020Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALA RY & FRINGES A	SERVICES-OTHE R PRGM COSTS A				
			21.00	22.00				
194.02	07952	SPORTS MEDICINE REHAB				13,207	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS				721,265	0	194.03
194.04	07953	CANCER CARE				1,312	0	194.04
194.07	07976	BLUE MOUND				274	0	194.07
194.08	07955	ARTHUR CLINIC				1,607	0	194.08
194.11	07956	2981 NORTH MAIN				338	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750				6,275	0	194.13
194.15	07959	MT. ZION CLINIC				0	0	194.15
194.16	07960	CERRO GORDO				677	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE				5,966	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD				13,462	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES				123	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR				116,109	0	194.40
194.48	07972	MRI BUILDING				0	0	194.48
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	12,146,016	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,784,593	30.00
31.00	03100	INTENSIVE CARE UNIT	343,773	31.00
40.00	04000	SUBPROVIDER - IPF	284,786	40.00
41.00	04100	SUBPROVIDER - IRF	381,070	41.00
43.00	04300	NURSERY	75,955	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	571,197	50.00
50.02	03330	ENDOSCOPY	91,208	50.02
51.00	05100	RECOVERY ROOM	84,839	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	313,896	52.00
53.00	05300	ANESTHESIOLOGY	31,333	53.00
53.01	05301	PAIN CENTER	106,055	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	436,907	54.00
56.00	05600	RADIOISOTOPE	25,214	56.00
57.00	05700	CT SCAN	89,723	57.00
58.00	05800	MRI	43,432	58.00
59.00	05900	CARDIAC CATHETERIZATION	200,793	59.00
60.00	06000	LABORATORY	1,010,511	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	18,589	62.00
65.00	06500	RESPIRATORY THERAPY	56,827	65.00
66.00	06600	PHYSICAL THERAPY	419,015	66.00
69.00	06900	ELECTROCARDIOLOGY	151,290	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	602,926	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	294,024	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	456,550	73.00
75.00	07500	ASC (NON-DISTINCT PART)	9,616	75.00
76.00	03950	TREATMENT CENTER	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,381	76.97
OUTPATIENT SERVICE COST CENTERS				
90.02	09002	OUTPATIENT PSYCHIATRIC	0	90.02
90.03	09003	WOUND CLINIC	14,651	90.03
90.12	09012	CTPET	5,695	90.12
90.13	09013	RADIATION ONCOLOGY	47,097	90.13
91.00	09100	EMERGENCY	1,023,156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	1,157,912	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,218,368	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	16,362	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	24,251	192.00
194.00	07950	SENIOR SERVICES	0	194.00
194.01	07951	ADULT DAY CARE	6,420	194.01
194.02	07952	SPORTS MEDICINE REHAB	13,207	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	721,265	194.03
194.04	07953	CANCER CARE	1,312	194.04
194.07	07976	BLUE MOUND	274	194.07
194.08	07955	ARTHUR CLINIC	1,607	194.08
194.11	07956	2981 NORTH MAIN	338	194.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			Total	
			26.00	
194.13	07957	MEDICAL OFFICE BUILDING 1750	6,275	194.13
194.15	07959	MT. ZION CLINIC	0	194.15
194.16	07960	CERRO GORDO	677	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	5,966	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	13,462	194.36
194.38	07969	SCHOOL HEALTH SERVICES	123	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	116,109	194.40
194.48	07972	MRI BUILDING	0	194.48
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,146,016	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MOVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	472,762					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		472,762				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,813	1,813	49,997,669			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	61,493	61,493	5,397,262	-31,292,194	104,538,326	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,530	3,530	0	0	61,819	6.00
7.00	00700	OPERATION OF PLANT	40,020	40,020	1,410,207	0	5,789,820	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,874	15,874	31,471	0	905,561	8.00
9.00	00900	HOUSEKEEPING	5,719	5,719	948,755	0	1,998,881	9.00
10.00	01000	DIETARY	16,186	16,186	435,098	0	1,041,857	10.00
11.00	01100	CAFETERIA	3,849	3,849	564,219	0	1,335,593	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,783	1,783	1,011,939	0	1,354,626	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,780	9,780	440,487	0	840,680	14.00
15.00	01500	PHARMACY	3,818	3,818	2,062,232	0	2,874,373	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,558	8,558	13,960	0	2,808,970	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,020	82,020	7,216,164	0	11,883,179	30.00
31.00	03100	INTENSIVE CARE UNIT	5,935	5,935	2,061,739	0	3,272,087	31.00
40.00	04000	SUBPROVIDER - IPF	6,977	6,977	989,276	0	1,339,031	40.00
41.00	04100	SUBPROVIDER - IRF	11,495	11,495	1,215,391	0	1,770,401	41.00
43.00	04300	NURSERY	2,301	2,301	395,710	0	582,802	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,591	17,591	2,512,976	0	4,046,412	50.00
50.02	03330	ENDOSCOPY	3,319	3,319	294,080	0	428,712	50.02
51.00	05100	RECOVERY ROOM	2,266	2,266	567,486	0	744,828	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,460	9,460	1,700,589	0	2,458,853	52.00
53.00	05300	ANESTHESIOLOGY	315	315	285,508	0	418,221	53.00
53.01	05301	PAIN CENTER	3,507	3,507	462,362	0	634,214	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,367	14,367	1,676,348	0	2,934,785	54.00
56.00	05600	RADIOISOTOPE	663	663	141,902	0	258,038	56.00
57.00	05700	CT SCAN	558	558	532,722	0	1,178,497	57.00
58.00	05800	MRI	883	883	254,623	0	389,615	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,987	4,987	1,238,968	0	1,930,877	59.00
60.00	06000	LABORATORY	35,496	35,496	2,126,226	0	4,950,053	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	272	272	0	0	297,957	62.00
65.00	06500	RESPIRATORY THERAPY	757	757	723,633	0	729,824	65.00
66.00	06600	PHYSICAL THERAPY	13,742	13,742	2,165,530	0	2,916,544	66.00
69.00	06900	ELECTROCARDIOLOGY	3,779	3,779	839,443	0	1,394,523	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,634	2,634	285,273	0	404,411	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	10,914,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,197,241	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,536,089	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	177,192	0	220,103	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	167,240	0	208,825	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	224,651	0	336,481	90.03
90.12	09012	CTPET	0	0	23,673	0	124,532	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	427,003	0	1,074,006	90.13
91.00	09100	EMERGENCY	37,538	37,538	3,063,932	0	4,674,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	5,440,803	0	9,673,901	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	433,285	433,285	49,526,073	-31,292,194	101,936,909	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	525	525	14,998	0	121,304	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	94,148	0	598,831	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	109,162	0	136,266	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
194.02	07952	SPORTS MEDICINE REHAB	0	0	246,411	0	306,945	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	33,551	33,551	0	0	587,565	194.03
194.04	07953	CANCER CARE	0	0	413	0	33,008	194.04
194.07	07976	BLUE MOUND	0	0	0	0	6,901	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	40,486	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	8,509	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	357	0	158,057	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	-17,369	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	17,069	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	5,116	0	149,647	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	991	0	339,150	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	3,093	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	5,401	5,401	0	0	94,586	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,837,090	3,442,193	11,017,424		31,292,194	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.231554	7.281027	0.220359		0.299337	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			31,751		4,149,131	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000635		0.039690	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: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	405,926				6.00
7.00	00700	OPERATION OF PLANT	40,020	365,906			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,874	15,874	33,875		8.00
9.00	00900	HOUSEKEEPING	5,719	5,719	0	344,313	9.00
10.00	01000	DIETARY	16,186	16,186	0	16,186	10.00
11.00	01100	CAFETERIA	3,849	3,849	0	3,849	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,783	1,783	0	1,783	0
14.00	01400	CENTRAL SERVICES & SUPPLY	9,780	9,780	0	9,780	0
15.00	01500	PHARMACY	3,818	3,818	0	3,818	0
16.00	01600	MEDICAL RECORDS & LIBRARY	8,558	8,558	0	8,558	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	82,020	82,020	24,284	82,020	24,284
31.00	03100	INTENSIVE CARE UNIT	5,935	5,935	3,122	5,935	3,122
40.00	04000	SUBPROVIDER - IPF	6,977	6,977	3,505	6,977	3,505
41.00	04100	SUBPROVIDER - IRF	11,495	11,495	2,964	11,495	2,964
43.00	04300	NURSERY	2,301	2,301	0	2,301	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,591	17,591	0	17,591	0
50.02	03330	ENDOSCOPY	3,319	3,319	0	3,319	0
51.00	05100	RECOVERY ROOM	2,266	2,266	0	2,266	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,460	9,460	0	9,460	0
53.00	05300	ANESTHESIOLOGY	315	315	0	315	0
53.01	05301	PAIN CENTER	3,507	3,507	0	3,507	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,367	14,367	0	14,367	0
56.00	05600	RADIOISOTOPE	663	663	0	663	0
57.00	05700	CT SCAN	558	558	0	558	0
58.00	05800	MRI	883	883	0	883	0
59.00	05900	CARDIAC CATHETERIZATION	4,987	4,987	0	4,987	0
60.00	06000	LABORATORY	35,496	35,496	0	35,496	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	272	272	0	272	0
65.00	06500	RESPIRATORY THERAPY	757	757	0	757	0
66.00	06600	PHYSICAL THERAPY	13,742	13,742	0	13,742	0
69.00	06900	ELECTROCARDIOLOGY	3,779	3,779	0	3,779	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,634	2,634	0	2,634	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	TREATMENT CENTER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0
90.03	09003	WOUND CLINIC	0	0	0	0	0
90.12	09012	CTPET	0	0	0	0	0
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	0
91.00	09100	EMERGENCY	37,538	37,538	0	37,538	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	366,449	326,429	33,875	304,836	33,875
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	525	525	0	525	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
194.00	07950	SENIOR SERVICES	0	0	0	0	0
194.01	07951	ADULT DAY CARE	0	0	0	0	0
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	0
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	33,551	33,551	0	33,551	0
194.04	07953	CANCER CARE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
194.07	07976 BLUE MOUND	0	0	0	0	0	194.07
194.08	07955 ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956 2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960 CERRO GORDO	0	0	0	0	0	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	5,401	5,401	0	5,401	0	194.40
194.48	07972 MRI BUILDING	0	0	0	0	0	194.48
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)	80,324	7,530,846	1,506,479	2,716,057	1,817,737	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.197878	20.581368	44.471705	7.888337	53.660133	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	64,273	937,884	357,158	195,714	378,337	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.158337	2.563183	10.543410	0.568419	11.168620	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: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	55,504					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,075	0	13,431,107			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,195	0	0	16,112,238		14.00
15.00	01500	PHARMACY	2,288	0	0	0	100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,779	0	4,309,296	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,139	0	1,531,311	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,675	0	582,310	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,758	0	0	0	0	41.00
43.00	04300	NURSERY	480	0	395,344	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,757	0	1,301,937	0	0	50.00
50.02	03330	ENDOSCOPY	471	0	184,522	0	0	50.02
51.00	05100	RECOVERY ROOM	764	0	483,093	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,305	0	1,330,187	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,259	0	0	0	0	53.00
53.01	05301	PAIN CENTER	679	0	264,934	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,539	0	188,673	0	0	54.00
56.00	05600	RADIOISOTOPE	150	0	0	0	0	56.00
57.00	05700	CT SCAN	707	0	0	0	0	57.00
58.00	05800	MRI	288	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,540	0	551,815	0	0	59.00
60.00	06000	LABORATORY	3,766	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,089	0	555	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,765	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,111	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	476	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	10,914,997	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,197,241	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
75.00	07500	ASC (NON-DISTINCT PART)	242	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	209	0	163,200	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	262	0	0	0	0	90.03
90.12	09012	CTPET	30	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	461	0	0	0	0	90.13
91.00	09100	EMERGENCY	4,737	0	2,040,756	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	503	0	35,752	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,503	0	13,363,685	16,112,238	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	256	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	176	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	196	0	67,422	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	361	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
194.04	07953	CANCER CARE	1	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	1	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	10	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
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)	1,845,727	0	1,846,979	1,412,434	3,920,317	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.253946	0.000000	0.137515	0.087662	39,203.170000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	133,437	0	94,082	239,969	200,319	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.404097	0.000000	0.007005	0.014894	2,003.190000	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: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES A (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	635,846,338					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,720,711	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,755,580	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	3,660,124	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,109,066	0	0	0	0	41.00
43.00	04300	NURSERY	1,720,294	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,790,516	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	5,570,473	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	5,618,930	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,851,584	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,928,724	0	0	0	0	53.00
53.01	05301	PAIN CENTER	9,113,971	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,613,675	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	1,601,445	0	0	0	0	56.00
57.00	05700	CT SCAN	64,402,343	0	0	0	0	57.00
58.00	05800	MRI	19,223,073	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,503,128	0	0	0	0	59.00
60.00	06000	LABORATORY	84,950,609	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	2,428,897	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	12,936,614	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,586,742	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	31,043,259	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,423,412	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	15,713,132	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,721,730	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,228,247	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	407,371	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	751,457	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	1,149,387	0	0	0	0	90.03
90.12	09012	CTPET	1,462,153	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	6,793,513	0	0	0	0	90.13
91.00	09100	EMERGENCY	63,965,440	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,100,738	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	635,846,338	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES A (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,895,268	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.006126	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	289,536	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000455	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHE R PRGM COSTS		
			A (ASSIGNED TIME)		
			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
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	50.02
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
53.01	05301	PAIN CENTER	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	90.03
90.12	09012	CTPET	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	90.13
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet B-1
Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-OTHE R PRGM COSTS A		
			(ASSIGNED TIME)		
			22.00	23.00	
194.02	07952	SPORTS MEDICINE REHAB	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04	07953	CANCER CARE	0	0	194.04
194.07	07976	BLUE MOUND	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	194.15
194.16	07960	CERRO GORDO	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	194.40
194.48	07972	MRI BUILDING	0	0	194.48
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
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			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	21,380,347		21,380,347	61,630	21,441,977
31.00	03100	INTENSIVE CARE UNIT	5,084,400		5,084,400	0	5,084,400
40.00	04000	SUBPROVIDER - IPF	2,442,017		2,442,017	0	2,442,017
41.00	04100	SUBPROVIDER - IRF	3,010,503		3,010,503	59,411	3,069,914
43.00	04300	NURSERY	904,087		904,087	17,159	921,246
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,377,059		6,377,059	0	6,377,059
50.02	03330	ENDOSCOPY	727,352		727,352	0	727,352
51.00	05100	RECOVERY ROOM	1,159,004		1,159,004	0	1,159,004
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,773,745		3,773,745	0	3,773,745
53.00	05300	ANESTHESIOLOGY	661,256		661,256	0	661,256
53.01	05301	PAIN CENTER	1,039,438		1,039,438	0	1,039,438
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,510,807		4,510,807	0	4,510,807
56.00	05600	RADIOISOTOPE	369,082		369,082	0	369,082
57.00	05700	CT SCAN	1,965,301		1,965,301	0	1,965,301
58.00	05800	MRI	658,892		658,892	0	658,892
59.00	05900	CARDIAC CATHETERIZATION	2,941,277		2,941,277	0	2,941,277
60.00	06000	LABORATORY	8,095,086		8,095,086	0	8,095,086
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	409,824		409,824	0	409,824
65.00	06500	RESPIRATORY THERAPY	1,085,528	0	1,085,528	6,378	1,091,906
66.00	06600	PHYSICAL THERAPY	4,401,585	0	4,401,585	0	4,401,585
69.00	06900	ELECTROCARDIOLOGY	2,147,406		2,147,406	16,092	2,163,498
70.00	07000	ELECTROENCEPHALOGRAPHY	650,029		650,029	437	650,466
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	15,235,351		15,235,351	0	15,235,351
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,347,762		7,347,762	0	7,347,762
73.00	07300	DRUGS CHARGED TO PATIENTS	11,605,040		11,605,040	0	11,605,040
75.00	07500	ASC (NON-DISTINCT PART)	296,531		296,531	0	296,531
76.00	03950	TREATMENT CENTER	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	305,329		305,329	0	305,329
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0		0	0	0
90.03	09003	WOUND CLINIC	452,956		452,956	0	452,956
90.12	09012	CTPET	171,764		171,764	0	171,764
90.13	09013	RADIATION ONCOLOGY	1,452,443		1,452,443	0	1,452,443
91.00	09100	EMERGENCY	7,980,132		7,980,132	5,672	7,985,804
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,884,175		2,884,175	0	2,884,175
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	12,634,800		12,634,800	0	12,634,800
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	134,160,308	0	134,160,308	166,779	134,327,087
201.00		Less Observation Beds	2,884,175		2,884,175		2,884,175
202.00		Total (see instructions)	131,276,133	0	131,276,133	166,779	131,442,912

