

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 8/2/2021 10:53 am
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 8/2/2021	Time: 10:53 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN ST. JAMES HEALTH (14-0172) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) FRANK MCHUGH

Officer or Administrator of Provider(s)

CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	2,061,081	-227,853	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	44,055	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	2,105,136	-227,853	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: 14-0172		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 10:53 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 20201 SOUTH CRAWFORD AVE			PO Box:				1.00		
2.00	City: OLYMPIA FIELDS			State: IL		Zip Code: 60461		County: COOK		
		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		FRANCISCAN ST. JAMES HEALTH	140172	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		FRANCISCAN ST. JAMES HEALTH REHAB	14T172	16974	5	07/01/1985	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		FRANCISCAN ST. JAMES HEALTH HHA	147267	16974		05/24/1984	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020		
21.00	Type of Control (see instructions)						1			
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
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			

Worksheet S-2
Part I
Date/Time Prepared:
8/2/2021 10:53 am

MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0172		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 10:53 am	
			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
			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
61.01	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
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					22.00	106.53
					0.171166	64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
8/2/2021 10:53 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		8.53	62.01	0.120924	66.00		
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE INTERNAL MEDICINE	0.00	74.07	0.000000	67.00		
					1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				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	
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)				Y	N	0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0172		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 10:53 am	
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		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	
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	
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		N	
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	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	
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	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N		N	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N		N	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N		N	
98.03	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	
98.04	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	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N		N	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N		N	
Rural Providers							
105.00	Does this hospital qualify as a CAH?			N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00	
		Physical		Occupational		Speech	
		1.00		2.00		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	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 10:53 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
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.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	430,000	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H014	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0172		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 10:53 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: FRANCISCAN HEALTH ALLIANCE		Contractor's Name: NGS		Contractor's Number: 06101				141.00
142.00	Street: 1513 DRAGOON TRAIL		PO Box:						142.00
143.00	City: MISAWAKA		State: IN		Zip Code: 46546				143.00
									1.00
144.00	Are provider based physicians' costs included in Worksheet A?								Y
									1.00
									2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00
									1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N
				Part A	Part B	Title V	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
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
									1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y
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)								
168.01	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)								
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 8/2/2021 10:53 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/20/2021 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/13/2021	N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
8/2/2021 10:53 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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.	GLENN	JOHNSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-407-6386	GLENN.JOHNSON@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
8/2/2021 10:53 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 10:53 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	161	57,462	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)		161	57,462	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	31	11,346	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)		192	68,808	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	14	5,124		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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)		206				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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 10:53 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,691	2,984	38,451			1.00
2.00	HMO and other (see instructions)	9,044	7,276				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	379	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	16,691	2,984	38,451			7.00
8.00	INTENSIVE CARE UNIT	2,950	844	8,546			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		1,474	3,027			13.00
14.00	Total (see instructions)	19,641	5,302	50,024	136.08	1,087.22	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,870	315	3,098	0.00	27.50	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	12,753	0	21,638	0.00	26.20	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				136.08	1,140.92	27.00
28.00	Observation Bed Days		2,891	9,236			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	313	449			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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 10:53 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,712	1,000	10,623	1.00
2.00 HMO and other (see instructions)			1,429	2,028		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,712	1,000	10,623	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	142	23	234	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
8/2/2021 10:53 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	111,169,754	0	111,169,754	2,901,410.00	38.32	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		185,000	0	185,000	1,480.00	125.00	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	7,314,158	-486,808	6,827,350	230,279.00	29.65	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		21,860,497	0	21,860,497	473,920.00	46.13	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		7,424,740	10,688	7,435,428	201,011.00	36.99	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		8,236,737	0	8,236,737	189,214.00	43.53	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		55,459	0	55,459	409.00	135.60	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		17,939,115	0	17,939,115	459,681.00	39.03	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)		27,052,569	0	27,052,569			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		0	0	0			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		5,294,591	0	5,294,591			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
8/2/2021 10:53 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,045,440	0	1,045,440	13,914.00	75.14	26.00
27.00	Administrative & General	5.00	25,678,997	-549,212	25,129,785	285,047.00	88.16	27.00
28.00	Administrative & General under contract (see inst.)		892,022	0	892,022	7,358.00	121.23	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,221,362	0	2,221,362	41,706.00	53.26	30.00
31.00	Laundry & Linen Service	8.00	179,434	0	179,434	11,674.00	15.37	31.00
32.00	Housekeeping	9.00	2,533,803	0	2,533,803	173,642.00	14.59	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,159,454	-1,513,760	645,694	33,148.00	19.48	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,503,072	1,503,072	80,896.00	18.58	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,568,800	0	1,568,800	25,593.00	61.30	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,974,637	-320	2,974,317	74,956.00	39.68	40.00
41.00	Medical Records & Medical Records Library	16.00	486,105	0	486,105	23,841.00	20.39	41.00
42.00	Social Service	17.00	0	549,212	549,212	16,931.00	32.44	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
8/2/2021 10:53 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	82,887,121	486,808	83,373,929	2,204,569.00	37.82	1.00
2.00	Excluded area salaries (see instructions)	7,424,740	10,688	7,435,428	201,011.00	36.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	75,462,381	476,120	75,938,501	2,003,558.00	37.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	26,231,311	0	26,231,311	649,304.00	40.40	4.00
5.00	Subtotal wage-related costs (see inst.)	32,347,160	0	32,347,160	0.00	42.60	5.00
6.00	Total (sum of lines 3 thru 5)	134,040,852	476,120	134,516,972	2,652,862.00	50.71	6.00
7.00	Total overhead cost (see instructions)	39,740,054	-11,008	39,729,046	788,706.00	50.37	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
8/2/2021 10:53 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	4,334,793	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	9,242,636	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	3,668,981	9.00
10.00	Dental, Hearing and Vision Plan	1,138,652	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	54,161	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)	309,859	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,100,904	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	7,019,300	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	73,250	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	110,033	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,052,569	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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
8/2/2021 10:53 am

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

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0172 Component CCN: 14-7267		Period: From 01/01/2020 To 12/31/2020		Worksheet S-4 Date/Time Prepared: 8/2/2021 10:53 am	
						Home Health Agency I		PPS	
						1.00			
0.00	County							0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours			0	339	0	182	521	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	731.00	0.00	392.00	1,123.00	2.00
				Number of Employees (Full Time Equivalent)					
				Enter the number of hours in your normal work week		Staff	Contract	Total	
				0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)			40.00		2.00	0.00	2.00	3.00
4.00	Director(s) and Assistant Director(s)					0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel					6.52	0.00	6.52	5.00
6.00	Direct Nursing Service					11.36	0.00	11.36	6.00
7.00	Nursing Supervisor					0.00	0.00	0.00	7.00
8.00	Physical Therapy Service					2.98	5.04	8.02	8.00
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service					0.00	2.98	2.98	10.00
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00
12.00	Speech Pathology Service					0.12	0.00	0.12	12.00
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00
14.00	Medical Social Service					0.64	1.37	2.01	14.00
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00
16.00	Home Health Aide					1.59	0.00	1.59	16.00
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00
18.00	Other (specify)					0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974					20.00
				Full Episodes					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			4,797	841	273	30	5,941	21.00
22.00	Skilled Nursing Visit Charges			1,906,781	334,639	108,513	11,855	2,361,788	22.00
23.00	Physical Therapy Visits			2,942	945	64	20	3,971	23.00
24.00	Physical Therapy Visit Charges			1,214,370	390,990	26,424	8,208	1,639,992	24.00
25.00	Occupational Therapy Visits			960	614	13	18	1,605	25.00
26.00	Occupational Therapy Visit Charges			395,304	253,980	5,382	7,452	662,118	26.00
27.00	Speech Pathology Visits			25	40	0	0	65	27.00
28.00	Speech Pathology Visit Charges			10,350	16,560	0	0	26,910	28.00
29.00	Medical Social Service Visits			56	25	2	1	84	29.00
30.00	Medical Social Service Visit Charges			26,880	12,000	480	480	39,840	30.00
31.00	Home Health Aide Visits			819	263	0	5	1,087	31.00
32.00	Home Health Aide Visit Charges			157,693	50,759	0	965	209,417	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			9,599	2,728	352	74	12,753	33.00
34.00	Other Charges			69,342	8,678	11,729	16	89,765	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)			3,780,720	1,067,606	152,528	28,976	5,029,830	35.00
36.00	Total Number of Episodes (standard/non outlier)			0		0	0	0	36.00
37.00	Total Number of Outlier Episodes				0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges			73,545	4,591	5,661	331	84,128	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0172

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

Worksheet S-10

Date/Time Prepared:
8/2/2021 10:53 am

				8/27/2021 10:33 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.201676	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			26,257,031	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			211,051,111	6.00
7.00	Medicaid cost (line 1 times line 6)			42,563,944	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)			16,306,913	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)			16,306,913	19.00
				Uninsured patients	Insured patients
				1.00	2.00
				Total (col. 1 + col. 2)	
				3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)			42,465,544	5,422,275
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)			8,564,281	5,422,275
22.00	Payments received from patients for amounts previously written off as charity care			0	0
23.00	Cost of charity care (line 21 minus line 22)			8,564,281	5,422,275
				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	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			14,369,910	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,804,611	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,776,324	
28.00	Non-Medicare bad debt expense (see instructions)			11,593,586	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,309,861	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			17,296,417	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			33,603,330	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0172

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

Worksheet A

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		15,682,274	15,682,274	8,079,007	23,761,281	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,381,967	7,381,967	31,663	7,413,630	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,045,440	29,148,466	30,193,906	0	30,193,906	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,678,997	53,406,810	79,085,807	-1,034,188	78,051,619	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,221,362	11,218,074	13,439,436	-649,592	12,789,844	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	179,434	720,750	900,184	0	900,184	8.00
9.00	00900	HOUSEKEEPING	2,533,803	724,039	3,257,842	0	3,257,842	9.00
10.00	01000	DIETARY	2,159,454	669,368	2,828,822	-2,489,006	339,816	10.00
11.00	01100	CAFETERIA	0	0	0	2,471,432	2,471,432	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,568,800	47,733	1,616,533	0	1,616,533	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,842	27,842	0	27,842	14.00
15.00	01500	PHARMACY	2,974,637	287,706	3,262,343	-415	3,261,928	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	486,105	744	486,849	0	486,849	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	709,472	709,472	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 APPRV	7,314,158	0	7,314,158	-486,808	6,827,350	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,556,493	2,556,493	486,808	3,043,301	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,490,329	1,812,122	25,302,451	-3,558,147	21,744,304	30.00
31.00	03100	INTENSIVE CARE UNIT	7,306,002	1,545,261	8,851,263	0	8,851,263	31.00
41.00	04100	SUBPROVIDER - IRF	2,003,473	68,582	2,072,055	0	2,072,055	41.00
43.00	04300	NURSERY	998,643	0	998,643	1,360,960	2,359,603	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,660,442	3,911,840	7,572,282	0	7,572,282	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	596,599	596,599	0	596,599	50.02
51.00	05100	RECOVERY ROOM	819,856	550	820,406	0	820,406	51.00
53.00	05300	ANESTHESIOLOGY	42,656	4,073,896	4,116,552	0	4,116,552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,335,701	68,583	2,404,284	54,275	2,458,559	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	429,149	15,483	444,632	0	444,632	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	810,230	19,509	829,739	0	829,739	55.00
56.00	05600	RADIOISOTOPE	418,867	376,418	795,285	0	795,285	56.00
57.00	05700	CT SCAN	943,157	79,627	1,022,784	0	1,022,784	57.00
58.00	05800	MRI	539,182	2,234	541,416	0	541,416	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,373,747	155,822	1,529,569	236,726	1,766,295	59.00
60.00	06000	LABORATORY	0	11,414,279	11,414,279	48,000	11,462,279	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,796,014	188,630	1,984,644	0	1,984,644	65.00
65.01	06501	SLEEP LAB	281,601	10,351	291,952	0	291,952	65.01
66.00	06600	PHYSICAL THERAPY	0	1,970,376	1,970,376	0	1,970,376	66.00
66.01	06601	OP PHYSICAL THERAPY	0	940,614	940,614	0	940,614	66.01
66.02	06602	OP THERAPY SERVICES	0	1,823,417	1,823,417	0	1,823,417	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	940,930	940,930	0	940,930	67.00
68.00	06800	SPEECH PATHOLOGY	380,339	2,764	383,103	0	383,103	68.00
69.00	06900	ELECTROCARDIOLOGY	1,185,200	67,498	1,252,698	-372,508	880,190	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	119,977	1,228	121,205	0	121,205	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,435,247	12,435,247	0	12,435,247	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,189,123	5,189,123	0	5,189,123	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	409,270	16,247,644	16,656,914	0	16,656,914	73.00
74.00	07400	RENAL DIALYSIS	0	1,615,868	1,615,868	0	1,615,868	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,032,737	5,346	1,038,083	0	1,038,083	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	710,866	6,473	717,339	2,197,187	2,914,526	76.01
76.97	07697	CARDIAC REHABILITATION	462,999	4,710	467,709	135,782	603,491	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	867,947	504,778	1,372,725	415	1,373,140	90.00
90.01	09001	URGENT CARE CENTER	1,052,662	2,059,309	3,111,971	0	3,111,971	90.01
91.00	09100	EMERGENCY	6,115,251	698,763	6,814,014	0	6,814,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,713,661	492,117	3,205,778	0	3,205,778	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0172

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

Worksheet A

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		7,795,513	7,795,513	-7,795,513	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,462,148	199,013,770	307,475,918	-574,450	306,901,468
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	49,090	52,486	101,576	0	101,576
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,658,516	3,127,503	5,786,019	556,876	6,342,895
193.00	19300	NONPAID WORKERS	0	2,235	2,235	17,574	19,809
194.00	07950	DEVELOPMENT	0	0	0	0	0
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	0
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		TOTAL (SUM OF LINES 118 through 199)	111,169,754	202,195,994	313,365,748	0	313,365,748

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0172

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

Worksheet A

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-8,363,172	15,398,109	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-20,115	7,393,515	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	30,193,906	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-23,625,592	54,426,027	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	12,789,844	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1,108,815	-208,631	8.00
9.00	00900	HOUSEKEEPING	0	3,257,842	9.00
10.00	01000	DIETARY	0	339,816	10.00
11.00	01100	CAFETERIA	-723,373	1,748,059	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-380	1,616,153	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,842	14.00
15.00	01500	PHARMACY	595,484	3,857,412	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,718,070	2,204,919	16.00
17.00	01700	SOCIAL SERVICE	0	709,472	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 APPRV	0	6,827,350	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-174	3,043,127	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,362,376	20,381,928	30.00
31.00	03100	INTENSIVE CARE UNIT	-951,648	7,899,615	31.00
41.00	04100	SUBPROVIDER - IRF	-22,422	2,049,633	41.00
43.00	04300	NURSERY	0	2,359,603	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,425,715	5,146,567	50.00
50.01	05001	SURGICENTER	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	596,599	50.02
51.00	05100	RECOVERY ROOM	0	820,406	51.00
53.00	05300	ANESTHESIOLOGY	-4,056,318	60,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-54,275	2,404,284	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	444,632	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	829,739	55.00
56.00	05600	RADIOISOTOPE	0	795,285	56.00
57.00	05700	CT SCAN	-38,793	983,991	57.00
58.00	05800	MRI	0	541,416	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,766,295	59.00
60.00	06000	LABORATORY	-66,368	11,395,911	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-767	1,983,877	65.00
65.01	06501	SLEEP LAB	0	291,952	65.01
66.00	06600	PHYSICAL THERAPY	0	1,970,376	66.00
66.01	06601	OP PHYSICAL THERAPY	0	940,614	66.01
66.02	06602	OP THERAPY SERVICES	0	1,823,417	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	940,930	67.00
68.00	06800	SPEECH PATHOLOGY	0	383,103	68.00
69.00	06900	ELECTROCARDIOLOGY	0	880,190	69.00
69.01	06901	EP LAB	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	121,205	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-336,135	12,099,112	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-291,904	4,897,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-646,009	16,010,905	73.00
74.00	07400	RENAL DIALYSIS	0	1,615,868	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,038,083	75.00
76.00	03951	WOUND CARE	0	0	76.00
76.01	03952	OP ONCOLOGY	0	2,914,526	76.01
76.97	07697	CARDIAC REHABILITATION	0	603,491	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-114,877	1,258,263	90.00
90.01	09001	URGENT CARE CENTER	-2,941,731	170,240	90.01
91.00	09100	EMERGENCY	-984	6,813,030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	3,205,778	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0172