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,738,055		25,738,055		30.00
31.00	03100	INTENSIVE CARE UNIT	6,755,580		6,755,580		31.00
40.00	04000	SUBPROVIDER - IPF	3,660,124		3,660,124		40.00
41.00	04100	SUBPROVIDER - IRF	5,109,066		5,109,066		41.00
43.00	04300	NURSERY	1,720,294		1,720,294		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,848,735	32,941,781	50,790,516	0.125556	0.000000
50.02	03330	ENDOSCOPY	571,699	4,998,774	5,570,473	0.130573	0.000000
51.00	05100	RECOVERY ROOM	1,657,238	3,961,692	5,618,930	0.206268	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,043,945	1,807,639	7,851,584	0.480635	0.000000
53.00	05300	ANESTHESIOLOGY	3,359,916	7,568,808	10,928,724	0.060506	0.000000
53.01	05301	PAIN CENTER	39,930	9,074,041	9,113,971	0.114049	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,216,319	21,397,356	28,613,675	0.157645	0.000000
56.00	05600	RADIOISOTOPE	526,798	1,074,647	1,601,445	0.230468	0.000000
57.00	05700	CT SCAN	17,444,125	46,958,218	64,402,343	0.030516	0.000000
58.00	05800	MRI	3,783,949	15,439,124	19,223,073	0.034276	0.000000
59.00	05900	CARDIAC CATHETERIZATION	8,777,757	17,725,371	26,503,128	0.110978	0.000000
60.00	06000	LABORATORY	31,480,686	53,469,923	84,950,609	0.095292	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,546,313	882,584	2,428,897	0.168728	0.000000
65.00	06500	RESPIRATORY THERAPY	10,101,073	2,835,541	12,936,614	0.083911	0.000000
66.00	06600	PHYSICAL THERAPY	10,316,269	10,270,473	20,586,742	0.213807	0.000000
69.00	06900	ELECTROCARDIOLOGY	5,648,289	25,394,970	31,043,259	0.069175	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	474,593	4,948,819	5,423,412	0.119856	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,071,215	8,641,917	15,713,132	0.096594	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,177,015	11,544,715	22,721,730	0.323380	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	42,832,603	37,395,644	80,228,247	0.144650	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	8,670	398,701	407,371	0.727914	0.000000
76.00	03950	TREATMENT CENTER	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	1,932	749,525	751,457	0.406316	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0.000000	0.000000
90.03	09003	WOUND CLINIC	246,474	902,913	1,149,387	0.394085	0.000000
90.12	09012	CTPET	0	1,462,153	1,462,153	0.117473	0.000000
90.13	09013	RADIATION ONCOLOGY	69,027	6,724,486	6,793,513	0.213799	0.000000
91.00	09100	EMERGENCY	14,228,438	49,737,002	63,965,440	0.124757	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,565,242	3,417,414	4,982,656	0.578843	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	7,100,738	7,100,738	1.779364	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	247,021,369	388,824,969	635,846,338		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	247,021,369	388,824,969	635,846,338		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
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To 06/30/2020Worksheet C
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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
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	0.125556			50.00
50.02	03330	ENDOSCOPY	0.130573			50.02
51.00	05100	RECOVERY ROOM	0.206268			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.480635			52.00
53.00	05300	ANESTHESIOLOGY	0.060506			53.00
53.01	05301	PAIN CENTER	0.114049			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157645			54.00
56.00	05600	RADIOISOTOPE	0.230468			56.00
57.00	05700	CT SCAN	0.030516			57.00
58.00	05800	MRI	0.034276			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.110978			59.00
60.00	06000	LABORATORY	0.095292			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.168728			62.00
65.00	06500	RESPIRATORY THERAPY	0.084404			65.00
66.00	06600	PHYSICAL THERAPY	0.213807			66.00
69.00	06900	ELECTROCARDIOLOGY	0.069693			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119937			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.969594			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.323380			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144650			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.727914			75.00
76.00	03950	TREATMENT CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.406316			76.97
OUTPATIENT SERVICE COST CENTERS						
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000			90.02
90.03	09003	WOUND CLINIC	0.394085			90.03
90.12	09012	CTPET	0.117473			90.12
90.13	09013	RADIATION ONCOLOGY	0.213799			90.13
91.00	09100	EMERGENCY	0.124846			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.578843			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1.779364			95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 5:27 pm

			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	21,380,347		21,380,347	61,630	21,441,977
31.00	03100	INTENSIVE CARE UNIT	5,084,400		5,084,400	0	5,084,400
40.00	04000	SUBPROVIDER - IPF	2,442,017		2,442,017	0	2,442,017
41.00	04100	SUBPROVIDER - IRF	3,010,503		3,010,503	59,411	3,069,914
43.00	04300	NURSERY	904,087		904,087	17,159	921,246
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,377,059		6,377,059	0	6,377,059
50.02	03330	ENDOSCOPY	727,352		727,352	0	727,352
51.00	05100	RECOVERY ROOM	1,159,004		1,159,004	0	1,159,004
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,773,745		3,773,745	0	3,773,745
53.00	05300	ANESTHESIOLOGY	661,256		661,256	0	661,256
53.01	05301	PAIN CENTER	1,039,438		1,039,438	0	1,039,438
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,510,807		4,510,807	0	4,510,807
56.00	05600	RADIOISOTOPE	369,082		369,082	0	369,082
57.00	05700	CT SCAN	1,965,301		1,965,301	0	1,965,301
58.00	05800	MRI	658,892		658,892	0	658,892
59.00	05900	CARDIAC CATHETERIZATION	2,941,277		2,941,277	0	2,941,277
60.00	06000	LABORATORY	8,095,086		8,095,086	0	8,095,086
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	409,824		409,824	0	409,824
65.00	06500	RESPIRATORY THERAPY	1,085,528	0	1,085,528	6,378	1,091,906
66.00	06600	PHYSICAL THERAPY	4,401,585	0	4,401,585	0	4,401,585
69.00	06900	ELECTROCARDIOLOGY	2,147,406		2,147,406	16,092	2,163,498
70.00	07000	ELECTROENCEPHALOGRAPHY	650,029		650,029	437	650,466
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	15,235,351		15,235,351	0	15,235,351
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,347,762		7,347,762	0	7,347,762
73.00	07300	DRUGS CHARGED TO PATIENTS	11,605,040		11,605,040	0	11,605,040
75.00	07500	ASC (NON-DISTINCT PART)	296,531		296,531	0	296,531
76.00	03950	TREATMENT CENTER	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	305,329		305,329	0	305,329
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0		0	0	0
90.03	09003	WOUND CLINIC	452,956		452,956	0	452,956
90.12	09012	CTPET	171,764		171,764	0	171,764
90.13	09013	RADIATION ONCOLOGY	1,452,443		1,452,443	0	1,452,443
91.00	09100	EMERGENCY	7,980,132		7,980,132	5,672	7,985,804
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,884,175		2,884,175	0	2,884,175
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	12,634,800		12,634,800	0	12,634,800
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	134,160,308	0	134,160,308	166,779	134,327,087
201.00		Less Observation Beds	2,884,175		2,884,175		2,884,175
202.00		Total (see instructions)	131,276,133	0	131,276,133	166,779	131,442,912