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

Worksheet A

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-44,838,389	262,063,079	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	101,576	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,342,895	192.00
193.00	19300	NONPAID WORKERS	0	19,809	193.00
194.00	07950	DEVELOPMENT	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-44,838,389	268,527,359	200.00

RECLASSIFICATIONS

Provider CCN: 14-0172

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

Worksheet A-6

Date/Time Prepared:
8/2/2021 10:53 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	C - CLINIC COSTS					
1.00	CLINIC	90.00	320	95		1.00
	0		320	95		
	E - SOCIAL SERVICES					
1.00	SOCIAL SERVICE	17.00	549,212	160,260		1.00
	0		549,212	160,260		
	F - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,795,513		1.00
	0		0	7,795,513		
	G - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	1,503,072	968,360		1.00
2.00	NONPAID WORKERS	193.00	10,688	6,886		2.00
	0		1,513,760	975,246		
	I - PROFESSIONAL FEES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	54,275		1.00
2.00	LABORATORY	60.00	0	48,000		2.00
	0		0	102,275		
	K - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	190,778		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	31,663		2.00
	0		0	222,441		
	L - NURSERY COSTS					
1.00	NURSERY	43.00	901,388	459,572		1.00
	0		901,388	459,572		
	N - CARDIAC ADMIN					
1.00	CARDIAC CATHETERIZATION	59.00	167,762	68,964		1.00
2.00	CARDIAC REHABILITATION	76.97	96,225	39,557		2.00
	0		263,987	108,521		
	O - INTERNS RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	486,808	0		1.00
	0		486,808	0		
	P - ONCOLOGY COSTS					
1.00	OP ONCOLOGY	76.01	1,631,788	565,399		1.00
	0		1,631,788	565,399		
	S - CHICAGO HEIGHTS POB COSTS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	556,876		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	92,716		2.00
	0		0	649,592		
500.00	Grand Total: Increases		5,347,263	11,038,914		500.00

RECLASSIFICATIONS

Provider CCN: 14-0172

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

Worksheet A-6

Date/Time Prepared:
8/2/2021 10:53 am

		Decreases				Wkst. A-7 Ref.	
		Cost Center	Line #	Salary	Other		
		6.00	7.00	8.00	9.00	10.00	
		C - CLINIC COSTS					
1.00		PHARMACY	15.00	320	95	0	1.00
		0		320	95		
		E - SOCIAL SERVICES					
1.00		ADMINISTRATIVE & GENERAL	5.00	549,212	160,260	0	1.00
		0		549,212	160,260		
		F - INTEREST					
1.00		INTEREST EXPENSE	113.00	0	7,795,513	9	1.00
		0		0	7,795,513		
		G - CAFETERIA COSTS					
1.00		DIETARY	10.00	1,513,760	975,246	0	1.00
2.00		0	0.00	0	0	0	2.00
		0		1,513,760	975,246		
		I - PROFESSIONAL FEES					
1.00		ADMINISTRATIVE & GENERAL	5.00	0	102,275	0	1.00
2.00		0	0.00	0	0	0	2.00
		0		0	102,275		
		K - PROPERTY INSURANCE					
1.00		ADMINISTRATIVE & GENERAL	5.00	0	222,441	12	1.00
2.00		0	0.00	0	0	12	2.00
		0		0	222,441		
		L - NURSERY COSTS					
1.00		ADULTS & PEDIATRICS	30.00	901,388	459,572	0	1.00
		0		901,388	459,572		
		N - CARDIAC ADMIN					
1.00		ELECTROCARDIOLOGY	69.00	263,987	108,521	0	1.00
2.00		0	0.00	0	0	0	2.00
		0		263,987	108,521		
		O - INTERNS RESIDENTS					
1.00		I&R SERVICES-SALARY & FRINGES APPRV	21.00	486,808	0	0	1.00
		0		486,808	0		
		P - ONCOLOGY COSTS					
1.00		ADULTS & PEDIATRICS	30.00	1,631,788	565,399	0	1.00
		0		1,631,788	565,399		
		S - CHICAGO HEIGHTS POB COSTS					
1.00		OPERATION OF PLANT	7.00	0	649,592	0	1.00
2.00		0	0.00	0	0	9	2.00
		0		0	649,592		
500.00		Grand Total: Decreases		5,347,263	11,038,914		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
8/2/2021 10:53 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,795,500	0	0	0	1,542,522	1.00	
2.00	Land Improvements	4,311,599	51,714	0	51,714	0	2.00	
3.00	Buildings and Fixtures	86,621,407	0	0	0	6,062,166	3.00	
4.00	Building Improvements	177,581,321	11,803,422	0	11,803,422	0	4.00	
5.00	Fixed Equipment	14,000,172	0	0	0	3,355,815	5.00	
6.00	Movable Equipment	76,595,402	0	0	0	2,551,984	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	365,905,401	11,855,136	0	11,855,136	13,512,487	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	365,905,401	11,855,136	0	11,855,136	13,512,487	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,252,978	0				1.00	
2.00	Land Improvements	4,363,313	0				2.00	
3.00	Buildings and Fixtures	80,559,241	0				3.00	
4.00	Building Improvements	189,384,743	0				4.00	
5.00	Fixed Equipment	10,644,357	0				5.00	
6.00	Movable Equipment	74,043,418	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	364,248,050	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	364,248,050	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	15,682,274	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,381,967	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,064,241	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	15,682,274				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,381,967				2.00
3.00	Total (sum of lines 1-2)	0	23,064,241				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	15,207,331	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,361,852	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,569,183	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	190,778	0	0	15,398,109	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	31,663	0	0	7,393,515	2.00
3.00	Total (sum of lines 1-2)	0	222,441	0	0	22,791,624	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0172

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

Worksheet A-8

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-79,047	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-16,467	CAP REL COSTS-MVBLE EQUIP	2.00	9	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	-18,282,583			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	-4,844,665			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,796	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-723,373	CAFETERIA	11.00	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	A	-1,060,636	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1	CAP REL COSTS-MVBLE EQUIP	2.00	9	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	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	INT AMORT	A	3,327	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0172

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

Worksheet A-8

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.02	NON ALLOW DEPR	A	-428,065	CAP REL COSTS-BLDG & FIXT	1.00	9	33.02
33.03	PROPERTY TAXES	A	-222,643	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	PROPERTY TAXES	A	-1,108,815	LAUNDRY & LINEN SERVICE	8.00	0	33.04
33.15	PATIENT PHONE COSTS	A	-139,998	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.17	PATIENT TV COSTS	A	-3,647	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.17
33.18	PATIENT TV COSTS/REPAIRS	A	-6,715	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	HAF FEES	A	-11,866,644	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.45	1500 FEES	A	-14,741	ADMINISTRATIVE & GENERAL	5.00	0	33.45
33.46	PHYSICIAN SUBSIDIES	A	-149,520	ADMINISTRATIVE & GENERAL	5.00	0	33.46
33.61	MARKETING COSTS	A	-1,686,423	ADMINISTRATIVE & GENERAL	5.00	0	33.61
33.87	NON-ALLOWABLE ADMIN EXPENSES	A	-152,550	ADMINISTRATIVE & GENERAL	5.00	0	33.87
33.95	EMPLOYEE BADGES	B	-1,698	ADMINISTRATIVE & GENERAL	5.00	0	33.95
34.00	PROGRAM FEES	B	-1,746,112	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	DONATIONS/CONTRIBUTIONS	B	-380	NURSING ADMINISTRATION	13.00	0	34.01
34.02	DONATIONS/CONTRIBUTIONS	B	-174	I&R SERVICES-OTHER PRGM	22.00	0	34.02
				COSTS APPRV			
34.03	DONATIONS/CONTRIBUTIONS	B	-299	ADULTS & PEDIATRICS	30.00	0	34.03
34.04	DONATIONS/CONTRIBUTIONS	B	-2,065	INTENSIVE CARE UNIT	31.00	0	34.04
34.05	DONATIONS/CONTRIBUTIONS	B	-22	SUBPROVIDER - IRF	41.00	0	34.05
34.06	DONATIONS/CONTRIBUTIONS	B	-18,368	LABORATORY	60.00	0	34.06
34.07	DONATIONS/CONTRIBUTIONS	B	-767	RESPIRATORY THERAPY	65.00	0	34.07
34.08	MISC REVENUE	B	-336,135	MEDICAL SUPPLIES CHARGED TO	71.00	9	34.08
				PATIENT			
34.09	MISC REVENUE	B	-79,747	ADMINISTRATIVE & GENERAL	5.00	0	34.09
34.10	DONATIONS/CONTRIBUTIONS	B	-291,904	IMPL. DEV. CHARGED TO	72.00	0	34.10
				PATIENTS			
34.11	DISCOUNTS EARNED/REBATES	B	-646,009	DRUGS CHARGED TO PATIENTS	73.00	0	34.11
34.12	MISC REVENUE	B	-895,806	URGENT CARE CENTER	90.01	0	34.12
34.13	EMERGENCY MEDICAL EDUCATION	B	-984	EMERGENCY	91.00	0	34.13
35.00	DIABETES COSTS	B	-30,917	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.15	MISC REVENUE	B		CARDIAC CATHETERIZATION	59.00	0	35.15
35.16	OTHER	B		ADMINISTRATIVE & GENERAL	5.00	0	35.16
35.17	NON ALLOWABLE DUES	A		ADMINISTRATIVE & GENERAL	5.00	0	35.17
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-44,838,389				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: 14-0172

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

Worksheet A-8-1

Date/Time Prepared:
8/2/2021 10:53 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DEPRE BUILDINGS	2,994,345	3,703,249	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE	32,152,580	32,440,124	2.00
3.00	15.00	PHARMACY	PHARMACY MGMT	595,485	1	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,721,867	1	4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	1,535,065	7,700,632	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			38,999,342	43,844,007	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		0.00	FRANCISCAN HEAL	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: 14-0172

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

Worksheet A-8-1

Date/Time Prepared:
8/2/2021 10:53 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-708,904	9		1.00
2.00	-287,544	0		2.00
3.00	595,484	0		3.00
4.00	1,721,866	0		4.00
4.01	-6,165,567	9		4.01
5.00	-4,844,665			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: 14-0172

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

Worksheet A-8-2

Date/Time Prepared:
8/2/2021 10:53 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	7,164,620	7,164,620	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,362,162	0	1,362,162	177,200	1	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	949,668	0	949,668	177,200	1	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	22,400	22,400	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	2,425,800	0	2,425,800	177,200	1	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	4,056,318	4,056,318	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	54,275	54,275	0	0	0	7.00
8.00	57.00	AGGREGATE-CT SCAN	38,793	38,793	0	0	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	48,000	48,000	0	0	1	9.00
10.00	90.00	AGGREGATE-CLINIC	114,877	114,877	0	0	0	10.00
11.00	90.01	AGGREGATE-URGENT CARE CENTER	2,046,010	1,842,530	203,480	177,200	1	11.00
200.00			18,282,923	13,341,813	4,941,110		5	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	85	4	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	85	4	0	0	0	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	85	4	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	9.00
10.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	10.00
11.00	90.01	AGGREGATE-URGENT CARE CENTER	85	4	0	0	0	11.00
200.00			340	16	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	7,164,620		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	85	1,362,077	1,362,077		2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	85	949,583	949,583		3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	22,400		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	85	2,425,715	2,425,715		5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	4,056,318		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	54,275		7.00
8.00	57.00	AGGREGATE-CT SCAN	0	0	0	38,793		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	48,000		9.00
10.00	90.00	AGGREGATE-CLINIC	0	0	0	114,877		10.00
11.00	90.01	AGGREGATE-URGENT CARE CENTER	0	85	203,395	2,045,925		11.00
200.00			0	340	4,940,770	18,282,583		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

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	15,398,109	15,398,109			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,393,515		7,393,515		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	30,193,906	45,181	21,694	30,260,781	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	54,426,027	1,711,573	821,824	6,905,392	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	12,789,844	2,409,388	1,156,887	610,401	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-208,631	67,073	32,205	49,306	8.00
9.00	00900	HOUSEKEEPING	3,257,842	322,911	155,048	696,256	9.00
10.00	01000	DIETARY	339,816	114,337	54,900	177,428	10.00
11.00	01100	CAFETERIA	1,748,059	410,127	196,926	413,025	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,616,153	30,252	14,526	431,086	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,842	599,519	287,863	0	14.00
15.00	01500	PHARMACY	3,857,412	112,910	54,214	817,304	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,204,919	87,683	42,101	133,575	16.00
17.00	01700	SOCIAL SERVICE	709,472	8,725	4,189	150,916	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 APPRV	6,827,350	122,056	58,606	1,876,067	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,043,127	0	0	133,769	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,381,928	2,165,221	1,039,647	5,758,753	30.00
31.00	03100	INTENSIVE CARE UNIT	7,899,615	596,941	286,625	2,007,594	31.00
41.00	04100	SUBPROVIDER - IRF	2,049,633	163,640	78,573	550,528	41.00
43.00	04300	NURSERY	2,359,603	91,542	43,955	522,104	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,146,567	1,079,705	518,428	1,005,842	50.00
50.01	05001	SURGICENTER	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	596,599	0	0	0	50.02
51.00	05100	RECOVERY ROOM	820,406	69,228	33,241	225,286	51.00
53.00	05300	ANESTHESIOLOGY	60,234	121,751	58,459	11,721	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,404,284	659,921	316,866	641,820	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	444,632	106,326	51,053	117,925	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	829,739	130,344	62,586	222,641	55.00
56.00	05600	RADIOISOTOPE	795,285	45,007	21,610	115,099	56.00
57.00	05700	CT SCAN	983,991	30,558	14,673	259,167	57.00
58.00	05800	MRI	541,416	77,836	37,374	148,160	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,766,295	187,673	90,112	423,587	59.00
60.00	06000	LABORATORY	11,395,911	435,194	208,962	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,983,877	60,518	29,058	493,521	65.00
65.01	06501	SLEEP LAB	291,952	14,565	6,994	77,380	65.01
66.00	06600	PHYSICAL THERAPY	1,970,376	264,461	126,983	0	66.00
66.01	06601	OP PHYSICAL THERAPY	940,614	7,283	3,497	0	66.01
66.02	06602	OP THERAPY SERVICES	1,823,417	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	940,930	96,553	46,361	0	67.00
68.00	06800	SPEECH PATHOLOGY	383,103	15,206	7,301	104,512	68.00
69.00	06900	ELECTROCARDIOLOGY	880,190	428,334	205,668	253,137	69.00
69.01	06901	EP LAB	0	0	0	0	69.01
69.02	06902	VASCULAR SERVICES	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	121,205	15,250	7,322	32,968	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,099,112	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,897,219	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,010,905	0	0	112,462	73.00
74.00	07400	RENAL DIALYSIS	1,615,868	15,250	7,322	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,038,083	397,572	190,897	283,783	75.00
76.00	03951	WOUND CARE	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	2,914,526	54,197	26,023	643,731	76.01
76.97	07697	CARDIAC REHABILITATION	603,491	0	0	153,667	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,258,263	36,413	17,484	238,588	90.00
90.01	09001	URGENT CARE CENTER	170,240	0	0	289,258	90.01
91.00	09100	EMERGENCY	6,813,030	558,853	268,337	1,680,391	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

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	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	3,205,778	0	0	745,679	3,951,457	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	262,063,079	13,967,077	6,706,394	29,513,829	259,197,974	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,576	91,455	43,913	13,489	250,433	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,342,895	1,109,301	532,639	730,526	8,715,361	192.00
193.00	19300 NONPAID WORKERS	19,809	100,223	48,123	2,937	171,092	193.00
194.00	07950 DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951 NON ALLOWABLE HOSPICE	0	130,053	62,446	0	192,499	194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118 through 201)	268,527,359	15,398,109	7,393,515	30,260,781	268,527,359	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