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
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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	25,738,055		25,738,055		30.00
31.00	03100	INTENSIVE CARE UNIT	6,755,580		6,755,580		31.00
40.00	04000	SUBPROVIDER - IPF	3,660,124		3,660,124		40.00
41.00	04100	SUBPROVIDER - IRF	5,109,066		5,109,066		41.00
43.00	04300	NURSERY	1,720,294		1,720,294		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,848,735	32,941,781	50,790,516	0.125556	0.000000
50.02	03330	ENDOSCOPY	571,699	4,998,774	5,570,473	0.130573	0.000000
51.00	05100	RECOVERY ROOM	1,657,238	3,961,692	5,618,930	0.206268	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,043,945	1,807,639	7,851,584	0.480635	0.000000
53.00	05300	ANESTHESIOLOGY	3,359,916	7,568,808	10,928,724	0.060506	0.000000
53.01	05301	PAIN CENTER	39,930	9,074,041	9,113,971	0.114049	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,216,319	21,397,356	28,613,675	0.157645	0.000000
56.00	05600	RADIOISOTOPE	526,798	1,074,647	1,601,445	0.230468	0.000000
57.00	05700	CT SCAN	17,444,125	46,958,218	64,402,343	0.030516	0.000000
58.00	05800	MRI	3,783,949	15,439,124	19,223,073	0.034276	0.000000
59.00	05900	CARDIAC CATHETERIZATION	8,777,757	17,725,371	26,503,128	0.110978	0.000000
60.00	06000	LABORATORY	31,480,686	53,469,923	84,950,609	0.095292	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,546,313	882,584	2,428,897	0.168728	0.000000
65.00	06500	RESPIRATORY THERAPY	10,101,073	2,835,541	12,936,614	0.083911	0.000000
66.00	06600	PHYSICAL THERAPY	10,316,269	10,270,473	20,586,742	0.213807	0.000000
69.00	06900	ELECTROCARDIOLOGY	5,648,289	25,394,970	31,043,259	0.069175	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	474,593	4,948,819	5,423,412	0.119856	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,071,215	8,641,917	15,713,132	0.969594	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,177,015	11,544,715	22,721,730	0.323380	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	42,832,603	37,395,644	80,228,247	0.144650	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	8,670	398,701	407,371	0.727914	0.000000
76.00	03950	TREATMENT CENTER	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	1,932	749,525	751,457	0.406316	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0.000000	0.000000
90.03	09003	WOUND CLINIC	246,474	902,913	1,149,387	0.394085	0.000000
90.12	09012	CTPET	0	1,462,153	1,462,153	0.117473	0.000000
90.13	09013	RADIATION ONCOLOGY	69,027	6,724,486	6,793,513	0.213799	0.000000
91.00	09100	EMERGENCY	14,228,438	49,737,002	63,965,440	0.124757	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,565,242	3,417,414	4,982,656	0.578843	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	7,100,738	7,100,738	1.779364	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	247,021,369	388,824,969	635,846,338		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	247,021,369	388,824,969	635,846,338		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/28/2020 5:27 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
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
50.02	03330	ENDOSCOPY	0.000000			50.02
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
53.01	05301	PAIN CENTER	0.000000			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	TREATMENT CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000			90.02
90.03	09003	WOUND CLINIC	0.000000			90.03
90.12	09012	CTPET	0.000000			90.12
90.13	09013	RADIATION ONCOLOGY	0.000000			90.13
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/28/2020 5:27 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	2,784,593	0	2,784,593	23,433	118.83	30.00
31.00	INTENSIVE CARE UNIT	343,773		343,773	3,110	110.54	31.00
40.00	SUBPROVIDER - IPF	284,786	0	284,786	3,505	81.25	40.00
41.00	SUBPROVIDER - IRF	381,070	0	381,070	2,926	130.24	41.00
43.00	NURSERY	75,955		75,955	1,425	53.30	43.00
200.00	Total (lines 30 through 199)	3,870,177		3,870,177	34,399		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	8,531	1,013,739				
31.00	INTENSIVE CARE UNIT	1,561	172,553				
40.00	SUBPROVIDER - IPF	2,583	209,869				
41.00	SUBPROVIDER - IRF	1,898	247,196				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	14,573	1,643,357				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/28/2020 5:27 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	571,197	50,790,516	0.011246	8,329,875	93,678	50.00
50.02	03330	ENDOSCOPY	91,208	5,570,473	0.016373	363,769	5,956	50.02
51.00	05100	RECOVERY ROOM	84,839	5,618,930	0.015099	748,951	11,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	313,896	7,851,584	0.039979	17,829	713	52.00
53.00	05300	ANESTHESIOLOGY	31,333	10,928,724	0.002867	1,375,101	3,942	53.00
53.01	05301	PAIN CENTER	106,055	9,113,971	0.011637	3,388	39	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	436,907	28,613,675	0.015269	4,103,565	62,657	54.00
56.00	05600	RADIOISOTOPE	25,214	1,601,445	0.015745	321,694	5,065	56.00
57.00	05700	CT SCAN	89,723	64,402,343	0.001393	9,180,491	12,788	57.00
58.00	05800	MRI	43,432	19,223,073	0.002259	2,014,077	4,550	58.00
59.00	05900	CARDIAC CATHETERIZATION	200,793	26,503,128	0.007576	4,986,677	37,779	59.00
60.00	06000	LABORATORY	1,010,511	84,950,609	0.011895	15,221,663	181,062	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	18,589	2,428,897	0.007653	613,027	4,691	62.00
65.00	06500	RESPIRATORY THERAPY	56,827	12,936,614	0.004393	6,226,905	27,355	65.00
66.00	06600	PHYSICAL THERAPY	419,015	20,586,742	0.020354	2,352,454	47,882	66.00
69.00	06900	ELECTROCARDIOLOGY	151,290	31,043,259	0.004874	3,209,089	15,641	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75,354	5,423,412	0.013894	219,417	3,049	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	602,926	15,713,132	0.038371	3,701,185	142,018	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	294,024	22,721,730	0.012940	5,862,405	75,860	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	456,550	80,228,247	0.005691	20,579,537	117,118	73.00
75.00	07500	ASC (NON-DISTINCT PART)	9,616	407,371	0.023605	1,506	36	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,381	751,457	0.013814	1,380	19	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0.000000	0	0	90.02
90.03	09003	WOUND CLINIC	14,651	1,149,387	0.012747	114,983	1,466	90.03
90.12	09012	CTPET	5,695	1,462,153	0.003895	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	47,097	6,793,513	0.006933	59,782	414	90.13
91.00	09100	EMERGENCY	1,023,156	63,965,440	0.015995	7,618,365	121,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	374,556	4,982,656	0.075172	863,849	64,937	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,564,835	585,762,481		98,090,964	1,041,879	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0166		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/28/2020 5:27 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
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	23,433	0.00	8,531	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	3,110	0.00	1,561	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	3,505	0.00	2,583	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,926	0.00	1,898	41.00		
43.00	04300	NURSERY	0	0	1,425	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	0	34,399		14,573	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
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: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
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
53.01	05301	PAIN CENTER	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	0	90.03
90.12	09012	CTPET	0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
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: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/28/2020 5:27 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	50,790,516	0.000000
50.02	03330	ENDOSCOPY	0	0	0	5,570,473	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	5,618,930	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,851,584	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	10,928,724	0.000000
53.01	05301	PAIN CENTER	0	0	0	9,113,971	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	28,613,675	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	1,601,445	0.000000
57.00	05700	CT SCAN	0	0	0	64,402,343	0.000000
58.00	05800	MRI	0	0	0	19,223,073	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,503,128	0.000000
60.00	06000	LABORATORY	0	0	0	84,950,609	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	2,428,897	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,936,614	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	20,586,742	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,043,259	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,423,412	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	15,713,132	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,721,730	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	80,228,247	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	407,371	0.000000
76.00	03950	TREATMENT CENTER	0	0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	751,457	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0.000000
90.03	09003	WOUND CLINIC	0	0	0	1,149,387	0.000000
90.12	09012	CTPET	0	0	0	1,462,153	0.000000
90.13	09013	RADIATION ONCOLOGY	0	0	0	6,793,513	0.000000
91.00	09100	EMERGENCY	0	0	0	63,965,440	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	4,982,656	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	585,762,481	
200.00		Total (lines 50 through 199)	0	0	0	585,762,481	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/28/2020 5:27 pm