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	63,864,816					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	5,292,842	0	22,259,362			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	132,924	72,877		8.00
9.00	00900	HOUSEKEEPING	1,382,616	0	639,940	0	6,454,613	9.00
10.00	01000	DIETARY	214,153	0	226,591	0	68,069	10.00
11.00	01100	CAFETERIA	863,542	0	812,785	0	244,163	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	652,621	0	59,953	0	18,010	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	285,511	0	1,188,119	0	356,915	14.00
15.00	01500	PHARMACY	1,510,451	0	223,763	0	67,219	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	769,999	0	173,768	0	52,201	16.00
17.00	01700	SOCIAL SERVICE	272,434	0	17,290	0	5,194	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 APPRV	2,771,460	0	241,890	0	72,665	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	991,058	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,154,544	0	4,291,009	55,937	1,289,032	30.00
31.00	03100	INTENSIVE CARE UNIT	3,366,269	0	1,183,009	12,433	355,380	31.00
41.00	04100	SUBPROVIDER - IRF	886,701	0	324,300	4,507	97,421	41.00
43.00	04300	NURSERY	941,241	0	181,417	0	54,498	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,417,844	0	2,139,745	0	642,786	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	186,114	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	358,178	0	137,196	0	41,214	51.00
53.00	05300	ANESTHESIOLOGY	78,665	0	241,284	0	72,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,254,973	0	1,307,822	0	392,874	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	224,590	0	210,716	0	63,300	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	388,484	0	258,314	0	77,598	55.00
56.00	05600	RADIOISOTOPE	304,783	0	89,193	0	26,794	56.00
57.00	05700	CT SCAN	401,923	0	60,559	0	18,192	57.00
58.00	05800	MRI	251,059	0	154,255	0	46,339	58.00
59.00	05900	CARDIAC CATHETERIZATION	769,808	0	371,927	0	111,728	59.00
60.00	06000	LABORATORY	3,755,995	0	862,462	0	259,086	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	800,788	0	119,935	0	36,029	65.00
65.01	06501	SLEEP LAB	121,942	0	28,865	0	8,671	65.01
66.00	06600	PHYSICAL THERAPY	736,789	0	524,105	0	157,443	66.00
66.01	06601	OP PHYSICAL THERAPY	296,795	0	14,433	0	4,336	66.01
66.02	06602	OP THERAPY SERVICES	568,830	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	338,114	0	191,347	0	57,481	67.00
68.00	06800	SPEECH PATHOLOGY	159,137	0	30,135	0	9,053	68.00
69.00	06900	ELECTROCARDIOLOGY	551,332	0	848,866	0	255,002	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	55,137	0	30,222	0	9,079	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,774,415	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,527,727	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,029,813	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	511,124	0	30,222	0	9,079	74.00
75.00	07500	ASC (NON-DISTINCT PART)	595,944	0	787,903	0	236,689	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	1,135,052	0	107,407	0	32,265	76.01
76.97	07697	CARDIAC REHABILITATION	236,201	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	483,768	0	72,163	0	21,678	90.00
90.01	09001	URGENT CARE CENTER	143,344	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,907,639	0	1,107,527	0	332,705	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,232,689	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,954,438	0	19,423,361	72,877	5,602,670	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	78,125	0	181,244	0	54,446	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,718,827	0	2,198,399	0	660,406	192.00
193.00	19300	NONPAID WORKERS	53,374	0	198,621	0	59,666	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	60,052	0	257,737	0	77,425	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	63,864,816	0	22,259,362	72,877	6,454,613	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	1,195,294					10.00
11.00	01100	CAFETERIA	0	4,688,627				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	51,646	0	2,874,247		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,745,769	14.00
15.00	01500	PHARMACY	0	151,259	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,110	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	34,166	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 APPRV	0	673,133	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	917,462	1,320,104	0	1,325,563	102,916	30.00
31.00	03100	INTENSIVE CARE UNIT	203,912	373,232	0	374,776	60,394	31.00
41.00	04100	SUBPROVIDER - IRF	73,920	115,246	0	115,723	4,562	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	225,183	0	226,115	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	313	50.02
51.00	05100	RECOVERY ROOM	0	33,981	0	34,121	175	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	38,570	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	112,492	0	0	44	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	33,403	0	0	4	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	36,315	0	0	3,473	55.00
56.00	05600	RADIOISOTOPE	0	20,367	0	0	0	56.00
57.00	05700	CT SCAN	0	48,034	0	0	0	57.00
58.00	05800	MRI	0	30,270	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	78,751	0	0	202,332	59.00
60.00	06000	LABORATORY	0	113,226	0	113,695	85,611	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	21,901	0	0	1,178	65.01
66.00	06600	PHYSICAL THERAPY	0	1,764	0	0	1,326	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	533	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	1,364	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,580	67.00
68.00	06800	SPEECH PATHOLOGY	0	17,799	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	59,118	0	59,363	4,658	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,492	0	8,527	2,562	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,293,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	647,827	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,992	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,893	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	107,366	0	107,810	6,806	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	35,080	0	35,226	5,207	76.01
76.97	07697	CARDIAC REHABILITATION	0	48,330	0	0	645	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	35,230	0	0	1,404	90.00
90.01	09001	URGENT CARE CENTER	0	92,863	0	0	73,107	90.01
91.00	09100	EMERGENCY	0	471,378	0	473,328	86,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	109,955	0	0	11,488	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,195,294	4,508,194	0	2,874,247	2,644,048	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,491	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	172,942	0	0	101,721	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,195,294	4,688,627	0	2,874,247	2,745,769	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

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	6,794,532					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,512,356				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,202,386			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 APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	418	419,579	922,905	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33	104,725	205,122	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	26,669	74,359	0	0	41.00
43.00	04300	NURSERY	0	14,163	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,934	188,859	0	0	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	4,063	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	31,724	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	69,770	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	169	161,665	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	23	24,480	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	73	62,998	0	0	0	55.00
56.00	05600	RADIOISOTOPE	48	34,894	0	0	0	56.00
57.00	05700	CT SCAN	233	323,201	0	0	0	57.00
58.00	05800	MRI	0	60,511	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	195	110,017	0	0	0	59.00
60.00	06000	LABORATORY	0	386,623	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,121	83,729	0	0	0	65.00
65.01	06501	SLEEP LAB	0	10,487	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	23	41,917	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	13	20,083	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	14	38,786	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	21,012	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,906	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	116	94,736	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,504	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	145,547	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	42,626	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,734,805	446,996	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	145	18,896	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10,854	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	5,612	28,057	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	4,970	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	38,510	16,770	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	20	10,010	0	0	0	90.01
91.00	09100	EMERGENCY	93	411,168	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	223	25,361	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,793,821	3,512,356	1,202,386	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	702	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	6,794,532	3,512,356	1,202,386	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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 APPRV	12,643,227					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		4,167,954				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,450,035	4,104,267	0	0	65,699,320	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	17,030,060	31.00
41.00	04100	SUBPROVIDER - IRF	193,192	63,687	0	0	4,822,661	41.00
43.00	04300	NURSERY	0	0	0	0	4,208,523	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	13,596,008	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	787,089	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	1,784,750	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	752,936	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	7,252,930	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0	1,276,452	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	2,072,565	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,453,080	56.00
57.00	05700	CT SCAN	0	0	0	0	2,140,531	57.00
58.00	05800	MRI	0	0	0	0	1,347,220	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	4,112,425	59.00
60.00	06000	LABORATORY	0	0	0	0	17,616,765	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	3,615,576	65.00
65.01	06501	SLEEP LAB	0	0	0	0	583,935	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,825,187	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	1,287,587	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	2,432,411	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,694,378	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	737,152	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	3,640,520	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	296,268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	17,312,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,115,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	28,337,973	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,209,799	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	3,763,707	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0	5,022,383	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,047,304	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	2,220,271	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	778,842	90.01
91.00	09100	EMERGENCY	0	0	0	0	15,111,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	5,331,173	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,643,227	4,167,954	0	0	252,316,787	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	571,739	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	14,567,665	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	482,753	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	588,415	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,643,227	4,167,954	0	0	268,527,359	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	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 APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	RADIOLOGY PARAMEDICAL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-16,554,302	49,145,018	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,030,060	31.00
41.00	04100	SUBPROVIDER - IRF	-256,879	4,565,782	41.00
43.00	04300	NURSERY	0	4,208,523	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	13,596,008	50.00
50.01	05001	SURGICENTER	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	787,089	50.02
51.00	05100	RECOVERY ROOM	0	1,784,750	51.00
53.00	05300	ANESTHESIOLOGY	0	752,936	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,252,930	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	1,276,452	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,072,565	55.00
56.00	05600	RADIOISOTOPE	0	1,453,080	56.00
57.00	05700	CT SCAN	0	2,140,531	57.00
58.00	05800	MRI	0	1,347,220	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,112,425	59.00
60.00	06000	LABORATORY	0	17,616,765	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,615,576	65.00
65.01	06501	SLEEP LAB	0	583,935	65.01
66.00	06600	PHYSICAL THERAPY	0	3,825,187	66.00
66.01	06601	OP PHYSICAL THERAPY	0	1,287,587	66.01
66.02	06602	OP THERAPY SERVICES	0	2,432,411	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,694,378	67.00
68.00	06800	SPEECH PATHOLOGY	0	737,152	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,640,520	69.00
69.01	06901	EP LAB	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	296,268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,312,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,115,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,337,973	73.00
74.00	07400	RENAL DIALYSIS	0	2,209,799	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,763,707	75.00
76.00	03951	WOUND CARE	0	0	76.00
76.01	03952	OP ONCOLOGY	0	5,022,383	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,047,304	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	2,220,271	90.00
90.01	09001	URGENT CARE CENTER	0	778,842	90.01
91.00	09100	EMERGENCY	0	15,111,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	5,331,173	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-16,811,181 235,505,606	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 571,739	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0 14,567,665	192.00
193.00	19300	NONPAID WORKERS	0 482,753	193.00
194.00	07950	DEVELOPMENT	0 0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0 588,415	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0 0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0 0	194.03
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 0	201.00
202.00		TOTAL (sum lines 118 through 201)	-16,811,181 251,716,178	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

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	45,181	21,694	66,875	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	177,583	1,711,573	821,824	2,710,980	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	2,409,388	1,156,887	3,566,275	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	67,073	32,205	99,278	8.00
9.00	00900	HOUSEKEEPING	18,947	322,911	155,048	496,906	9.00
10.00	01000	DIETARY	0	114,337	54,900	169,237	392 10.00
11.00	01100	CAFETERIA	0	410,127	196,926	607,053	912 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	30,252	14,526	44,778	952 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	178,959	599,519	287,863	1,066,341	0 14.00
15.00	01500	PHARMACY	2,243	112,910	54,214	169,367	1,805 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	87,683	42,101	129,784	295 16.00
17.00	01700	SOCIAL SERVICE	0	8,725	4,189	12,914	333 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 APPRV	0	122,056	58,606	180,662	4,144 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	295 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,165,221	1,039,647	3,204,868	12,721 30.00
31.00	03100	INTENSIVE CARE UNIT	47,120	596,941	286,625	930,686	4,435 31.00
41.00	04100	SUBPROVIDER - IRF	0	163,640	78,573	242,213	1,216 41.00
43.00	04300	NURSERY	0	91,542	43,955	135,497	1,153 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,068,806	1,079,705	518,428	2,666,939	2,222 50.00
50.01	05001	SURGICENTER	0	0	0	0	0 50.01
50.02	05002	SURGERY RECOVERY CENTER	383,665	0	0	383,665	0 50.02
51.00	05100	RECOVERY ROOM	0	69,228	33,241	102,469	498 51.00
53.00	05300	ANESTHESIOLOGY	0	121,751	58,459	180,210	26 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	659,921	316,866	976,787	1,418 54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	106,326	51,053	157,379	260 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	130,344	62,586	192,930	492 55.00
56.00	05600	RADIOISOTOPE	0	45,007	21,610	66,617	254 56.00
57.00	05700	CT SCAN	0	30,558	14,673	45,231	572 57.00
58.00	05800	MRI	0	77,836	37,374	115,210	327 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	187,673	90,112	277,785	936 59.00
60.00	06000	LABORATORY	0	435,194	208,962	644,156	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	294,125	60,518	29,058	383,701	1,090 65.00
65.01	06501	SLEEP LAB	4,103	14,565	6,994	25,662	171 65.01
66.00	06600	PHYSICAL THERAPY	0	264,461	126,983	391,444	0 66.00
66.01	06601	OP PHYSICAL THERAPY	0	7,283	3,497	10,780	0 66.01
66.02	06602	OP THERAPY SERVICES	279,871	0	0	279,871	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	96,553	46,361	142,914	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	15,206	7,301	22,507	231 68.00
69.00	06900	ELECTROCARDIOLOGY	0	428,334	205,668	634,002	559 69.00
69.01	06901	EP LAB	0	0	0	0	0 69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,250	7,322	22,572	73 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	248 73.00
74.00	07400	RENAL DIALYSIS	0	15,250	7,322	22,572	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	397,572	190,897	588,469	627 75.00
76.00	03951	WOUND CARE	0	0	0	0	0 76.00
76.01	03952	OP ONCOLOGY	0	54,197	26,023	80,220	1,422 76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	339 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	36,413	17,484	53,897	527 90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	639 90.01
91.00	09100	EMERGENCY	0	558,853	268,337	827,190	3,712 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	68,401	0	0	68,401	1,647
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,523,823	13,967,077	6,706,394	23,197,294	65,225
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	91,455	43,913	135,368	30
192.00	19200	PHYSICIANS' PRIVATE OFFICES	369,747	1,109,301	532,639	2,011,687	1,614
193.00	19300	NONPAID WORKERS	0	100,223	48,123	148,346	6
194.00	07950	DEVELOPMENT	0	0	0	0	0
194.01	07951	NON ALLOWABLE HOSPICE	0	130,053	62,446	192,499	0
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	2,893,570	15,398,109	7,393,515	25,685,194	66,875

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

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	2,726,267					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	225,943	0	3,793,566			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	22,654	31,594		8.00
9.00	00900	HOUSEKEEPING	59,022	0	109,062	0	666,528	9.00
10.00	01000	DIETARY	9,142	0	38,617	0	7,029	10.00
11.00	01100	CAFETERIA	36,863	0	138,519	0	25,213	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	27,859	0	10,218	0	1,860	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,188	0	202,486	0	36,856	14.00
15.00	01500	PHARMACY	64,479	0	38,135	0	6,941	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,870	0	29,615	0	5,390	16.00
17.00	01700	SOCIAL SERVICE	11,630	0	2,947	0	536	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 APPRV	118,309	0	41,224	0	7,504	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	42,307	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	390,771	0	731,296	24,250	133,110	30.00
31.00	03100	INTENSIVE CARE UNIT	143,701	0	201,615	5,390	36,698	31.00
41.00	04100	SUBPROVIDER - IRF	37,852	0	55,269	1,954	10,060	41.00
43.00	04300	NURSERY	40,180	0	30,918	0	5,628	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	103,214	0	364,667	0	66,377	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	7,945	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	15,290	0	23,382	0	4,256	51.00
53.00	05300	ANESTHESIOLOGY	3,358	0	41,121	0	7,485	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,573	0	222,886	0	40,570	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	9,587	0	35,911	0	6,537	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	16,584	0	44,023	0	8,013	55.00
56.00	05600	RADIOISOTOPE	13,011	0	15,201	0	2,767	56.00
57.00	05700	CT SCAN	17,157	0	10,321	0	1,879	57.00
58.00	05800	MRI	10,717	0	26,289	0	4,785	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,862	0	63,386	0	11,537	59.00
60.00	06000	LABORATORY	160,338	0	146,986	0	26,754	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	34,184	0	20,440	0	3,720	65.00
65.01	06501	SLEEP LAB	5,205	0	4,919	0	895	65.01
66.00	06600	PHYSICAL THERAPY	31,452	0	89,321	0	16,258	66.00
66.01	06601	OP PHYSICAL THERAPY	12,670	0	2,460	0	448	66.01
66.02	06602	OP THERAPY SERVICES	24,282	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	14,434	0	32,610	0	5,936	67.00
68.00	06800	SPEECH PATHOLOGY	6,793	0	5,136	0	935	68.00
69.00	06900	ELECTROCARDIOLOGY	23,536	0	144,669	0	26,333	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2,354	0	5,151	0	938	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	161,124	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,216	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	214,715	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	21,819	0	5,151	0	938	74.00
75.00	07500	ASC (NON-DISTINCT PART)	25,440	0	134,279	0	24,441	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	48,454	0	18,305	0	3,332	76.01
76.97	07697	CARDIAC REHABILITATION	10,083	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,651	0	12,298	0	2,239	90.00
90.01	09001	URGENT CARE CENTER	6,119	0	0	0	0	90.01
91.00	09100	EMERGENCY	124,123	0	188,751	0	34,356	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	52,622	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,602,028	0	3,310,238	31,594	578,554	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,335	0	30,889	0	5,622	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	116,062	0	374,664	0	68,196	192.00
193.00	19300	NONPAID WORKERS	2,278	0	33,850	0	6,161	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	2,564	0	43,925	0	7,995	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	90,447	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,726,267	0	3,793,566	122,041	666,528	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	224,417					10.00
11.00	01100	CAFETERIA	0	808,560				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	8,906	0	94,573		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,317,871	14.00
15.00	01500	PHARMACY	0	26,085	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,297	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,892	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 APPRV	0	116,083	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	172,253	227,656	0	43,616	49,396	30.00
31.00	03100	INTENSIVE CARE UNIT	38,285	64,364	0	12,331	28,987	31.00
41.00	04100	SUBPROVIDER - IRF	13,879	19,874	0	3,808	2,190	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	38,833	0	7,440	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	150	50.02
51.00	05100	RECOVERY ROOM	0	5,860	0	1,123	84	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	18,512	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,399	0	0	21	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	5,760	0	0	2	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,263	0	0	1,667	55.00
56.00	05600	RADIOISOTOPE	0	3,512	0	0	0	56.00
57.00	05700	CT SCAN	0	8,283	0	0	0	57.00
58.00	05800	MRI	0	5,220	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,581	0	0	97,111	59.00
60.00	06000	LABORATORY	0	19,526	0	3,741	41,090	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	3,777	0	0	565	65.01
66.00	06600	PHYSICAL THERAPY	0	304	0	0	636	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	256	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	655	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,238	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,069	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,195	0	1,953	2,236	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,464	0	281	1,230	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	620,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	310,932	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,436	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	908	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	18,515	0	3,547	3,266	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	6,050	0	1,159	2,499	76.01
76.97	07697	CARDIAC REHABILITATION	0	8,335	0	0	310	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,075	0	0	674	90.00
90.01	09001	URGENT CARE CENTER	0	16,014	0	0	35,089	90.01
91.00	09100	EMERGENCY	0	81,290	0	15,574	41,668	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	18,962	0	0	5,514	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	224,417	777,444	0	94,573	1,269,049	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,292	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	29,824	0	0	48,822	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	224,417	808,560	0	94,573	1,317,871	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

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	306,812					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	206,251				16.00
17.00	01700	SOCIAL SERVICE	0	0	34,252			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 APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19	24,689	26,291			30.00
31.00	03100	INTENSIVE CARE UNIT	1	6,162	5,843			31.00
41.00	04100	SUBPROVIDER - IRF	0	1,569	2,118			41.00
43.00	04300	NURSERY	0	833	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	223	11,113	0			50.00
50.01	05001	SURGICENTER	0	0	0			50.01
50.02	05002	SURGERY RECOVERY CENTER	0	239	0			50.02
51.00	05100	RECOVERY ROOM	0	1,867	0			51.00
53.00	05300	ANESTHESIOLOGY	0	4,105	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8	9,513	0			54.00
54.01	05401	BREAST DIAGNOSIS CENTER	1	1,440	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3	3,707	0			55.00
56.00	05600	RADIOISOTOPE	2	2,053	0			56.00
57.00	05700	CT SCAN	11	19,018	0			57.00
58.00	05800	MRI	0	3,561	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	9	6,474	0			59.00
60.00	06000	LABORATORY	0	22,750	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	367	4,927	0			65.00
65.01	06501	SLEEP LAB	0	617	0			65.01
66.00	06600	PHYSICAL THERAPY	1	2,467	0			66.00
66.01	06601	OP PHYSICAL THERAPY	1	1,182	0			66.01
66.02	06602	OP THERAPY SERVICES	1	2,282	0			66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,236	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	642	0			68.00
69.00	06900	ELECTROCARDIOLOGY	5	5,575	0			69.00
69.01	06901	EP LAB	0	0	0			69.01
69.02	03650	VASCULAR SERVICES	0	0	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	324	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,564	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,508	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	304,114	25,878	0			73.00
74.00	07400	RENAL DIALYSIS	7	1,112	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	639	0			75.00
76.00	03951	WOUND CARE	0	0	0			76.00
76.01	03952	OP ONCOLOGY	253	1,651	0			76.01
76.97	07697	CARDIAC REHABILITATION	0	292	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,739	987	0			90.00
90.01	09001	URGENT CARE CENTER	1	589	0			90.01
91.00	09100	EMERGENCY	4	24,194	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	10	1,492	0			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	306,780	206,251	34,252	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07950	DEVELOPMENT	0	0	0			194.00
194.01	07951	NON ALLOWABLE HOSPICE	32	0	0			194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.03
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)	306,812	206,251	34,252	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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 APPRV	467,926					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		42,602				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					5,040,936	30.00
31.00	03100	INTENSIVE CARE UNIT					1,478,498	31.00
41.00	04100	SUBPROVIDER - IRF					392,002	41.00
43.00	04300	NURSERY					214,209	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					3,261,028	50.00
50.01	05001	SURGICENTER					0	50.01
50.02	05002	SURGERY RECOVERY CENTER					391,999	50.02
51.00	05100	RECOVERY ROOM					154,829	51.00
53.00	05300	ANESTHESIOLOGY					254,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,324,175	54.00
54.01	05401	BREAST DIAGNOSIS CENTER					216,877	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC					273,682	55.00
56.00	05600	RADIOISOTOPE					103,417	56.00
57.00	05700	CT SCAN					102,472	57.00
58.00	05800	MRI					166,109	58.00
59.00	05900	CARDIAC CATHETERIZATION					503,681	59.00
60.00	06000	LABORATORY					1,065,341	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
65.00	06500	RESPIRATORY THERAPY					448,429	65.00
65.01	06501	SLEEP LAB					41,811	65.01
66.00	06600	PHYSICAL THERAPY					531,883	66.00
66.01	06601	OP PHYSICAL THERAPY					27,797	66.01
66.02	06602	OP THERAPY SERVICES					307,091	66.02
67.00	06700	OCCUPATIONAL THERAPY					198,368	67.00
68.00	06800	SPEECH PATHOLOGY					39,313	68.00
69.00	06900	ELECTROCARDIOLOGY					849,063	69.00
69.01	06901	EP LAB					0	69.01
69.02	03650	VASCULAR SERVICES					0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY					34,387	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					790,415	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					378,656	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					546,391	73.00
74.00	07400	RENAL DIALYSIS					52,507	74.00
75.00	07500	ASC (NON-DISTINCT PART)					799,223	75.00
76.00	03951	WOUND CARE					0	76.00
76.01	03952	OP ONCOLOGY					163,345	76.01
76.97	07697	CARDIAC REHABILITATION					19,359	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC					99,087	90.00
90.01	09001	URGENT CARE CENTER					58,451	90.01
91.00	09100	EMERGENCY					1,340,862	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY					148,648	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	21,819,158	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					176,536	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					2,650,869	192.00
193.00	19300	NONPAID WORKERS					190,641	193.00
194.00	07950	DEVELOPMENT					0	194.00
194.01	07951	NON ALLOWABLE HOSPICE					247,015	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS					0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS					0	194.03
200.00		Cross Foot Adjustments	467,926	42,602	0	0	510,528	200.00
201.00		Negative Cost Centers	0	0	0	0	90,447	201.00
202.00		TOTAL (sum lines 118 through 201)	467,926	42,602	0	0	25,685,194	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	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 APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	RADIOLOGY PARAMEDICAL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,040,936	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,478,498	31.00
41.00	04100	SUBPROVIDER - IRF	0	392,002	41.00
43.00	04300	NURSERY	0	214,209	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,261,028	50.00
50.01	05001	SURGICENTER	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	391,999	50.02
51.00	05100	RECOVERY ROOM	0	154,829	51.00
53.00	05300	ANESTHESIOLOGY	0	254,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,324,175	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	216,877	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	273,682	55.00
56.00	05600	RADIOISOTOPE	0	103,417	56.00
57.00	05700	CT SCAN	0	102,472	57.00
58.00	05800	MRI	0	166,109	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	503,681	59.00
60.00	06000	LABORATORY	0	1,065,341	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	448,429	65.00
65.01	06501	SLEEP LAB	0	41,811	65.01
66.00	06600	PHYSICAL THERAPY	0	531,883	66.00
66.01	06601	OP PHYSICAL THERAPY	0	27,797	66.01
66.02	06602	OP THERAPY SERVICES	0	307,091	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	198,368	67.00
68.00	06800	SPEECH PATHOLOGY	0	39,313	68.00
69.00	06900	ELECTROCARDIOLOGY	0	849,063	69.00
69.01	06901	EP LAB	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34,387	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	790,415	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	378,656	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	546,391	73.00
74.00	07400	RENAL DIALYSIS	0	52,507	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	799,223	75.00
76.00	03951	WOUND CARE	0	0	76.00
76.01	03952	OP ONCOLOGY	0	163,345	76.01
76.97	07697	CARDIAC REHABILITATION	0	19,359	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	99,087	90.00
90.01	09001	URGENT CARE CENTER	0	58,451	90.01
91.00	09100	EMERGENCY	0	1,340,862	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	148,648	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	DEVELOPMENT	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	194.03
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,057,184					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,057,184				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,102	3,102	110,124,314			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	117,511	117,511	25,129,785	-63,864,816	204,722,590	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	165,421	165,421	2,221,362	0	16,966,520	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,605	4,605	179,434	60,047	0	8.00
9.00	00900	HOUSEKEEPING	22,170	22,170	2,533,803	0	4,432,057	9.00
10.00	01000	DIETARY	7,850	7,850	645,694	0	686,481	10.00
11.00	01100	CAFETERIA	28,158	28,158	1,503,072	0	2,768,137	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,077	2,077	1,568,800	0	2,092,017	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,161	41,161	0	0	915,224	14.00
15.00	01500	PHARMACY	7,752	7,752	2,974,317	0	4,841,840	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,020	6,020	486,105	0	2,468,278	16.00
17.00	01700	SOCIAL SERVICE	599	599	549,212	0	873,302	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 APPRV	8,380	8,380	6,827,350	0	8,884,079	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	486,808	0	3,176,896	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,657	148,657	20,957,153	0	29,345,549	30.00
31.00	03100	INTENSIVE CARE UNIT	40,984	40,984	7,306,002	0	10,790,775	31.00
41.00	04100	SUBPROVIDER - IRF	11,235	11,235	2,003,473	0	2,842,374	41.00
43.00	04300	NURSERY	6,285	6,285	1,900,031	0	3,017,204	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,129	74,129	3,660,442	0	7,750,542	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	596,599	50.02
51.00	05100	RECOVERY ROOM	4,753	4,753	819,856	0	1,148,161	51.00
53.00	05300	ANESTHESIOLOGY	8,359	8,359	42,656	0	252,165	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,308	45,308	2,335,701	0	4,022,891	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	7,300	7,300	429,149	0	719,936	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,949	8,949	810,230	0	1,245,310	55.00
56.00	05600	RADIOISOTOPE	3,090	3,090	418,867	0	977,001	56.00
57.00	05700	CT SCAN	2,098	2,098	943,157	0	1,288,389	57.00
58.00	05800	MRI	5,344	5,344	539,182	0	804,786	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,885	12,885	1,541,509	0	2,467,667	59.00
60.00	06000	LABORATORY	29,879	29,879	0	0	12,040,067	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,155	4,155	1,796,014	0	2,566,974	65.00
65.01	06501	SLEEP LAB	1,000	1,000	281,601	0	390,891	65.01
66.00	06600	PHYSICAL THERAPY	18,157	18,157	0	0	2,361,820	66.00
66.01	06601	OP PHYSICAL THERAPY	500	500	0	0	951,394	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	1,823,417	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,629	6,629	0	0	1,083,844	67.00
68.00	06800	SPEECH PATHOLOGY	1,044	1,044	380,339	0	510,122	68.00
69.00	06900	ELECTROCARDIOLOGY	29,408	29,408	921,213	0	1,767,329	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,047	1,047	119,977	0	176,745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	12,099,112	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,897,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	409,270	0	16,123,367	73.00
74.00	07400	RENAL DIALYSIS	1,047	1,047	0	0	1,638,440	74.00
75.00	07500	ASC (NON-DISTINCT PART)	27,296	27,296	1,032,737	0	1,910,335	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	3,721	3,721	2,342,654	0	3,638,477	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	559,224	0	757,158	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,500	2,500	868,267	0	1,550,748	90.00
90.01	09001	URGENT CARE CENTER	0	0	1,052,662	0	459,498	90.01
91.00	09100	EMERGENCY	38,369	38,369	6,115,251	0	9,320,611	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00				
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	2,713,661	0	3,951,457	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	958,934	958,934	107,406,020	-63,804,769	195,393,205	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,279	6,279	49,090	0	250,433	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	76,161	76,161	2,658,516	0	8,715,361	192.00
193.00	19300	NONPAID WORKERS	6,881	6,881	10,688	0	171,092	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	8,929	8,929	0	0	192,499	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,398,109	7,393,515	30,260,781		63,864,816	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.565212	6.993593	0.274787		0.311958	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			66,875		2,726,267	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000607		0.013317	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: 14-0172

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

Worksheet B-1

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	771,150				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,605	50,095			8.00
9.00	00900	HOUSEKEEPING	0	22,170	0	744,375		9.00
10.00	01000	DIETARY	0	7,850	0	7,850	50,095	10.00
11.00	01100	CAFETERIA	0	28,158	0	28,158	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,077	0	2,077	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	41,161	0	41,161	0	14.00
15.00	01500	PHARMACY	0	7,752	0	7,752	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,020	0	6,020	0	16.00
17.00	01700	SOCIAL SERVICE	0	599	0	599	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 APPRV	0	8,380	0	8,380	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	148,657	38,451	148,657	38,451	30.00
31.00	03100	INTENSIVE CARE UNIT	0	40,984	8,546	40,984	8,546	31.00
41.00	04100	SUBPROVIDER - IRF	0	11,235	3,098	11,235	3,098	41.00
43.00	04300	NURSERY	0	6,285	0	6,285	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	74,129	0	74,129	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	4,753	0	4,753	0	51.00
53.00	05300	ANESTHESIOLOGY	0	8,359	0	8,359	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,308	0	45,308	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	7,300	0	7,300	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,949	0	8,949	0	55.00
56.00	05600	RADIOISOTOPE	0	3,090	0	3,090	0	56.00
57.00	05700	CT SCAN	0	2,098	0	2,098	0	57.00
58.00	05800	MRI	0	5,344	0	5,344	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,885	0	12,885	0	59.00
60.00	06000	LABORATORY	0	29,879	0	29,879	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,155	0	4,155	0	65.00
65.01	06501	SLEEP LAB	0	1,000	0	1,000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	18,157	0	18,157	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	500	0	500	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	6,629	0	6,629	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,044	0	1,044	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,408	0	29,408	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,047	0	1,047	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,047	0	1,047	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	27,296	0	27,296	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	3,721	0	3,721	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,500	0	2,500	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	38,369	0	38,369	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	672,900	50,095	646,125	50,095 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,279	0	6,279	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	76,161	0	76,161	0 192.00
193.00	19300	NONPAID WORKERS	0	6,881	0	6,881	0 193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0 194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	8,929	0	8,929	0 194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	22,259,362	72,877	6,454,613	1,195,294 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	28.865152	1.454776	8.671185	23.860545 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	3,793,566	122,041	666,528	224,417 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	4.919362	0.630682	0.895420	4.479828 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: 14-0172