				Title XVIII		Hospital		PPS		
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
				9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	8,329,875	0	9,892,401	0	50.00	
50.02	03330	ENDOSCOPY		0.000000	363,769	0	1,815,764	0	50.02	
51.00	05100	RECOVERY ROOM		0.000000	748,951	0	1,216,552	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	17,829	0	3,002	0	52.00	
53.00	05300	ANESTHESIOLOGY		0.000000	1,375,101	0	2,444,708	0	53.00	
53.01	05301	PAIN CENTER		0.000000	3,388	0	4,194,819	0	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	4,103,565	0	5,845,761	0	54.00	
56.00	05600	RADIOISOTOPE		0.000000	321,694	0	472,005	0	56.00	
57.00	05700	CT SCAN		0.000000	9,180,491	0	14,769,914	0	57.00	
58.00	05800	MRI		0.000000	2,014,077	0	5,235,451	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION		0.000000	4,986,677	0	9,445,667	0	59.00	
60.00	06000	LABORATORY		0.000000	15,221,663	0	7,682,698	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0.000000	613,027	0	111,244	0	62.00	
65.00	06500	RESPIRATORY THERAPY		0.000000	6,226,905	0	1,105,147	0	65.00	
66.00	06600	PHYSICAL THERAPY		0.000000	2,352,454	0	156,603	0	66.00	
69.00	06900	ELECTROCARDIOLOGY		0.000000	3,209,089	0	11,797,161	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	219,417	0	1,886,687	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0.000000	3,701,185	0	3,276,351	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	5,862,405	0	6,079,295	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	20,579,537	0	15,382,557	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	1,506	0	336,201	0	75.00	
76.00	03950	TREATMENT CENTER		0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION		0.000000	1,380	0	382,970	0	76.97	
	OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0.000000	0	0	0	0	90.02	
90.03	09003	WOUND CLINIC		0.000000	114,983	0	296,901	0	90.03	
90.12	09012	CTPET		0.000000	0	0	731,837	0	90.12	
90.13	09013	RADIATION ONCOLOGY		0.000000	59,782	0	3,847,653	0	90.13	
91.00	09100	EMERGENCY		0.000000	7,618,365	0	8,740,097	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0.000000	863,849	0	1,392,275	0	92.00	
	OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00	
200.00		Total (lines 50 through 199)			98,090,964	0	118,541,721	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/28/2020 5:27 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	0.125556	9,892,401	0	0	1,242,050	50.00
50.02	03330	ENDOSCOPY	0.130573	1,815,764	0	0	237,090	50.02
51.00	05100	RECOVERY ROOM	0.206268	1,216,552	0	0	250,936	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.480635	3,002	0	0	1,443	52.00
53.00	05300	ANESTHESIOLOGY	0.060506	2,444,708	0	0	147,920	53.00
53.01	05301	PAIN CENTER	0.114049	4,194,819	0	0	478,415	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157645	5,845,761	0	0	921,555	54.00
56.00	05600	RADIOISOTOPE	0.230468	472,005	0	0	108,782	56.00
57.00	05700	CT SCAN	0.030516	14,769,914	0	0	450,719	57.00
58.00	05800	MRI	0.034276	5,235,451	0	0	179,450	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.110978	9,445,667	0	0	1,048,261	59.00
60.00	06000	LABORATORY	0.095292	7,682,698	0	0	732,100	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.168728	111,244	0	0	18,770	62.00
65.00	06500	RESPIRATORY THERAPY	0.083911	1,105,147	0	0	92,734	65.00
66.00	06600	PHYSICAL THERAPY	0.213807	156,603	0	0	33,483	66.00
69.00	06900	ELECTROCARDIOLOGY	0.069175	11,797,161	0	0	816,069	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119856	1,886,687	0	0	226,131	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.969594	3,276,351	0	0	3,176,730	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.323380	6,079,295	0	0	1,965,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144650	15,382,557	0	57,350	2,225,087	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.727914	336,201	0	0	244,725	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.406316	382,970	0	0	155,607	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0.394085	296,901	0	0	117,004	90.03
90.12	09012	CTPET	0.117473	731,837	0	0	85,971	90.12
90.13	09013	RADIATION ONCOLOGY	0.213799	3,847,653	0	0	822,624	90.13
91.00	09100	EMERGENCY	0.124757	8,740,097	0	62	1,090,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.578843	1,392,275	0	0	805,909	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1.779364		0			95.00
200.00		Subtotal (see instructions)		118,541,721	0	57,412	17,675,875	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		118,541,721	0	57,412	17,675,875	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/28/2020 5:27 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.02	03330	ENDOSCOPY	0	0		50.02
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
53.01	05301	PAIN CENTER	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,296		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	TREATMENT CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0		90.02
90.03	09003	WOUND CLINIC	0	0		90.03
90.12	09012	CTPET	0	0		90.12
90.13	09013	RADIATION ONCOLOGY	0	0		90.13
91.00	09100	EMERGENCY	0	8		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	8,304		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	8,304		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0166

Period:

Worksheet D

Component CCN: 14-S166

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/28/2020 5:27 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	571,197	50,790,516	0.011246	6,361	72	50.00
50.02	03330 ENDOSCOPY	91,208	5,570,473	0.016373	0	0	50.02
51.00	05100 RECOVERY ROOM	84,839	5,618,930	0.015099	37,851	572	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	313,896	7,851,584	0.039979	0	0	52.00
53.00	05300 ANESTHESIOLOGY	31,333	10,928,724	0.002867	25,831	74	53.00
53.01	05301 PAIN CENTER	106,055	9,113,971	0.011637	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	436,907	28,613,675	0.015269	34,912	533	54.00
56.00	05600 RADIOISOTOPE	25,214	1,601,445	0.015745	3,111	49	56.00
57.00	05700 CT SCAN	89,723	64,402,343	0.001393	154,964	216	57.00
58.00	05800 MRI	43,432	19,223,073	0.002259	45,542	103	58.00
59.00	05900 CARDIAC CATHETERIZATION	200,793	26,503,128	0.007576	7,655	58	59.00
60.00	06000 LABORATORY	1,010,511	84,950,609	0.011895	470,678	5,599	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	18,589	2,428,897	0.007653	1,953	15	62.00
65.00	06500 RESPIRATORY THERAPY	56,827	12,936,614	0.004393	58,929	259	65.00
66.00	06600 PHYSICAL THERAPY	419,015	20,586,742	0.020354	367,741	7,485	66.00
69.00	06900 ELECTROCARDIOLOGY	151,290	31,043,259	0.004874	28,871	141	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	75,354	5,423,412	0.013894	2,509	35	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	602,926	15,713,132	0.038371	30,420	1,167	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	294,024	22,721,730	0.012940	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	456,550	80,228,247	0.005691	1,159,823	6,601	73.00
75.00	07500 ASC (NON-DISTINCT PART)	9,616	407,371	0.023605	345	8	75.00
76.00	03950 TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	10,381	751,457	0.013814	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002 OUTPATIENT PSYCHIATRIC	0	0	0.000000	0	0	90.02
90.03	09003 WOUND CLINIC	14,651	1,149,387	0.012747	0	0	90.03
90.12	09012 CTPET	5,695	1,462,153	0.003895	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	47,097	6,793,513	0.006933	0	0	90.13
91.00	09100 EMERGENCY	1,023,156	63,965,440	0.015995	227,058	3,632	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	4,982,656	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	6,190,279	585,762,481		2,664,554	26,619	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 5:27 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
50.02	03330	ENDOSCOPY		0	0	0	0	0	50.02
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
53.01	05301	PAIN CENTER		0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC		0	0	0	0	0	90.03
90.12	09012	CTPET		0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	0	0	90.13
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
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: 14-0166 Component CCN: 14-S166		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 5:27 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	50,790,516	0.000000	50.00
50.02	03330	ENDOSCOPY		0	0	0	5,570,473	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	5,618,930	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	7,851,584	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	10,928,724	0.000000	53.00
53.01	05301	PAIN CENTER		0	0	0	9,113,971	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	28,613,675	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	1,601,445	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	64,402,343	0.000000	57.00
58.00	05800	MRI		0	0	0	19,223,073	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	26,503,128	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	84,950,609	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	2,428,897	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	12,936,614	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	20,586,742	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	31,043,259	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	5,423,412	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	15,713,132	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	22,721,730	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	80,228,247	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	407,371	0.000000	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	751,457	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	0	0.000000	90.02
90.03	09003	WOUND CLINIC		0	0	0	1,149,387	0.000000	90.03
90.12	09012	CTPET		0	0	0	1,462,153	0.000000	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	6,793,513	0.000000	90.13
91.00	09100	EMERGENCY		0	0	0	63,965,440	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	4,982,656	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	585,762,481		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 5:27 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	6,361	0	0	0	50.00
50.02	03330	ENDOSCOPY		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	37,851	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	25,831	0	0	0	53.00
53.01	05301	PAIN CENTER		0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	34,912	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	3,111	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	154,964	0	0	0	57.00
58.00	05800	MRI		0.000000	45,542	0	4,344	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	7,655	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	470,678	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0.000000	1,953	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	58,929	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	367,741	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	28,871	0	1,963	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	2,509	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0.000000	30,420	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	1,159,823	0	759	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	345	0	0	0	75.00
76.00	03950	TREATMENT CENTER		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0.000000	0	0	0	0	90.02
90.03	09003	WOUND CLINIC		0.000000	0	0	0	0	90.03
90.12	09012	CTPET		0.000000	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY		0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY		0.000000	227,058	0	1,692	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			2,664,554	0	8,758	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0166 Component CCN:14-S166	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/28/2020 5:27 pm	
				Title XVIII	Subprovider - IPF	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	0.125556	0	0	0	0 50.00
50.02	03330	ENDOSCOPY	0.130573	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0.206268	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.480635	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.060506	0	0	0	0 53.00
53.01	05301	PAIN CENTER	0.114049	0	0	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157645	0	0	0	0 54.00
56.00	05600	RADIOISOTOPE	0.230468	0	0	0	0 56.00
57.00	05700	CT SCAN	0.030516	0	0	0	0 57.00
58.00	05800	MRI	0.034276	4,344	0	0	149 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.110978	0	0	0	0 59.00
60.00	06000	LABORATORY	0.095292	0	0	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.168728	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0.083911	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.213807	0	0	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0.069175	1,963	0	0	136 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119856	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.969594	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.323380	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144650	759	0	3,650	110 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.727914	0	0	0	0 75.00
76.00	03950	TREATMENT CENTER	0.000000	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.406316	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000	0	0	0	0 90.02
90.03	09003	WOUND CLINIC	0.394085	0	0	0	0 90.03
90.12	09012	CTPET	0.117473	0	0	0	0 90.12
90.13	09013	RADIATION ONCOLOGY	0.213799	0	0	0	0 90.13
91.00	09100	EMERGENCY	0.124757	1,692	0	0	211 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.578843	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1.779364	0	0	0	0 95.00
200.00		Subtotal (see instructions)		8,758	0	3,650	606 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		8,758	0	3,650	606 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0166 Component CCN:14-S166		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/28/2020 5:27 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
50.02	03330	ENDOSCOPY	0	0		50.02
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
53.01	05301	PAIN CENTER	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	528		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	TREATMENT CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0		90.02
90.03	09003	WOUND CLINIC	0	0		90.03
90.12	09012	CTPET	0	0		90.12
90.13	09013	RADIATION ONCOLOGY	0	0		90.13
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	528		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	528		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0166