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

Worksheet B-1

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS DIREC T FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI)	PHARMACY (COSTED REQ UI)	
			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	2,323,436					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	25,593	0	1,418,457			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	27,830,019		14.00
15.00	01500	PHARMACY	74,956	0	0	0	15,643,759	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,841	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	16,931	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 APPRV	333,569	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	654,173	0	654,173	1,043,118	962	30.00
31.00	03100	INTENSIVE CARE UNIT	184,954	0	184,954	612,128	76	31.00
41.00	04100	SUBPROVIDER - IRF	57,110	0	57,110	46,240	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,589	0	111,589	0	11,360	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	3,176	0	50.02
51.00	05100	RECOVERY ROOM	16,839	0	16,839	1,774	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	390,926	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,745	0	0	443	389	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	16,553	0	0	36	52	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	17,996	0	0	35,199	169	55.00
56.00	05600	RADIOISOTOPE	10,093	0	0	0	111	56.00
57.00	05700	CT SCAN	23,803	0	0	0	537	57.00
58.00	05800	MRI	15,000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,025	0	0	2,050,756	448	59.00
60.00	06000	LABORATORY	56,109	0	56,109	867,721	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	18,698	65.00
65.01	06501	SLEEP LAB	10,853	0	0	11,936	0	65.01
66.00	06600	PHYSICAL THERAPY	874	0	0	13,438	53	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	5,400	29	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	13,825	33	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	26,146	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,820	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	29,296	0	29,296	47,210	266	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,208	0	4,208	25,967	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,108,063	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,566,127	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	30,326	15,506,245	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	19,185	334	74.00
75.00	07500	ASC (NON-DISTINCT PART)	53,205	0	53,205	68,980	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	17,384	0	17,384	52,779	12,922	76.01
76.97	07697	CARDIAC REHABILITATION	23,950	0	0	6,536	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,458	0	0	14,234	88,665	90.00
90.01	09001	URGENT CARE CENTER	46,018	0	0	740,989	46	90.01
91.00	09100	EMERGENCY	233,590	0	233,590	879,925	213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	54,488	0	0	116,434	514	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS DIREC T FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI)	PHARMACY (COSTED REQ UI)	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,234,023	0	1,418,457	26,799,017	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,712	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	85,701	0	0	1,031,002	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	1,617	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,688,627	0	2,874,247	2,745,769	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.017971	0.000000	2.026319	0.098662	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	808,560	0	94,573	1,317,871	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.348002	0.000000	0.066673	0.047354	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: 14-0172

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

Worksheet B-1

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (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	1,167,744,675					16.00
17.00	01700	SOCIAL SERVICE	0	50,095				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 APPRV	0	0			187,824	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	139,487,627	38,451	0	0	184,954	30.00
31.00	03100	INTENSIVE CARE UNIT	34,815,497	8,546	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	8,865,950	3,098	0	0	2,870	41.00
43.00	04300	NURSERY	4,708,296	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	62,785,557	0	0	0	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	1,350,786	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	10,546,519	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	23,194,719	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,745,095	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	8,138,175	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	20,943,602	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	11,600,464	0	0	0	0	56.00
57.00	05700	CT SCAN	107,447,223	0	0	0	0	57.00
58.00	05800	MRI	20,116,752	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,574,895	0	0	0	0	59.00
60.00	06000	LABORATORY	128,531,643	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	27,835,562	0	0	0	0	65.00
65.01	06501	SLEEP LAB	3,486,234	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	13,935,149	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	6,676,452	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	12,894,444	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,985,502	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,625,722	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	31,494,738	0	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,829,704	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,386,681	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,170,847	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	148,675,221	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,282,022	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,608,279	0	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	9,327,436	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,652,263	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,575,104	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	3,327,642	0	0	0	0	90.01
91.00	09100	EMERGENCY	136,691,608	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	8,431,265	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,167,744,675	50,095	0	0	187,824	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951 NON ALLOWABLE HOSPICE	0	0	0	0	0	194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,512,356	1,202,386	0	0	12,643,227	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003008	24.002116	0.000000	0.000000	67.314225	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	206,251	34,252	0	0	467,926	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000177	0.683741	0.000000	0.000000	2.491300	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: 14-0172

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

Worksheet B-1

Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY PARAMEDICAL (TIME SPENT)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			22.00	23.00	23.01	
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 APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	187,824			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0		23.00
23.01	02301	RADIOLOGY PARAMEDICAL			0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	184,954	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	2,870	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
50.01	05001	SURGICENTER	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet B-1
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY PARAMEDICAL (TIME SPENT)	
		SERVICES-OTHER PRGM COSTS			
		APPRV (ASSIGNED TIME)			
		22.00	23.00	23.01	
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	187,824	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.00	07950 DEVELOPMENT	0	0	0	194.00
194.01	07951 NON ALLOWABLE HOSPICE	0	0	0	194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.03
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,167,954	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.190742	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	42,602	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.226819	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
8/2/2021 10:53 am

			Title XVIII		Hospital	PPS
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	49,145,018	49,145,018	1,362,077	50,507,095
31.00	03100	INTENSIVE CARE UNIT	17,030,060	17,030,060	949,583	17,979,643
41.00	04100	SUBPROVIDER - IRF	4,565,782	4,565,782	0	4,565,782
43.00	04300	NURSERY	4,208,523	4,208,523	0	4,208,523
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,596,008	13,596,008	2,425,715	16,021,723
50.01	05001	SURGICENTER	0	0	0	0
50.02	05002	SURGERY RECOVERY CENTER	787,089	787,089	0	787,089
51.00	05100	RECOVERY ROOM	1,784,750	1,784,750	0	1,784,750
53.00	05300	ANESTHESIOLOGY	752,936	752,936	0	752,936
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,252,930	7,252,930	0	7,252,930
54.01	05401	BREAST DIAGNOSIS CENTER	1,276,452	1,276,452	0	1,276,452
55.00	05500	RADIOLOGY-THERAPEUTIC	2,072,565	2,072,565	0	2,072,565
56.00	05600	RADIOISOTOPE	1,453,080	1,453,080	0	1,453,080
57.00	05700	CT SCAN	2,140,531	2,140,531	0	2,140,531
58.00	05800	MRI	1,347,220	1,347,220	0	1,347,220
59.00	05900	CARDIAC CATHETERIZATION	4,112,425	4,112,425	0	4,112,425
60.00	06000	LABORATORY	17,616,765	17,616,765	0	17,616,765
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,615,576	3,615,576	0	3,615,576
65.01	06501	SLEEP LAB	583,935	583,935	0	583,935
66.00	06600	PHYSICAL THERAPY	3,825,187	3,825,187	0	3,825,187
66.01	06601	OP PHYSICAL THERAPY	1,287,587	1,287,587	0	1,287,587
66.02	06602	OP THERAPY SERVICES	2,432,411	2,432,411	0	2,432,411
67.00	06700	OCCUPATIONAL THERAPY	1,694,378	1,694,378	0	1,694,378
68.00	06800	SPEECH PATHOLOGY	737,152	737,152	0	737,152
69.00	06900	ELECTROCARDIOLOGY	3,640,520	3,640,520	0	3,640,520
69.01	06901	EP LAB	0	0	0	0
69.02	03650	VASCULAR SERVICES	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	296,268	296,268	0	296,268
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,312,343	17,312,343	0	17,312,343
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,115,399	7,115,399	0	7,115,399
73.00	07300	DRUGS CHARGED TO PATIENTS	28,337,973	28,337,973	0	28,337,973
74.00	07400	RENAL DIALYSIS	2,209,799	2,209,799	0	2,209,799
75.00	07500	ASC (NON-DISTINCT PART)	3,763,707	3,763,707	0	3,763,707
76.00	03951	WOUND CARE	0	0	0	0
76.01	03952	OP ONCOLOGY	5,022,383	5,022,383	0	5,022,383
76.97	07697	CARDIAC REHABILITATION	1,047,304	1,047,304	0	1,047,304
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,220,271	2,220,271	0	2,220,271
90.01	09001	URGENT CARE CENTER	778,842	778,842	203,395	982,237
91.00	09100	EMERGENCY	15,111,264	15,111,264	0	15,111,264
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,782,217	9,782,217	0	9,782,217
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,331,173	5,331,173	0	5,331,173
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
200.00		Subtotal (see instructions)	245,287,823	245,287,823	4,940,770	250,228,593
201.00		Less Observation Beds	9,782,217	9,782,217	0	9,782,217
202.00		Total (see instructions)	235,505,606	235,505,606	4,940,770	240,446,376

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
8/2/2021 10:53 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,530,691		110,530,691		30.00
31.00	03100	INTENSIVE CARE UNIT	34,815,497		34,815,497		31.00
41.00	04100	SUBPROVIDER - IRF	8,865,950		8,865,950		41.00
43.00	04300	NURSERY	4,708,296		4,708,296		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,720,682	39,064,875	62,785,557	0.216547	0.000000
50.01	05001	SURGICENTER	0	0	0	0.000000	0.000000
50.02	05002	SURGERY RECOVERY CENTER	1,350,786	0	1,350,786	0.582690	0.000000
51.00	05100	RECOVERY ROOM	3,959,483	6,587,036	10,546,519	0.169226	0.000000
53.00	05300	ANESTHESIOLOGY	8,312,011	14,882,708	23,194,719	0.032462	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,245,133	33,499,962	53,745,095	0.134951	0.000000
54.01	05401	BREAST DIAGNOSIS CENTER	262	8,137,913	8,138,175	0.156847	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	826,543	20,117,059	20,943,602	0.098959	0.000000
56.00	05600	RADIOISOTOPE	1,910,788	9,689,676	11,600,464	0.125261	0.000000
57.00	05700	CT SCAN	36,794,860	70,652,363	107,447,223	0.019922	0.000000
58.00	05800	MRI	5,048,584	15,068,168	20,116,752	0.066970	0.000000
59.00	05900	CARDIAC CATHETERIZATION	19,318,697	17,256,198	36,574,895	0.112438	0.000000
60.00	06000	LABORATORY	78,514,290	50,017,353	128,531,643	0.137062	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	25,900,655	1,934,907	27,835,562	0.129891	0.000000
65.01	06501	SLEEP LAB	29,468	3,456,766	3,486,234	0.167497	0.000000
66.00	06600	PHYSICAL THERAPY	5,952,603	7,982,546	13,935,149	0.274499	0.000000
66.01	06601	OP PHYSICAL THERAPY	580	6,675,872	6,676,452	0.192855	0.000000
66.02	06602	OP THERAPY SERVICES	2,438	12,892,006	12,894,444	0.188640	0.000000
67.00	06700	OCCUPATIONAL THERAPY	5,251,951	1,733,551	6,985,502	0.242556	0.000000
68.00	06800	SPEECH PATHOLOGY	3,127,112	498,610	3,625,722	0.203312	0.000000
69.00	06900	ELECTROCARDIOLOGY	14,598,933	16,895,805	31,494,738	0.115591	0.000000
69.01	06901	EP LAB	0	0	0	0.000000	0.000000
69.02	03650	VASCULAR SERVICES	0	0	0	0.000000	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	657,798	1,171,906	1,829,704	0.161921	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,562,811	20,823,870	48,386,681	0.357791	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,920,002	5,250,845	14,170,847	0.502115	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	54,406,604	94,268,617	148,675,221	0.190603	0.000000
74.00	07400	RENAL DIALYSIS	5,508,533	773,489	6,282,022	0.351766	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	65,302	3,542,977	3,608,279	1.043075	0.000000
76.00	03951	WOUND CARE	0	0	0	0.000000	0.000000
76.01	03952	OP ONCOLOGY	52,101	9,275,335	9,327,436	0.538453	0.000000
76.97	07697	CARDIAC REHABILITATION	40,626	1,611,637	1,652,263	0.633860	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	66,209	5,508,895	5,575,104	0.398247	0.000000
90.01	09001	URGENT CARE CENTER	36,581	3,291,061	3,327,642	0.234052	0.000000
91.00	09100	EMERGENCY	36,099,710	100,591,898	136,691,608	0.110550	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,000,000	24,956,936	28,956,936	0.337819	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	8,431,265	8,431,265		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	551,202,570	616,542,105	1,167,744,675		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	551,202,570	616,542,105	1,167,744,675		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 10:53 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.255182		50.00
50.01	05001	SURGICENTER	0.000000		50.01
50.02	05002	SURGERY RECOVERY CENTER	0.582690		50.02
51.00	05100	RECOVERY ROOM	0.169226		51.00
53.00	05300	ANESTHESIOLOGY	0.032462		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134951		54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.156847		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098959		55.00
56.00	05600	RADIOISOTOPE	0.125261		56.00
57.00	05700	CT SCAN	0.019922		57.00
58.00	05800	MRI	0.066970		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112438		59.00
60.00	06000	LABORATORY	0.137062		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.129891		65.00
65.01	06501	SLEEP LAB	0.167497		65.01
66.00	06600	PHYSICAL THERAPY	0.274499		66.00
66.01	06601	OP PHYSICAL THERAPY	0.192855		66.01
66.02	06602	OP THERAPY SERVICES	0.188640		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.242556		67.00
68.00	06800	SPEECH PATHOLOGY	0.203312		68.00
69.00	06900	ELECTROCARDIOLOGY	0.115591		69.00
69.01	06901	EP LAB	0.000000		69.01
69.02	03650	VASCULAR SERVICES	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161921		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.357791		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.502115		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190603		73.00
74.00	07400	RENAL DIALYSIS	0.351766		74.00
75.00	07500	ASC (NON-DISTINCT PART)	1.043075		75.00
76.00	03951	WOUND CARE	0.000000		76.00
76.01	03952	OP ONCOLOGY	0.538453		76.01
76.97	07697	CARDIAC REHABILITATION	0.633860		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.398247		90.00
90.01	09001	URGENT CARE CENTER	0.295175		90.01
91.00	09100	EMERGENCY	0.110550		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.337819		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
8/2/2021 10:53 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,699,320		65,699,320	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,030,060		17,030,060	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	4,822,661		4,822,661	0	0	41.00
43.00	04300	NURSERY	4,208,523		4,208,523	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,596,008		13,596,008	0	0	50.00
50.01	05001	SURGICENTER	0		0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	787,089		787,089	0	0	50.02
51.00	05100	RECOVERY ROOM	1,784,750		1,784,750	0	0	51.00
53.00	05300	ANESTHESIOLOGY	752,936		752,936	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,252,930		7,252,930	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	1,276,452		1,276,452	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,072,565		2,072,565	0	0	55.00
56.00	05600	RADIOISOTOPE	1,453,080		1,453,080	0	0	56.00
57.00	05700	CT SCAN	2,140,531		2,140,531	0	0	57.00
58.00	05800	MRI	1,347,220		1,347,220	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,112,425		4,112,425	0	0	59.00
60.00	06000	LABORATORY	17,616,765		17,616,765	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,615,576	0	3,615,576	0	0	65.00
65.01	06501	SLEEP LAB	583,935	0	583,935	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,825,187	0	3,825,187	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	1,287,587	0	1,287,587	0	0	66.01
66.02	06602	OP THERAPY SERVICES	2,432,411	0	2,432,411	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,694,378	0	1,694,378	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	737,152	0	737,152	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,640,520		3,640,520	0	0	69.00
69.01	06901	EP LAB	0		0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	296,268		296,268	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,312,343		17,312,343	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,115,399		7,115,399	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,337,973		28,337,973	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,209,799		2,209,799	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,763,707		3,763,707	0	0	75.00
76.00	03951	WOUND CARE	0		0	0	0	76.00
76.01	03952	OP ONCOLOGY	5,022,383		5,022,383	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,047,304		1,047,304	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,220,271		2,220,271	0	0	90.00
90.01	09001	URGENT CARE CENTER	778,842		778,842	0	0	90.01
91.00	09100	EMERGENCY	15,111,264		15,111,264	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,331,173		5,331,173		0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	252,316,787	0	252,316,787	0	0	200.00
201.00		Less Observation Beds	0		0			201.00
202.00		Total (see instructions)	252,316,787	0	252,316,787	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
8/2/2021 10:53 am

			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	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
50.01	05001	SURGICENTER	0	0	0	0.000000	0.000000	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0.000000	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0.000000	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	0.000000	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0.000000	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	06901	EP LAB	0	0	0	0.000000	0.000000	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0.000000	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03951	WOUND CARE	0	0	0	0.000000	0.000000	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0.000000	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 10:53 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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
50.01	05001	SURGICENTER	0.000000		50.01
50.02	05002	SURGERY RECOVERY CENTER	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	06501	SLEEP LAB	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	OP PHYSICAL THERAPY	0.000000		66.01
66.02	06602	OP THERAPY SERVICES	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	EP LAB	0.000000		69.01
69.02	03650	VASCULAR SERVICES	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03951	WOUND CARE	0.000000		76.00
76.01	03952	OP ONCOLOGY	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	URGENT CARE CENTER	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
8/2/2021 10:53 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,040,936	0	5,040,936	47,687	105.71	30.00
31.00	INTENSIVE CARE UNIT	1,478,498		1,478,498	8,546	173.00	31.00
41.00	SUBPROVIDER - IRF	392,002	0	392,002	3,098	126.53	41.00
43.00	NURSERY	214,209		214,209	3,027	70.77	43.00
200.00	Total (lines 30 through 199)	7,125,645		7,125,645	62,358		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	16,691	1,764,406				30.00
31.00	INTENSIVE CARE UNIT	2,950	510,350				31.00
41.00	SUBPROVIDER - IRF	1,870	236,611				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	21,511	2,511,367				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
8/2/2021 10:53 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,261,028	62,785,557	0.051939	12,737,493	661,573	50.00
50.01	05001	SURGICENTER	0	0	0.000000	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	391,999	1,350,786	0.290201	0	0	50.02
51.00	05100	RECOVERY ROOM	154,829	10,546,519	0.014681	1,943,689	28,535	51.00
53.00	05300	ANESTHESIOLOGY	254,817	23,194,719	0.010986	2,909,111	31,959	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,324,175	53,745,095	0.024638	7,234,439	178,242	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	216,877	8,138,175	0.026649	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	273,682	20,943,602	0.013068	438,346	5,728	55.00
56.00	05600	RADIOISOTOPE	103,417	11,600,464	0.008915	134,032	1,195	56.00
57.00	05700	CT SCAN	102,472	107,447,223	0.000954	15,857,258	15,128	57.00
58.00	05800	MRI	166,109	20,116,752	0.008257	2,123,500	17,534	58.00
59.00	05900	CARDIAC CATHETERIZATION	503,681	36,574,895	0.013771	8,369,420	115,255	59.00
60.00	06000	LABORATORY	1,065,341	128,531,643	0.008289	31,834,677	263,878	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	448,429	27,835,562	0.016110	9,741,382	156,934	65.00
65.01	06501	SLEEP LAB	41,811	3,486,234	0.011993	0	0	65.01
66.00	06600	PHYSICAL THERAPY	531,883	13,935,149	0.038168	1,620,220	61,841	66.00
66.01	06601	OP PHYSICAL THERAPY	27,797	6,676,452	0.004163	0	0	66.01
66.02	06602	OP THERAPY SERVICES	307,091	12,894,444	0.023816	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	198,368	6,985,502	0.028397	1,202,224	34,140	67.00
68.00	06800	SPEECH PATHOLOGY	39,313	3,625,722	0.010843	1,220,013	13,229	68.00
69.00	06900	ELECTROCARDIOLOGY	849,063	31,494,738	0.026959	3,649,847	98,396	69.00
69.01	06901	EP LAB	0	0	0.000000	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	34,387	1,829,704	0.018794	184,254	3,463	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790,415	48,386,681	0.016335	7,784,364	127,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	378,656	14,170,847	0.026721	4,551,483	121,620	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	546,391	148,675,221	0.003675	22,010,479	80,889	73.00
74.00	07400	RENAL DIALYSIS	52,507	6,282,022	0.008358	2,416,452	20,197	74.00
75.00	07500	ASC (NON-DISTINCT PART)	799,223	3,608,279	0.221497	0	0	75.00
76.00	03951	WOUND CARE	0	0	0.000000	0	0	76.00
76.01	03952	OP ONCOLOGY	163,345	9,327,436	0.017512	3,816	67	76.01
76.97	07697	CARDIAC REHABILITATION	19,359	1,652,263	0.011717	658	8	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	99,087	5,575,104	0.017773	4,157	74	90.00
90.01	09001	URGENT CARE CENTER	58,451	3,327,642	0.017565	0	0	90.01
91.00	09100	EMERGENCY	1,340,862	136,691,608	0.009809	10,826,716	106,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	976,324	28,956,936	0.033716	3,270,755	110,277	92.00
200.00		Total (lines 50 through 199)	15,521,189	1,000,392,976		152,068,785	2,253,519	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0172		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 8/2/2021 10:53 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	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	47,687	0.00	16,691		30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	8,546	0.00	2,950		31.00
41.00	04100	SUBPROVIDER - IRF		0	0	3,098	0.00	1,870		41.00
43.00	04300	NURSERY		0	0	3,027	0.00	0		43.00
200.00		Total (lines 30 through 199)		0	0	62,358		21,511		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
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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
8/2/2021 10:53 am

			Title XVIII		Hospital	PPS		
	Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	62,785,557	0.000000	50.00
50.01	05001	SURGICENTER	0	0	0	0	0.000000	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	1,350,786	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	10,546,519	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	23,194,719	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	53,745,095	0.000000	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	8,138,175	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,943,602	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	11,600,464	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	107,447,223	0.000000	57.00
58.00	05800	MRI	0	0	0	20,116,752	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	36,574,895	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	128,531,643	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,835,562	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	3,486,234	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	13,935,149	0.000000	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	6,676,452	0.000000	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	12,894,444	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,985,502	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,625,722	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,494,738	0.000000	69.00
69.01	06901	EP LAB	0	0	0	0	0.000000	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,829,704	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	48,386,681	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,170,847	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	148,675,221	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,282,022	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	3,608,279	0.000000	75.00
76.00	03951	WOUND CARE	0	0	0	0	0.000000	76.00
76.01	03952	OP ONCOLOGY	0	0	0	9,327,436	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,652,263	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	5,575,104	0.000000	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	3,327,642	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	136,691,608	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	28,956,936	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,000,392,976		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
8/2/2021 10:53 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	12,737,493	0	14,444,483	0	50.00	
50.01	05001	SURGICENTER	0.000000	0	0	0	0	50.01	
50.02	05002	SURGERY RECOVERY CENTER	0.000000	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0.000000	1,943,689	0	3,158,056	0	51.00	
53.00	05300	ANESTHESIOLOGY	0.000000	2,909,111	0	3,621,173	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,234,439	0	8,078,651	0	54.00	
54.01	05401	BREAST DIAGNOSIS CENTER	0.000000	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	438,346	0	8,431,119	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	134,032	0	1,427,322	0	56.00	
57.00	05700	CT SCAN	0.000000	15,857,258	0	16,722,931	0	57.00	
58.00	05800	MRI	0.000000	2,123,500	0	4,020,245	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	8,369,420	0	5,747,329	0	59.00	
60.00	06000	LABORATORY	0.000000	31,834,677	0	2,356,071	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.000000	9,741,382	0	241,504	0	65.00	
65.01	06501	SLEEP LAB	0.000000	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0.000000	1,620,220	0	25,077	0	66.00	
66.01	06601	OP PHYSICAL THERAPY	0.000000	0	0	0	0	66.01	
66.02	06602	OP THERAPY SERVICES	0.000000	0	0	40,110	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,202,224	0	16,118	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	1,220,013	0	56,633	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,649,847	0	3,957,353	0	69.00	
69.01	06901	EP LAB	0.000000	0	0	0	0	69.01	
69.02	03650	VASCULAR SERVICES	0.000000	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	184,254	0	56,168	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,784,364	0	3,293,559	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,551,483	0	2,695,672	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	22,010,479	0	48,491,069	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	2,416,452	0	230,127	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03951	WOUND CARE	0.000000	0	0	0	0	76.00	
76.01	03952	OP ONCOLOGY	0.000000	3,816	0	1,656,453	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0.000000	658	0	541,984	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	4,157	0	556,625	0	90.00	
90.01	09001	URGENT CARE CENTER	0.000000	0	0	135,708	0	90.01	
91.00	09100	EMERGENCY	0.000000	10,826,716	0	11,383,060	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	3,270,755	0	2,568,260	0	92.00	
200.00	Total (lines 50 through 199)			152,068,785	0	143,952,860	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
8/2/2021 10:53 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.216547	14,444,483	0	0	3,127,909	50.00
50.01	05001	SURGICENTER	0.000000	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0.582690	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.169226	3,158,056	0	0	534,425	51.00
53.00	05300	ANESTHESIOLOGY	0.032462	3,621,173	0	0	117,551	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134951	8,078,651	0	0	1,090,222	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.156847	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098959	8,431,119	0	0	834,335	55.00
56.00	05600	RADIOISOTOPE	0.125261	1,427,322	0	0	178,788	56.00
57.00	05700	CT SCAN	0.019922	16,722,931	0	0	333,154	57.00
58.00	05800	MRI	0.066970	4,020,245	0	0	269,236	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112438	5,747,329	0	0	646,218	59.00
60.00	06000	LABORATORY	0.137062	2,356,071	0	0	322,928	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.129891	241,504	0	0	31,369	65.00
65.01	06501	SLEEP LAB	0.167497	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.274499	25,077	0	0	6,884	66.00
66.01	06601	OP PHYSICAL THERAPY	0.192855	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0.188640	40,110	0	0	7,566	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.242556	16,118	0	0	3,910	67.00
68.00	06800	SPEECH PATHOLOGY	0.203312	56,633	0	0	11,514	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115591	3,957,353	0	0	457,434	69.00
69.01	06901	EP LAB	0.000000	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161921	56,168	0	0	9,095	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.357791	3,293,559	0	0	1,178,406	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.502115	2,695,672	0	0	1,353,537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190603	48,491,069	0	17,334	9,242,543	73.00
74.00	07400	RENAL DIALYSIS	0.351766	230,127	0	0	80,951	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1.043075	0	0	0	0	75.00
76.00	03951	WOUND CARE	0.000000	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0.538453	1,656,453	0	0	891,922	76.01
76.97	07697	CARDIAC REHABILITATION	0.633860	541,984	0	0	343,542	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.398247	556,625	0	0	221,674	90.00
90.01	09001	URGENT CARE CENTER	0.234052	135,708	0	0	31,763	90.01
91.00	09100	EMERGENCY	0.110550	11,383,060	0	0	1,258,397	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.337819	2,568,260	0	0	867,607	92.00
200.00		Subtotal (see instructions)		143,952,860	0	17,334	23,452,880	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		143,952,860	0	17,334	23,452,880	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
8/2/2021 10:53 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	SURGICENTER	0	0		50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	SLEEP LAB	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	OP PHYSICAL THERAPY	0	0		66.01
66.02	06602	OP THERAPY SERVICES	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	EP LAB	0	0		69.01
69.02	03650	VASCULAR SERVICES	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,304		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03951	WOUND CARE	0	0		76.00
76.01	03952	OP ONCOLOGY	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	URGENT CARE CENTER	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	3,304		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	3,304		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:

Worksheet D

Component CCN: 14-T172

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:

8/2/2021 10:53 am

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	3,261,028	62,785,557	0.051939	27,030	1,404	50.00
50.01	05001 SURGICENTER	0	0	0.000000	0	0	50.01
50.02	05002 SURGERY RECOVERY CENTER	391,999	1,350,786	0.290201	0	0	50.02
51.00	05100 RECOVERY ROOM	154,829	10,546,519	0.014681	2,950	43	51.00
53.00	05300 ANESTHESIOLOGY	254,817	23,194,719	0.010986	3,520	39	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,324,175	53,745,095	0.024638	66,456	1,637	54.00
54.01	05401 BREAST DIAGNOSIS CENTER	216,877	8,138,175	0.026649	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	273,682	20,943,602	0.013068	87,006	1,137	55.00
56.00	05600 RADIOISOTOPE	103,417	11,600,464	0.008915	0	0	56.00
57.00	05700 CT SCAN	102,472	107,447,223	0.000954	30,952	30	57.00
58.00	05800 MRI	166,109	20,116,752	0.008257	4,770	39	58.00
59.00	05900 CARDIAC CATHETERIZATION	503,681	36,574,895	0.013771	38,939	536	59.00
60.00	06000 LABORATORY	1,065,341	128,531,643	0.008289	442,743	3,670	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	448,429	27,835,562	0.016110	101,218	1,631	65.00
65.01	06501 SLEEP LAB	41,811	3,486,234	0.011993	0	0	65.01
66.00	06600 PHYSICAL THERAPY	531,883	13,935,149	0.038168	1,612,245	61,536	66.00
66.01	06601 OP PHYSICAL THERAPY	27,797	6,676,452	0.004163	0	0	66.01
66.02	06602 OP THERAPY SERVICES	307,091	12,894,444	0.023816	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	198,368	6,985,502	0.028397	1,702,784	48,354	67.00
68.00	06800 SPEECH PATHOLOGY	39,313	3,625,722	0.010843	367,298	3,983	68.00
69.00	06900 ELECTROCARDIOLOGY	849,063	31,494,738	0.026959	41,215	1,111	69.00
69.01	06901 EP LAB	0	0	0.000000	0	0	69.01
69.02	03650 VASCULAR SERVICES	0	0	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	34,387	1,829,704	0.018794	626	12	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	790,415	48,386,681	0.016335	195,606	3,195	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	378,656	14,170,847	0.026721	2,908	78	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	546,391	148,675,221	0.003675	306,629	1,127	73.00
74.00	07400 RENAL DIALYSIS	52,507	6,282,022	0.008358	109,856	918	74.00
75.00	07500 ASC (NON-DISTINCT PART)	799,223	3,608,279	0.221497	0	0	75.00
76.00	03951 WOUND CARE	0	0	0.000000	0	0	76.00
76.01	03952 OP ONCOLOGY	163,345	9,327,436	0.017512	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	19,359	1,652,263	0.011717	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	99,087	5,575,104	0.017773	244	4	90.00
90.01	09001 URGENT CARE CENTER	58,451	3,327,642	0.017565	3,180	56	90.01
91.00	09100 EMERGENCY	1,340,862	136,691,608	0.009809	2,060	20	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	28,956,936	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	14,544,865	1,000,392,976		5,150,235	130,560	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 8/2/2021 10:53 am	
				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
50.01	05001	SURGICENTER		0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	06501	SLEEP LAB		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY		0	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES		0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	EP LAB		0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES		0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03951	WOUND CARE		0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER		0	0	0	0	0	90.01
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
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: 14-0172 Component CCN: 14-T172		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 8/2/2021 10:53 am	
				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	62,785,557	0.000000	50.00
50.01	05001	SURGICENTER		0	0	0	0	0.000000	50.01
50.02	05002	SURGERY RECOVERY CENTER		0	0	0	1,350,786	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	10,546,519	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	23,194,719	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	53,745,095	0.000000	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0	0	0	8,138,175	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	20,943,602	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	11,600,464	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	107,447,223	0.000000	57.00
58.00	05800	MRI		0	0	0	20,116,752	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	36,574,895	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	128,531,643	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	27,835,562	0.000000	65.00
65.01	06501	SLEEP LAB		0	0	0	3,486,234	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	13,935,149	0.000000	66.00
66.01	06601	OP PHYSICAL THERAPY		0	0	0	6,676,452	0.000000	66.01
66.02	06602	OP THERAPY SERVICES		0	0	0	12,894,444	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	6,985,502	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,625,722	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	31,494,738	0.000000	69.00
69.01	06901	EP LAB		0	0	0	0	0.000000	69.01
69.02	03650	VASCULAR SERVICES		0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,829,704	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	48,386,681	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	14,170,847	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	148,675,221	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	6,282,022	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	3,608,279	0.000000	75.00
76.00	03951	WOUND CARE		0	0	0	0	0.000000	76.00
76.01	03952	OP ONCOLOGY		0	0	0	9,327,436	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,652,263	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	5,575,104	0.000000	90.00
90.01	09001	URGENT CARE CENTER		0	0	0	3,327,642	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	136,691,608	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	28,956,936	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	1,000,392,976		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 8/2/2021 10:53 am	
				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	27,030	0	0	0	50.00
50.01	05001	SURGICENTER		0.000000	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	2,950	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	3,520	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	66,456	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	87,006	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	30,952	0	0	0	57.00
58.00	05800	MRI		0.000000	4,770	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	38,939	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	442,743	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	101,218	0	0	0	65.00
65.01	06501	SLEEP LAB		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	1,612,245	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY		0.000000	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES		0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,702,784	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	367,298	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	41,215	0	0	0	69.00
69.01	06901	EP LAB		0.000000	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES		0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	626	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	195,606	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	2,908	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	306,629	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	109,856	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03951	WOUND CARE		0.000000	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY		0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	244	0	0	0	90.00
90.01	09001	URGENT CARE CENTER		0.000000	3,180	0	0	0	90.01
91.00	09100	EMERGENCY		0.000000	2,060	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			5,150,235	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0172