Period:

Worksheet D

Component CCN: 14-T166

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/28/2020 5:27 pm

			Title XVIII		Subprovider - IRF	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	571,197	50,790,516	0.011246	34,824	392	50.00
50.02	03330	ENDOSCOPY	91,208	5,570,473	0.016373	0	0	50.02
51.00	05100	RECOVERY ROOM	84,839	5,618,930	0.015099	3,235	49	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	313,896	7,851,584	0.039979	0	0	52.00
53.00	05300	ANESTHESIOLOGY	31,333	10,928,724	0.002867	7,085	20	53.00
53.01	05301	PAIN CENTER	106,055	9,113,971	0.011637	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	436,907	28,613,675	0.015269	70,284	1,073	54.00
56.00	05600	RADIOISOTOPE	25,214	1,601,445	0.015745	3,111	49	56.00
57.00	05700	CT SCAN	89,723	64,402,343	0.001393	106,762	149	57.00
58.00	05800	MRI	43,432	19,223,073	0.002259	48,025	108	58.00
59.00	05900	CARDIAC CATHETERIZATION	200,793	26,503,128	0.007576	9,577	73	59.00
60.00	06000	LABORATORY	1,010,511	84,950,609	0.011895	321,161	3,820	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	18,589	2,428,897	0.007653	3,003	23	62.00
65.00	06500	RESPIRATORY THERAPY	56,827	12,936,614	0.004393	204,230	897	65.00
66.00	06600	PHYSICAL THERAPY	419,015	20,586,742	0.020354	4,151,932	84,508	66.00
69.00	06900	ELECTROCARDIOLOGY	151,290	31,043,259	0.004874	28,226	138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75,354	5,423,412	0.013894	1,442	20	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	602,926	15,713,132	0.038371	105,160	4,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	294,024	22,721,730	0.012940	750	10	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	456,550	80,228,247	0.005691	952,877	5,423	73.00
75.00	07500	ASC (NON-DISTINCT PART)	9,616	407,371	0.023605	2,415	57	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,381	751,457	0.013814	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0.000000	0	0	90.02
90.03	09003	WOUND CLINIC	14,651	1,149,387	0.012747	15,402	196	90.03
90.12	09012	CTPET	5,695	1,462,153	0.003895	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	47,097	6,793,513	0.006933	0	0	90.13
91.00	09100	EMERGENCY	1,023,156	63,965,440	0.015995	1,813	29	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	4,982,656	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,190,279	585,762,481		6,071,314	101,069	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 5:27 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.02	03330	ENDOSCOPY		0	0	0	0	0	50.02
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
53.01	05301	PAIN CENTER		0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC		0	0	0	0	0	90.03
90.12	09012	CTPET		0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	0	0	90.13
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
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: 14-0166 Component CCN: 14-T166		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 5:27 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	50,790,516	0.000000	50.00
50.02	03330	ENDOSCOPY		0	0	0	5,570,473	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	5,618,930	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	7,851,584	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	10,928,724	0.000000	53.00
53.01	05301	PAIN CENTER		0	0	0	9,113,971	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	28,613,675	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	1,601,445	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	64,402,343	0.000000	57.00
58.00	05800	MRI		0	0	0	19,223,073	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	26,503,128	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	84,950,609	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	2,428,897	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	12,936,614	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	20,586,742	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	31,043,259	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	5,423,412	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	15,713,132	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	22,721,730	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	80,228,247	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	407,371	0.000000	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	751,457	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	0	0.000000	90.02
90.03	09003	WOUND CLINIC		0	0	0	1,149,387	0.000000	90.03
90.12	09012	CTPET		0	0	0	1,462,153	0.000000	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	6,793,513	0.000000	90.13
91.00	09100	EMERGENCY		0	0	0	63,965,440	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	4,982,656	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	585,762,481		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/28/2020 5:27 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		34,824	0	0	0	50.00
50.02	03330	ENDOSCOPY	0.000000		0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000		3,235	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		7,085	0	0	0	53.00
53.01	05301	PAIN CENTER	0.000000		0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		70,284	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000		3,111	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		106,762	0	0	0	57.00
58.00	05800	MRI	0.000000		48,025	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		9,577	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		321,161	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000		3,003	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		204,230	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		4,151,932	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		28,226	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		1,442	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000		105,160	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		750	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		952,877	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		2,415	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0.000000		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000		0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0.000000		15,402	0	0	0	90.03
90.12	09012	CTPET	0.000000		0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.000000		0	0	0	0	90.13
91.00	09100	EMERGENCY	0.000000		1,813	0	470	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			6,071,314	0	470	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0166

Period:

Worksheet D

Component CCN:14-T166

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/28/2020 5:27 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.125556	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	0.130573	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.206268	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.480635	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.060506	0	0	0	0	53.00
53.01	05301	PAIN CENTER	0.114049	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157645	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.230468	0	0	0	0	56.00
57.00	05700	CT SCAN	0.030516	0	0	0	0	57.00
58.00	05800	MRI	0.034276	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.110978	0	0	0	0	59.00
60.00	06000	LABORATORY	0.095292	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.168728	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.083911	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.213807	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.069175	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119856	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.969594	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.323380	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144650	0	0	1,014	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.727914	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.406316	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0.394085	0	0	0	0	90.03
90.12	09012	CTPET	0.117473	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.213799	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.124757	470	0	0	59	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.578843	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1.779364		0			95.00
200.00		Subtotal (see instructions)		470	0	1,014	59	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		470	0	1,014	59	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0166

Period:

Worksheet D

Component CCN:14-T166

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/28/2020 5:27 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	50.02
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
53.01	05301	PAIN CENTER	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	147	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	90.03
90.12	09012	CTPET	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	90.13
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	147	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	147	202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/28/2020 5:27 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)	23,433	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	23,433	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)	20,281	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)	8,531	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)	21,441,977	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)	21,441,977	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)	21,441,977	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)	915.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,806,121	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)	7,806,121	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,084,400	3,110	1,634.86	1,561	2,552,016	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,768,271	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,126,408	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)					1,186,292	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,041,879	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,228,171	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,898,237	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)					3,152	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					915.03	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,884,175	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0166		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/28/2020 5:27 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	2,784,593	21,441,977	0.129866	2,884,175	374,556	90.00		
91.00	Nursing School cost	0	21,441,977	0.000000	2,884,175	0	91.00		
92.00	Allied health cost	0	21,441,977	0.000000	2,884,175	0	92.00		
93.00	All other Medical Education	0	21,441,977	0.000000	2,884,175	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 5:27 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)		3,505	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,505	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,505	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,583	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)		2,442,017	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)		2,442,017	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)		2,442,017	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)		696.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,799,628	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,799,628	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
				Component CCN: 14-S166		Date/Time Prepared: 11/28/2020 5:27 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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					380,486	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,180,114	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)					209,869	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					26,619	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					236,488	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,943,626	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/28/2020 5:27 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	284,786	2,442,017	0.116619	0	0	90.00
91.00	Nursing School cost	0	2,442,017	0.000000	0	0	91.00
92.00	Allied health cost	0	2,442,017	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,442,017	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/28/2020 5:27 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,926	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,926	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,926	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,898	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,069,914	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,069,914	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,069,914	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)		1,049.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,991,344	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,991,344	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
				Component CCN: 14-T166		Date/Time Prepared: 11/28/2020 5:27 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,209,527	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,200,871	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)					247,196	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					101,069	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					348,265	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,852,606	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/28/2020 5:27 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	381,070	3,069,914	0.124131	0	0	90.00
91.00	Nursing School cost	0	3,069,914	0.000000	0	0	91.00
92.00	Allied health cost	0	3,069,914	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,069,914	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/28/2020 5:27 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,768,833	30.00
31.00	03100	INTENSIVE CARE UNIT		3,671,437	31.00
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	0.125556	8,329,875	50.00
50.02	03330	ENDOSCOPY	0.130573	363,769	50.02
51.00	05100	RECOVERY ROOM	0.206268	748,951	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.480635	17,829	52.00
53.00	05300	ANESTHESIOLOGY	0.060506	1,375,101	53.00
53.01	05301	PAIN CENTER	0.114049	3,388	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157645	4,103,565	54.00
56.00	05600	RADIOISOTOPE	0.230468	321,694	56.00
57.00	05700	CT SCAN	0.030516	9,180,491	57.00
58.00	05800	MRI	0.034276	2,014,077	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.110978	4,986,677	59.00
60.00	06000	LABORATORY	0.095292	15,221,663	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.168728	613,027	62.00
65.00	06500	RESPIRATORY THERAPY	0.084404	6,226,905	65.00
66.00	06600	PHYSICAL THERAPY	0.213807	2,352,454	66.00
69.00	06900	ELECTROCARDIOLOGY	0.069693	3,209,089	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.119937	219,417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.969594	3,701,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.323380	5,862,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144650	20,579,537	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.727914	1,506	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.406316	1,380	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000	0	90.02
90.03	09003	WOUND CLINIC	0.394085	114,983	90.03
90.12	09012	CTPET	0.117473	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.213799	59,782	90.13
91.00	09100	EMERGENCY	0.124846	7,618,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.578843	863,849	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		98,090,964	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)		98,090,964	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/28/2020 5:27 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		2,777,765		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	0.125556	6,361	799	50.00
50.02	03330 ENDOSCOPY	0.130573	0	0	50.02
51.00	05100 RECOVERY ROOM	0.206268	37,851	7,807	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.480635	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.060506	25,831	1,563	53.00
53.01	05301 PAIN CENTER	0.114049	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157645	34,912	5,504	54.00
56.00	05600 RADIOISOTOPE	0.230468	3,111	717	56.00
57.00	05700 CT SCAN	0.030516	154,964	4,729	57.00
58.00	05800 MRI	0.034276	45,542	1,561	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.110978	7,655	850	59.00
60.00	06000 LABORATORY	0.095292	470,678	44,852	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.168728	1,953	330	62.00
65.00	06500 RESPIRATORY THERAPY	0.084404	58,929	4,974	65.00
66.00	06600 PHYSICAL THERAPY	0.213807	367,741	78,626	66.00
69.00	06900 ELECTROCARDIOLOGY	0.069693	28,871	2,012	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.119937	2,509	301	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.969594	30,420	29,495	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.323380	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.144650	1,159,823	167,768	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.727914	345	251	75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.406316	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002 OUTPATIENT PSYCHIATRIC	0.000000	0	0	90.02
90.03	09003 WOUND CLINIC	0.394085	0	0	90.03
90.12	09012 CTPET	0.117473	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	0.213799	0	0	90.13
91.00	09100 EMERGENCY	0.124846	227,058	28,347	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.578843	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,664,554	380,486	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)		2,664,554		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/28/2020 5:27 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,385,924		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.125556	34,824	4,372	50.00
50.02	03330 ENDOSCOPY	0.130573	0	0	50.02
51.00	05100 RECOVERY ROOM	0.206268	3,235	667	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.480635	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.060506	7,085	429	53.00
53.01	05301 PAIN CENTER	0.114049	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157645	70,284	11,080	54.00
56.00	05600 RADIOISOTOPE	0.230468	3,111	717	56.00
57.00	05700 CT SCAN	0.030516	106,762	3,258	57.00
58.00	05800 MRI	0.034276	48,025	1,646	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.110978	9,577	1,063	59.00
60.00	06000 LABORATORY	0.095292	321,161	30,604	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.168728	3,003	507	62.00
65.00	06500 RESPIRATORY THERAPY	0.084404	204,230	17,238	65.00
66.00	06600 PHYSICAL THERAPY	0.213807	4,151,932	887,712	66.00
69.00	06900 ELECTROCARDIOLOGY	0.069693	28,226	1,967	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.119937	1,442	173	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.969594	105,160	101,963	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.323380	750	243	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.144650	952,877	137,834	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.727914	2,415	1,758	75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.406316	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002 OUTPATIENT PSYCHIATRIC	0.000000	0	0	90.02
90.03	09003 WOUND CLINIC	0.394085	15,402	6,070	90.03
90.12	09012 CTPET	0.117473	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	0.213799	0	0	90.13
91.00	09100 EMERGENCY	0.124846	1,813	226	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.578843	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,071,314	1,209,527	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		6,071,314		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 5:27 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,180,456	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,922,400	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)		19,268	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		484,678	2.04
3.00	Managed Care Simulated Payments		3,605,795	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		122.39	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)		4.38	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)		3.20	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.18	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.09	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.20	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.10	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.10	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000817	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.001466	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000817	21.00
22.00	IME payment adjustment (see instructions)		8,539	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,612	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.18	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)		8,539	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,612	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.44	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.51	31.00
32.00	Sum of lines 30 and 31		35.95	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.87	33.00
34.00	Disproportionate share adjustment (see instructions)		901,177	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 5:27 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,328,269	666,067	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		334,797	498,640	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		833,437		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		21,349,955		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)			21,351,567	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,718,412	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).			3,214	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			23,073,193	59.00
60.00	Primary payer payments			2,833	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			23,070,360	61.00
62.00	Deductibles billed to program beneficiaries			2,145,792	62.00
63.00	Coinsurance billed to program beneficiaries			56,177	63.00
64.00	Allowable bad debts (see instructions)			444,248	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			288,761	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			436,313	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			21,157,152	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			114,201	70.93
70.94	HRR adjustment amount (see instructions)			-246,103	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/28/2020 5:27 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)		21,025,250	71.00	
71.01	Sequestration adjustment (see instructions)		351,122	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		20,681,357	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)		-7,229	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		790,592	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2020 5:27 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	5,180,456	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,922,400		19,102,856	19,102,856	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	19,268	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	484,678		503,946	503,946	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	3,605,795	0	3,605,795	3,605,795	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000817	0.000817	0.000817		5.00
6.00	IME payment adjustment (see instructions)	22.00	8,539	0	8,539	8,539	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,612	0	1,612	1,612	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	8,539	0	8,539	8,539	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,612	0	1,612	1,612	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1887	0.1887	0.1887		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	901,177	0	901,177	901,177	11.00
11.01	Uncompensated care payments	36.00	833,437	334,797	498,642	833,439	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	21,349,955	334,797	21,015,158	21,349,955	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	21,351,567	334,797	21,016,770	21,351,567	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,718,412	0	1,718,412	1,718,412	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	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			334,797	22,735,182	23,069,979	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2020 5:27 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	1,513,751	0	1,513,751	1,513,751	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	89,767	0	89,767	89,767	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	0.0004	0.0004	0.0004		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	606	0	606	606	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0755	0.0755	0.0755		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	114,288	0	114,288	114,288	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,718,412	0	1,718,412	1,718,412	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	114,201	0	114,201	114,201	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	-246,103	0	-246,103	-246,103	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/28/2020 5:27 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,304	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,675,875	2.00
3.00	OPPS payments		16,184,403	3.00
4.00	Outlier payment (see instructions)		52,100	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)		8,304	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		57,412	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)		57,412	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)		57,412	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		49,108	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)		8,304	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)		16,236,503	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)		3,053,012	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)		13,191,795	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,805	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)		13,193,600	30.00
31.00	Primary payer payments		592	31.00
32.00	Subtotal (line 30 minus line 31)		13,193,008	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)		510,372	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		331,742	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		501,280	36.00
37.00	Subtotal (see instructions)		13,524,750	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)		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)		13,524,750	40.00
40.01	Sequestration adjustment (see instructions)		225,863	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		13,090,996	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)		207,891	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: 14-0166 Component CCN: 14-S166	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/28/2020 5:27 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		528	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		606	2.00
3.00	OPPS payments		1,459	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)		528	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,650	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)		3,650	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)		3,650	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,122	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)		528	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)		1,459	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)		168	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,819	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,819	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,819	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,819	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)		1,819	40.00
40.01	Sequestration adjustment (see instructions)		30	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		1,945	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)		-156	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:14-0166 Component CCN:14-T166	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/28/2020 5:27 pm
		Title XVIII	Subprovider - IRF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		147	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		59	2.00
3.00	OPPS payments		172	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)		147	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,014	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)		1,014	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)		1,014	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		867	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)		147	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)		172	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)		319	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)		319	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		319	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)		319	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)		319	40.00
40.01	Sequestration adjustment (see instructions)		5	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		358	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		-44	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		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: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/28/2020 5:27 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		20,681,357		13,090,996	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		20,681,357		13,090,996	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		207,891	6.01	
6.02	SETTLEMENT TO PROGRAM		7,229		0	6.02	
7.00	Total Medicare program liability (see instructions)		20,674,128		13,298,887	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: 14-0166 Component CCN: 14-S166		Period: From 07/01/2019 To 06/30/2020		Worksheet E-1 Part I Date/Time Prepared: 11/28/2020 5:27 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		1,965,234		1,945		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,965,234		1,945		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		55,020		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		156		6.02
7.00	Total Medicare program liability (see instructions)		2,020,254		1,789		7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0166
 Component CCN: 14-T166