Period:

Worksheet D

Component CCN: 14-T172

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
8/2/2021 10:53 am

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	0.216547	0	0	0	0 50.00
50.01	05001 SURGICENTER	0.000000	0	0	0	0 50.01
50.02	05002 SURGERY RECOVERY CENTER	0.582690	0	0	0	0 50.02
51.00	05100 RECOVERY ROOM	0.169226	0	0	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.032462	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.134951	0	0	0	0 54.00
54.01	05401 BREAST DIAGNOSIS CENTER	0.156847	0	0	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.098959	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.125261	0	0	0	0 56.00
57.00	05700 CT SCAN	0.019922	0	0	0	0 57.00
58.00	05800 MRI	0.066970	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.112438	0	0	0	0 59.00
60.00	06000 LABORATORY	0.137062	0	0	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.129891	0	0	0	0 65.00
65.01	06501 SLEEP LAB	0.167497	0	0	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.274499	0	0	0	0 66.00
66.01	06601 OP PHYSICAL THERAPY	0.192855	0	0	0	0 66.01
66.02	06602 OP THERAPY SERVICES	0.188640	0	0	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.242556	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.203312	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.115591	0	0	0	0 69.00
69.01	06901 EP LAB	0.000000	0	0	0	0 69.01
69.02	03650 VASCULAR SERVICES	0.000000	0	0	0	0 69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.161921	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.357791	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.502115	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.190603	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.351766	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	1.043075	0	0	0	0 75.00
76.00	03951 WOUND CARE	0.000000	0	0	0	0 76.00
76.01	03952 OP ONCOLOGY	0.538453	0	0	0	0 76.01
76.97	07697 CARDIAC REHABILITATION	0.633860	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.398247	0	0	0	0 90.00
90.01	09001 URGENT CARE CENTER	0.234052	0	0	0	0 90.01
91.00	09100 EMERGENCY	0.110550	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.337819	0	0	0	0 92.00
200.00	Subtotal (see instructions)		0	0	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0172

Period:

Worksheet D

Component CCN: 14-T172

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
8/2/2021 10:53 am

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
50.01	05001	SURGICENTER	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	SLEEP LAB	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	EP LAB	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03951	WOUND CARE	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
8/2/2021 10:53 am

			Title XIX		Hospital	Cost		
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	5,040,936	0	5,040,936	47,687	105.71	30.00	
31.00	INTENSIVE CARE UNIT	1,478,498		1,478,498	8,546	173.00	31.00	
41.00	SUBPROVIDER - IRF	392,002	0	392,002	3,098	126.53	41.00	
43.00	NURSERY	214,209		214,209	3,027	70.77	43.00	
200.00	Total (lines 30 through 199)	7,125,645		7,125,645	62,358		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,984	315,439					30.00
31.00	INTENSIVE CARE UNIT	844	146,012					31.00
41.00	SUBPROVIDER - IRF	315	39,857					41.00
43.00	NURSERY	1,474	104,315					43.00
200.00	Total (lines 30 through 199)	5,617	605,623					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		Title XIX		Hospital		Cost	
		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	3,261,028	0	0.000000	0	50.00
50.01	05001	SURGICENTER	0	0	0.000000	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	391,999	0	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	154,829	0	0.000000	0	51.00
53.00	05300	ANESTHESIOLOGY	254,817	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,324,175	0	0.000000	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	216,877	0	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	273,682	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	103,417	0	0.000000	0	56.00
57.00	05700	CT SCAN	102,472	0	0.000000	0	57.00
58.00	05800	MRI	166,109	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	503,681	0	0.000000	0	59.00
60.00	06000	LABORATORY	1,065,341	0	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	448,429	0	0.000000	0	65.00
65.01	06501	SLEEP LAB	41,811	0	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	531,883	0	0.000000	0	66.00
66.01	06601	OP PHYSICAL THERAPY	27,797	0	0.000000	0	66.01
66.02	06602	OP THERAPY SERVICES	307,091	0	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	198,368	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	39,313	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	849,063	0	0.000000	0	69.00
69.01	06901	EP LAB	0	0	0.000000	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	34,387	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790,415	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	378,656	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	546,391	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	52,507	0	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	799,223	0	0.000000	0	75.00
76.00	03951	WOUND CARE	0	0	0.000000	0	76.00
76.01	03952	OP ONCOLOGY	163,345	0	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	19,359	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	99,087	0	0.000000	0	90.00
90.01	09001	URGENT CARE CENTER	58,451	0	0.000000	0	90.01
91.00	09100	EMERGENCY	1,340,862	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	92.00
200.00		Total (lines 50 through 199)	14,544,865	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0172		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 8/2/2021 10:53 am	
					Title XIX		Hospital		Cost	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	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	47,687	0.00	2,984		30.00
31.00	03100	INTENSIVE CARE UNIT			0	8,546	0.00	844		31.00
41.00	04100	SUBPROVIDER - IRF	0		0	3,098	0.00	315		41.00
43.00	04300	NURSERY			0	3,027	0.00	1,474		43.00
200.00		Total (lines 30 through 199)			0	62,358		5,617		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
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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description			Title XIX		Hospital		Cost	
			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
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 14-0172		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 8/2/2021 10:53 am	
				Title XIX		Hospital		Cost	
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	0	0.000000	50.00
50.01	05001	SURGICENTER		0	0	0	0	0.000000	50.01
50.02	05002	SURGERY RECOVERY CENTER		0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
65.01	06501	SLEEP LAB		0	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
66.01	06601	OP PHYSICAL THERAPY		0	0	0	0	0.000000	66.01
66.02	06602	OP THERAPY SERVICES		0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	06901	EP LAB		0	0	0	0	0.000000	69.01
69.02	03650	VASCULAR SERVICES		0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
76.00	03951	WOUND CARE		0	0	0	0	0.000000	76.00
76.01	03952	OP ONCOLOGY		0	0	0	0	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	URGENT CARE CENTER		0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
8/2/2021 10:53 am

				Title XIX		Hospital	Cost	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001	SURGICENTER	0.000000	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	06901	EP LAB	0.000000	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03951	WOUND CARE	0.000000	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 8/2/2021 10:53 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			47,687	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			47,687	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)			38,451	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			16,691	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)			50,507,095	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)			50,507,095	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)			50,507,095	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)			1,059.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			17,678,106	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)			17,678,106	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0172

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

Worksheet D-1

Date/Time Prepared:
8/2/2021 10:53 am

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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	17,979,643	8,546	2,103.87	2,950	6,206,417
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,595,901
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,480,424
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,274,756
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,253,519
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,528,275
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,952,149
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					9,236
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,059.14
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,782,217

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0172

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

Worksheet D-1

Date/Time Prepared:
8/2/2021 10:53 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	5,040,936	50,507,095	0.099806	9,782,217	976,324	90.00
91.00 Nursing School cost	0	50,507,095	0.000000	9,782,217	0	91.00
92.00 Allied health cost	0	50,507,095	0.000000	9,782,217	0	92.00
93.00 All other Medical Education	0	50,507,095	0.000000	9,782,217	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0172 Component CCN: 14-T172	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 8/2/2021 10:53 am
		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)		3,098	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,098	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)		3,098	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)		1,870	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,565,782	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,565,782	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,565,782	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)		1,473.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,755,969	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,755,969	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
			Component CCN: 14-T172		Date/Time Prepared: 8/2/2021 10:53 am
			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
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,209,152
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,965,121
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					236,611
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					130,560
52.00 Total Program excludable cost (sum of lines 50 and 51)					367,171
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,597,950
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 8/2/2021 10:53 am	
		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	392,002	4,565,782	0.085856	0	0	90.00
91.00	Nursing School cost	0	4,565,782	0.000000	0	0	91.00
92.00	Allied health cost	0	4,565,782	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,565,782	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 8/2/2021 10:53 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		41,453,880		30.00
31.00	03100	INTENSIVE CARE UNIT		12,126,212		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.255182	12,737,493	3,250,379	50.00
50.01	05001	SURGICENTER	0.000000	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0.582690	0	0	50.02
51.00	05100	RECOVERY ROOM	0.169226	1,943,689	328,923	51.00
53.00	05300	ANESTHESIOLOGY	0.032462	2,909,111	94,436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134951	7,234,439	976,295	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.156847	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098959	438,346	43,378	55.00
56.00	05600	RADIOISOTOPE	0.125261	134,032	16,789	56.00
57.00	05700	CT SCAN	0.019922	15,857,258	315,908	57.00
58.00	05800	MRI	0.066970	2,123,500	142,211	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112438	8,369,420	941,041	59.00
60.00	06000	LABORATORY	0.137062	31,834,677	4,363,324	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.129891	9,741,382	1,265,318	65.00
65.01	06501	SLEEP LAB	0.167497	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.274499	1,620,220	444,749	66.00
66.01	06601	OP PHYSICAL THERAPY	0.192855	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0.188640	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.242556	1,202,224	291,607	67.00
68.00	06800	SPEECH PATHOLOGY	0.203312	1,220,013	248,043	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115591	3,649,847	421,889	69.00
69.01	06901	EP LAB	0.000000	0	0	69.01
69.02	03650	VASCULAR SERVICES	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161921	184,254	29,835	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.357791	7,784,364	2,785,175	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.502115	4,551,483	2,285,368	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190603	22,010,479	4,195,263	73.00
74.00	07400	RENAL DIALYSIS	0.351766	2,416,452	850,026	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1.043075	0	0	75.00
76.00	03951	WOUND CARE	0.000000	0	0	76.00
76.01	03952	OP ONCOLOGY	0.538453	3,816	2,055	76.01
76.97	07697	CARDIAC REHABILITATION	0.633860	658	417	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.398247	4,157	1,656	90.00
90.01	09001	URGENT CARE CENTER	0.295175	0	0	90.01
91.00	09100	EMERGENCY	0.110550	10,826,716	1,196,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.337819	3,270,755	1,104,923	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		152,068,785	25,595,901	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)		152,068,785		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3	
		Component CCN: 14-T172		Date/Time Prepared: 8/2/2021 10:53 am	
		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
41.00	04100 SUBPROVIDER - IRF		4,235,151		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.255182	27,030	6,898	50.00
50.01	05001 SURGICENTER	0.000000	0	0	50.01
50.02	05002 SURGERY RECOVERY CENTER	0.582690	0	0	50.02
51.00	05100 RECOVERY ROOM	0.169226	2,950	499	51.00
53.00	05300 ANESTHESIOLOGY	0.032462	3,520	114	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.134951	66,456	8,968	54.00
54.01	05401 BREAST DIAGNOSIS CENTER	0.156847	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.098959	87,006	8,610	55.00
56.00	05600 RADIOISOTOPE	0.125261	0	0	56.00
57.00	05700 CT SCAN	0.019922	30,952	617	57.00
58.00	05800 MRI	0.066970	4,770	319	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.112438	38,939	4,378	59.00
60.00	06000 LABORATORY	0.137062	442,743	60,683	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.129891	101,218	13,147	65.00
65.01	06501 SLEEP LAB	0.167497	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.274499	1,612,245	442,560	66.00
66.01	06601 OP PHYSICAL THERAPY	0.192855	0	0	66.01
66.02	06602 OP THERAPY SERVICES	0.188640	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.242556	1,702,784	413,020	67.00
68.00	06800 SPEECH PATHOLOGY	0.203312	367,298	74,676	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115591	41,215	4,764	69.00
69.01	06901 EP LAB	0.000000	0	0	69.01
69.02	03650 VASCULAR SERVICES	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.161921	626	101	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.357791	195,606	69,986	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.502115	2,908	1,460	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.190603	306,629	58,444	73.00
74.00	07400 RENAL DIALYSIS	0.351766	109,856	38,644	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1.043075	0	0	75.00
76.00	03951 WOUND CARE	0.000000	0	0	76.00
76.01	03952 OP ONCOLOGY	0.538453	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.633860	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.398247	244	97	90.00
90.01	09001 URGENT CARE CENTER	0.295175	3,180	939	90.01
91.00	09100 EMERGENCY	0.110550	2,060	228	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.337819	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,150,235	1,209,152	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)		5,150,235		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 8/2/2021 10:53 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			26,805,742	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			9,523,602	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)			288,018	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			64,619	2.04
3.00	Managed Care Simulated Payments			15,382,709	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			162.77	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)			160.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			9.24	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).			-5.00	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)			145.76	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			133.68	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)			133.68	12.00
13.00	Total allowable FTE count for the prior year.			128.53	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.			112.82	14.00
15.00	Sum of lines 12 through 14 divided by 3.			125.01	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			1.40	17.00
18.00	Adjusted rolling average FTE count			126.41	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.776617	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.769392	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.769392	21.00
22.00	IME payment adjustment (see instructions)			12,751,345	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			5,399,223	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)			-12.08	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)			12,751,345	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			5,399,223	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)			25.54	31.00
32.00	Sum of lines 30 and 31			31.58	32.00
33.00	Allowable disproportionate share percentage (see instructions)			15.27	33.00
34.00	Disproportionate share adjustment (see instructions)			1,386,873	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 8/2/2021 10:53 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521
35.01	Factor 3 (see instructions)		0.000416868	0.000494010
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,481,098	4,102,733
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,606,068	1,034,114
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,640,182	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		54,460,381	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		59,859,604	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,741,645	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).		5,201,920	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		52,704	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)		68,855,873	59.00
60.00	Primary payer payments		8,592	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		68,847,281	61.00
62.00	Deductibles billed to program beneficiaries		3,520,924	62.00
63.00	Coinurance billed to program beneficiaries		245,344	63.00
64.00	Allowable bad debts (see instructions)		1,880,597	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,222,388	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,303,798	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		66,303,401	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)		-301,812	70.93
70.94	HRR adjustment amount (see instructions)		-507,441	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 8/2/2021 10:53 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		542,174	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		64,951,974	71.00
71.01	Sequestration adjustment (see instructions)		428,683	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		62,462,210	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)		2,061,081	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		824,333	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 8/2/2021 10:53 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,304	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,452,880	2.00
3.00	OPPS payments		17,621,197	3.00
4.00	Outlier payment (see instructions)		46,967	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)		3,304	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		17,334	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)		17,334	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)		17,334	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		14,030	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		3,304	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)		17,668,164	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)		3,349,129	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)		14,322,339	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,283,385	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)		16,605,724	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		16,605,724	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)		895,727	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		582,223	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		468,476	36.00
37.00	Subtotal (see instructions)		17,187,947	37.00
38.00	MSP-LCC reconciliation amount from PS&R		2,228	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)		17,185,719	40.00
40.01	Sequestration adjustment (see instructions)		113,426	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		17,300,146	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)		-227,853	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: 14-0172 Component CCN: 14-T172	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 8/2/2021 10:53 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	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		0	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)		0	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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
8/2/2021 10:53 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		53,993,171		14,218,764	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		5,855,055		3,047,551	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	12/09/2020	2,395,825	12/09/2020	19,214	3.01
3.02		04/28/2020	218,159	04/28/2020	14,617	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)		2,613,984		33,831	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)		62,462,210		17,300,146	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		2,061,081		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		227,853	6.02
7.00	Total Medicare program liability (see instructions)		64,523,291		17,072,293	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: 14-0172