 Period:
 From 07/01/2019
 To 06/30/2020

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/28/2020 5:27 pm

		Title XVIII		Subprovider - IRF		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,675,029		358	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,675,029		358	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		26,560		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		44	6.02
7.00	Total Medicare program liability (see instructions)		2,701,589		314	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: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/28/2020 5:27 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: 14-0166 Component CCN: 14-S166	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 11/28/2020 5:27 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)			2,174,221 1.00
2.00	Net IPF PPS Outlier Payments			10,983 2.00
3.00	Net IPF PPS ECT Payments			5,722 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)			9.576503 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			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)			2,190,926 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)			2,190,926 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,190,926 18.00
19.00	Deductibles			131,692 19.00
20.00	Subtotal (line 18 minus line 19)			2,059,234 20.00
21.00	Coinsurance			60,687 21.00
22.00	Subtotal (line 20 minus line 21)			1,998,547 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			86,182 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			56,018 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			86,182 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,054,565 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)			2,054,565 31.00
31.01	Sequestration adjustment (see instructions)			34,311 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,965,234 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)			55,020 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			10,983 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 11/28/2020 5:27 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,505,444 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0508 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			100,969 3.00
4.00	Outlier Payments			199,373 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.994536 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,805,786 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,805,786 17.00
18.00	Primary payer payments			8,636 18.00
19.00	Subtotal (line 17 less line 18).			2,797,150 19.00
20.00	Deductibles			27,676 20.00
21.00	Subtotal (line 19 minus line 20)			2,769,474 21.00
22.00	Coinsurance			24,640 22.00
23.00	Subtotal (line 21 minus line 22)			2,744,834 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,059 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,638 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,059 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,747,472 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,747,472 32.00
32.01	Sequestration adjustment (see instructions)			45,883 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,675,029 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			26,560 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			199,373 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: 14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/28/2020 5:27 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.			6.19	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			4.17	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			2.02	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	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.	0.00	0.00	0.00	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.	0.00	0.00	0.00	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	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.09	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.20	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.10	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	0.10	0.00		17.00
18.00	Per resident amount	89,117.46	89,117.46		18.00
19.00	Approved amount for resident costs	8,912	0	8,912	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			8,912	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total
		1.00	2.00	2.01	3.00
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	14,573	1,385	1,313	26.00
27.00	Total Inpatient Days (see instructions)	30,334	30,334	30,334	27.00
28.00	Ratio of inpatient days to total inpatient days	0.480418	0.045658	0.043285	28.00
29.00	Program direct GME amount	4,281	407	386	5,074
29.01	Percent reduction for MA DGME		7.00	7.00	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		28	27	55
31.00	Net Program direct GME amount				5,019

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0166	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/28/2020 5:27 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			31,507,393	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)			11,469	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			31,495,924	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			17,685,519	42.00
43.00	Primary payer payments (see instructions)			592	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			17,684,927	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			49,180,851	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.640410	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.359590	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			5,019	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			3,214	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,805	50.00

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

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
11/28/2020 5:27 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	7,310,397	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	78,748,611	0	0	0	4.00
5.00	Other receivable	-2,884,962	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-59,457,237	0	0	0	6.00
7.00	Inventory	3,451,255	0	0	0	7.00
8.00	Prepaid expenses	1,843,100	0	0	0	8.00
9.00	Other current assets	6,268,107	0	0	0	9.00
10.00	Due from other funds	2,937,119	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	38,216,390	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,295,160	0	0	0	12.00
13.00	Land improvements	5,809,092	0	0	0	13.00
14.00	Accumulated depreciation	-4,725,364	0	0	0	14.00
15.00	Buildings	95,533,196	0	0	0	15.00
16.00	Accumulated depreciation	-49,383,686	0	0	0	16.00
17.00	Leasehold improvements	1,172,405	0	0	0	17.00
18.00	Accumulated depreciation	-276,656	0	0	0	18.00
19.00	Fixed equipment	43,411,036	0	0	0	19.00
20.00	Accumulated depreciation	-31,139,230	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	84,411,476	0	0	0	23.00
24.00	Accumulated depreciation	-70,207,834	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)	77,899,595	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	9,385,767	0	0	0	33.00
34.00	Other assets	26,808,834	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	36,194,601	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	152,310,586	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,403,512	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,797,606	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	12,699,062	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	22,664,430	0	0	0	43.00
44.00	Other current liabilities	5,618,023	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	58,182,633	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	153,693,799	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	153,693,799	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	211,876,432	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-59,565,846				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)	-59,565,846	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	152,310,586	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
11/28/2020 5:27 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		4,430,473		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-40,724,629				2.00
3.00	Total (sum of line 1 and line 2)		-36,294,156		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)		-36,294,156		0		11.00
12.00	TRANSFERS	23,271,690		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)		23,271,690		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-59,565,846		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	TRANSFERS		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: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2020 5:27 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,888,708		27,888,708	1.00
2.00	SUBPROVIDER - IPF	3,660,124		3,660,124	2.00
3.00	SUBPROVIDER - IRF	5,175,794		5,175,794	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)	36,724,626		36,724,626	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,776,400		6,776,400	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,776,400		6,776,400	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	43,501,026		43,501,026	17.00
18.00	Ancillary services	190,098,105	330,753,150	520,851,255	18.00
19.00	Outpatient services	16,238,679	63,505,909	79,744,588	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	7,100,738	7,100,738	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL SERVICES	5,409,227	8,608,650	14,017,877	27.00
27.01	ADULT DAY CARE & SPORT MED REHAB REV	0	112,223	112,223	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	255,247,037	410,080,670	665,327,707	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		182,249,863		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		182,249,863		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
11/28/2020 5:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	665,327,707	1.00
2.00	Less contractual allowances and discounts on patients' accounts	518,634,559	2.00
3.00	Net patient revenues (line 1 minus line 2)	146,693,148	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	182,249,863	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-35,556,715	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	5,320	13.00
14.00	Revenue from meals sold to employees and guests	15,905	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	109,939	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,029,771	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	818,379	24.00
24.01	INVESTMENT INCOME NON-OP	40,409	24.01
24.02	SWAP PYMTS	2,772	24.02
24.03	PENSION ADJUSTMENTS	-18,383,386	24.03
24.50	COVID-19 PHE Funding	11,194,658	24.50
25.00	Total other income (sum of lines 6-24)	-5,166,233	25.00
26.00	Total (line 5 plus line 25)	-40,722,948	26.00
27.00	BANK CHARGES	1,681	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,681	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-40,724,629	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0166

Period:
From 07/01/2019
To 06/30/2020Worksheet L
Parts I-III
Date/Time Prepared:
11/28/2020 5:27 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	1,513,751	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	89,767	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)	66.51	3.00
4.00	Number of interns & residents (see instructions)	0.10	4.00
5.00	Indirect medical education percentage (see instructions)	0.04	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)	606	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5.44	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	30.51	8.00
9.00	Sum of lines 7 and 8	35.95	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.55	10.00
11.00	Disproportionate share adjustment (see instructions)	114,288	11.00
12.00	Total prospective capital payments (see instructions)	1,718,412	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