Period:

Worksheet E-1

Component CCN: 14-T172

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
8/2/2021 10:53 am

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				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,814,341		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	12/09/2020	34,924		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)		-34,924		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,779,417		0	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		44,055		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,823,472		0	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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
8/2/2021 10:53 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172 Component CCN: 14-T172	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 8/2/2021 10:53 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)			3,265,420 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			101,881 3.00
4.00	Outlier Payments			99,185 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)			1.30 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)			1.03 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)			1.03 9.00
10.00	Average Daily Census (see instructions)			8.464481 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.123786 11.00
12.00	Teaching Adjustment (see instructions)			404,213 12.00
13.00	Total PPS Payment (see instructions)			3,870,699 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,870,699 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,870,699 19.00
20.00	Deductibles			21,120 20.00
21.00	Subtotal (line 19 minus line 20)			3,849,579 21.00
22.00	Coinsurance			704 22.00
23.00	Subtotal (line 21 minus line 22)			3,848,875 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,848,875 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)			3,848,875 32.00
32.01	Sequestration adjustment (see instructions)			25,403 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,779,417 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)			44,055 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			99,185 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: 14-0172		Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 8/2/2021 10:53 am
		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.			128.25	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			10.23	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))			-4.50	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)			113.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			134.68	6.00
7.00	Enter the lesser of line 5 or line 6			113.52	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.	72.68	57.51	130.19	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.	61.26	48.47	109.73	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	61.26	48.47		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	63.68	44.64		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	60.19	47.98		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	61.71	47.03		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	1.40	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	1.40	0.00		16.01
17.00	Adjusted rolling average FTE count	63.11	47.03		17.00
18.00	Per resident amount	114,799.15	111,672.33		18.00
19.00	Approved amount for resident costs	7,244,974	5,251,950	12,496,924	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)			21.16	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)			12,496,924	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	21,511	9,423		26.00
27.00	Total Inpatient Days (see instructions)	50,544	50,544		27.00
28.00	Ratio of inpatient days to total inpatient days	0.425590	0.186432		28.00
29.00	Program direct GME amount	5,318,566	2,329,827	7,648,393	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		163,088	163,088	30.00
31.00	Net Program direct GME amount			7,485,305	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 8/2/2021 10:53 am	
		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)			6,282,022	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)			53,445,545	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)			8,592	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			53,436,953	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			23,456,184	42.00
43.00	Primary payer payments (see instructions)			0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			23,456,184	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			76,893,137	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.694951	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.305049	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			7,485,305	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			5,201,920	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			2,283,385	50.00

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

Provider CCN: 14-0172

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

Worksheet G

Date/Time Prepared:
8/2/2021 10:53 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	763,017	0	0	0	1.00
2.00	Temporary investments	42,991,986	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	55,635,933	0	0	0	4.00
5.00	Other receivable	15,212,841	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,066,944	0	0	0	6.00
7.00	Inventory	10,694,440	0	0	0	7.00
8.00	Prepaid expenses	1,384,620	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	115,615,893	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,252,978	0	0	0	12.00
13.00	Land improvements	4,363,313	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	194,770,080	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,075,647	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	168,411,470	0	0	0	19.00
20.00	Accumulated depreciation	-151,847,641	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	6,555,082	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)	228,580,929	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	411,864	0	0	0	31.00
32.00	Deposits on leases	4,356,945	0	0	0	32.00
33.00	Due from owners/officers	4,082,246	0	0	0	33.00
34.00	Other assets	1	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,851,056	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	353,047,878	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,752,758	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,648,242	0	0	0	38.00
39.00	Payroll taxes payable	70,207,496	0	0	0	39.00
40.00	Notes and loans payable (short term)	657,714	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,849,215	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	98,115,425	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	2,870,684	0	0	0	46.00
47.00	Notes payable	3,260,001	0	0	0	47.00
48.00	Unsecured loans	1,291,648	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)	7,422,333	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	105,537,758	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	247,510,120				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)	247,510,120	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	353,047,878	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0172

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

Worksheet G-1

Date/Time Prepared:
8/2/2021 10:53 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		301,598,658		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-54,088,527				2.00
3.00	Total (sum of line 1 and line 2)		247,510,131		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)		247,510,131		0		11.00
12.00	OTHER	11		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)		11		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		247,510,120		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	OTHER		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: 14-0172

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	147,239,289		147,239,289	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	147,239,289		147,239,289	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	147,239,289		147,239,289	17.00
18.00	Ancillary services	399,383,906	639,329,206	1,038,713,112	18.00
19.00	Outpatient services	0	0	0	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	546,623,195	639,329,206	1,185,952,401	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		313,365,748		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)		313,365,748		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0172

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

Worksheet G-3

Date/Time Prepared:
8/2/2021 10:53 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,185,952,401	1.00
2.00	Less contractual allowances and discounts on patients' accounts	927,854,373	2.00
3.00	Net patient revenues (line 1 minus line 2)	258,098,028	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	313,365,748	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-55,267,720	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,290	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	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	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	7,328,748	24.00
24.50	COVID-19 PHE Funding	44,650,724	24.50
25.00	Total other income (sum of lines 6-24)	51,980,762	25.00
26.00	Total (line 5 plus line 25)	-3,286,958	26.00
27.00	OTHER-NON-OPERATING REVENUE/EXPE	50,801,569	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	50,801,569	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-54,088,527	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0172

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

Worksheet H

HHA CCN: 14-7267

Date/Time Prepared:
8/2/2021 10:53 am

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,270,112	0	0	6,855	83,201	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	855,526	0	31,774	617	0	6.00
7.00	Physical Therapy	256,580	0	26,601	327,107	154	7.00
8.00	Occupational Therapy	250,000	0	11,063	0	0	8.00
9.00	Speech Pathology	12,615	0	292	0	0	9.00
10.00	Medical Social Services	39,431	0	456	0	0	10.00
11.00	Home Health Aide	29,397	0	3,997	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,713,661	0	74,183	334,579	83,355	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	1,360,168	0	1,360,168		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	887,917	0	887,917		6.00
7.00	Physical Therapy	0	610,442	0	610,442		7.00
8.00	Occupational Therapy	0	261,063	0	261,063		8.00
9.00	Speech Pathology	0	12,907	0	12,907		9.00
10.00	Medical Social Services	0	39,887	0	39,887		10.00
11.00	Home Health Aide	0	33,394	0	33,394		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	3,205,778	0	3,205,778		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0172

Period:

Worksheet H-1

HHA CCN: 14-7267

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

8/2/2021 10:53 am

Home Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,360,168	0	0	0	0	1,360,168	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	887,917	0	0	0	0	887,917	6.00
7.00	Physical Therapy	610,442	0	0	0	0	610,442	7.00
8.00	Occupational Therapy	261,063	0	0	0	0	261,063	8.00
9.00	Speech Pathology	12,907	0	0	0	0	12,907	9.00
10.00	Medical Social Services	39,887	0	0	0	0	39,887	10.00
11.00	Home Health Aide	33,394	0	0	0	0	33,394	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,205,778	0	0	0	0	3,205,778	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,360,168						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	654,372	1,542,289					6.00
7.00	Physical Therapy	449,880	1,060,322					7.00
8.00	Occupational Therapy	192,397	453,460					8.00
9.00	Speech Pathology	9,512	22,419					9.00
10.00	Medical Social Services	29,396	69,283					10.00
11.00	Home Health Aide	24,611	58,005					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,205,778					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0172

Period:

Worksheet H-1

HHA CCN: 14-7267

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
8/2/2021 10:53 amHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-1,360,168	1,845,610	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	887,917	6.00	
7.00	Physical Therapy	0	0	0	0	0	610,442	7.00	
8.00	Occupational Therapy	0	0	0	0	0	261,063	8.00	
9.00	Speech Pathology	0	0	0	0	0	12,907	9.00	
10.00	Medical Social Services	0	0	0	0	0	39,887	10.00	
11.00	Home Health Aide	0	0	0	0	0	33,394	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,360,168	1,845,610	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,360,168	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.736975	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
8/2/2021 10:53 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	0	0	745,679	745,679	232,621	1.00
2.00	Skilled Nursing Care	1,542,289	0	0	0	1,542,289	481,130	2.00
3.00	Physical Therapy	1,060,322	0	0	0	1,060,322	330,776	3.00
4.00	Occupational Therapy	453,460	0	0	0	453,460	141,460	4.00
5.00	Speech Pathology	22,419	0	0	0	22,419	6,994	5.00
6.00	Medical Social Services	69,283	0	0	0	69,283	21,613	6.00
7.00	Home Health Aide	58,005	0	0	0	58,005	18,095	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,205,778	0	0	745,679	3,951,457	1,232,689	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	0	109,955	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	109,955	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

8/2/2021 10:53 am

Home Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	11,488	223	25,361	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	11,488	223	25,361	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
8/2/2021 10:53 amHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	1,125,327	0	1,125,327				1.00
2.00	Skilled Nursing Care	2,023,419	0	2,023,419	541,390	2,564,809		2.00
3.00	Physical Therapy	1,391,098	0	1,391,098	372,206	1,763,304		3.00
4.00	Occupational Therapy	594,920	0	594,920	159,179	754,099		4.00
5.00	Speech Pathology	29,413	0	29,413	7,870	37,283		5.00
6.00	Medical Social Services	90,896	0	90,896	24,320	115,216		6.00
7.00	Home Health Aide	76,100	0	76,100	20,362	96,462		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	5,331,173	0	5,331,173	1,125,327	5,331,173		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.267563			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0172
HHA CCN: 14-7267Period:
From 01/01/2020
To 12/31/2020Worksheet H-2
Part II
Date/Time Prepared:
8/2/2021 10:53 am

						Home Health Agency I	PPS
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	6.00
1.00	Administrative and General	0	0	2,713,661	0	745,679	0
2.00	Skilled Nursing Care	0	0	0	0	1,542,289	0
3.00	Physical Therapy	0	0	0	0	1,060,322	0
4.00	Occupational Therapy	0	0	0	0	453,460	0
5.00	Speech Pathology	0	0	0	0	22,419	0
6.00	Medical Social Services	0	0	0	0	69,283	0
7.00	Home Health Aide	0	0	0	0	58,005	0
8.00	Supplies (see instructions)	0	0	0	0	0	0
9.00	Drugs	0	0	0	0	0	0
10.00	DME	0	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	0	0	2,713,661		3,951,457	0
21.00	Total cost to be allocated	0	0	745,679		1,232,689	0
22.00	Unit cost multiplier	0.000000	0.000000	0.274787		0.311958	0.000000
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)
		7.00	8.00	9.00	10.00	11.00	12.00
1.00	Administrative and General	0	0	0	0	54,488	0
2.00	Skilled Nursing Care	0	0	0	0	0	0
3.00	Physical Therapy	0	0	0	0	0	0
4.00	Occupational Therapy	0	0	0	0	0	0
5.00	Speech Pathology	0	0	0	0	0	0
6.00	Medical Social Services	0	0	0	0	0	0
7.00	Home Health Aide	0	0	0	0	0	0
8.00	Supplies (see instructions)	0	0	0	0	0	0
9.00	Drugs	0	0	0	0	0	0
10.00	DME	0	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	0	0	0	0	54,488	0
21.00	Total cost to be allocated	0	0	0	0	109,955	0
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	2.017967	0.000000

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
8/2/2021 10:53 am

Cost Center Description		NURSING ADMINISTRATION (NURS DIRECT FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI)	PHARMACY (COSTED REQ UI)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE Agency I (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	116,434	514	8,431,265	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	116,434	514	8,431,265	0	0	20.00
21.00	Total cost to be allocated	0	11,488	223	25,361	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.098665	0.433852	0.003008	0.000000	0.000000	22.00
Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	RADIOLOGY PARAMEDICAL (TIME SPENT)		
		20.00	21.00	22.00	23.00	23.01		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0172

Period:

Worksheet H-3

HHA CCN: 14-7267

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

8/2/2021 10:53 am

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,564,809		2,564,809	9,268	276.74	1.00
2.00	Physical Therapy	3.00	1,763,304	0	1,763,304	7,759	227.26	2.00
3.00	Occupational Therapy	4.00	754,099	0	754,099	3,227	233.68	3.00
4.00	Speech Pathology	5.00	37,283	0	37,283	85	438.62	4.00
5.00	Medical Social Services	6.00	115,216		115,216	133	866.29	5.00
6.00	Home Health Aide	7.00	96,462		96,462	1,166	82.73	6.00
7.00	Total (sum of lines 1-6)		5,331,173	0	5,331,173	21,638		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	5,941			8.00
9.00	Physical Therapy		16974	0	3,971			9.00
10.00	Occupational Therapy		16974	0	1,605			10.00
11.00	Speech Pathology		16974	0	65			11.00
12.00	Medical Social Services		16974	0	84			12.00
13.00	Home Health Aide		16974	0	1,087			13.00
14.00	Total (sum of lines 8-13)			0	12,753			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	300,157	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B			Part A	Part B	Not Subject to Deductibles & Coinsurance
			Not Subject to Deductibles & Coinsurance					
			Subject to Deductibles & Coinsurance					
6.00		7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	5,941		0	1,644,112		1.00
2.00	Physical Therapy	0	3,971		0	902,449		2.00
3.00	Occupational Therapy	0	1,605		0	375,056		3.00
4.00	Speech Pathology	0	65		0	28,510		4.00
5.00	Medical Social Services	0	84		0	72,768		5.00
6.00	Home Health Aide	0	1,087		0	89,928		6.00
7.00	Total (sum of lines 1-6)	0	12,753		0	3,112,823		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0172

Period:

Worksheet H-3

HHA CCN: 14-7267

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
8/2/2021 10:53 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges		Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	173,893	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,644,112						1.00
2.00	Physical Therapy	902,449						2.00
3.00	Occupational Therapy	375,056						3.00
4.00	Speech Pathology	28,510						4.00
5.00	Medical Social Services	72,768						5.00
6.00	Home Health Aide	89,928						6.00
7.00	Total (sum of lines 1-6)	3,112,823						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0172

Period:

Worksheet H-3

HHA CCN: 14-7267

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
8/2/2021 10:53 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.274499	0	0	0col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.192855	0	0	0col. 2, line 2.01		1.01
1.02 Physical Therapy 2	66.02	0.188640	0	0	0col. 2, line 2.02		1.02
2.00 Occupational Therapy	67.00	0.242556	0	0	0col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.203312	0	0	0col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.357791	0	0	0col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.190603	0	0	0col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172 HHA CCN: 14-7267	Period: From 01/01/2020 To 12/31/2020	Worksheet H-4 Part I-II Date/Time Prepared: 8/2/2021 10:53 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	5,113,958	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	5,113,958	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	5,113,958	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,208,338
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	293,387
13.00	Total PPS Reimbursement - LUPA Episodes		0	62,544
14.00	Total PPS Reimbursement - PEP Episodes		0	7,936
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	76,656
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	3
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,648,864
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,648,864
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,648,864
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,648,864
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,648,864
31.01	Sequestration adjustment (see instructions)		0	18,533
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	2,630,331
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0172
HHA CCN: 14-7267Period:
From 01/01/2020
To 12/31/2020Worksheet H-5
Date/Time Prepared:
8/2/2021 10:53 am

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,630,331	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,630,331	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,630,331	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0172	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 8/2/2021 10:53 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,802,702	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		51,047	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)		129.63	3.00
4.00	Number of interns & residents (see instructions)		126.41	4.00
5.00	Indirect medical education percentage (see instructions)		31.68	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		887,896	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		3,741,645	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