

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: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 5/25/2021 11:02 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/25/2021	Time: 11:02 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 MEMORIAL HOSPITAL (14-0185) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

VICE PRESIDENT OF FINANCE

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	299,330	-61,943	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	46,325	-377		0	7.00
200.00	Total	0	345,655	-62,320	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: 14-0185		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 11:02 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 4500 MEMORIAL DRIVE			PO Box:				1.00	
2.00	City: BELLEVILLE			State: IL		Zip Code: 62226		County:	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			MEMORIAL HOSPITAL	140185	41180	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF			MEMORIAL CARE CENTER	145102	41180		01/01/1967	N
10.00	Hospital-Based NF							P	N
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
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)						2		
							1.00	2.00	
							2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,430	1,408	106	20	5,677	92

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
5/25/2021 11:02 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
5/25/2021 11:02 am

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 11:02 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		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 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)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 11:02 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	2,310,000	1,607,750	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	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	HB1804	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0185		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 11:02 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: BJC HEALTHCARE		Contractor's Name: WPS		Contractor's Number: 05301				141.00	
142.00	Street: 4901 FOREST PARK PARWAY		PO Box:						142.00	
143.00	City: ST. LOUIS		State: MO		Zip Code: 63108				143.00	
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N				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.								146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N			155.00
156.00	Subprovider - IPF			N	N	N	N			156.00
157.00	Subprovider - IRF			N	N	N	N			157.00
158.00	SUBPROVIDER									158.00
159.00	SNF			N	N	N	N			159.00
160.00	HOME HEALTH AGENCY			N	N	N	N			160.00
161.00	CMHC				N	N	N			161.00
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 5/25/2021 11:02 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/28/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		
		Y/N 1.00	Legal Oper. 2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/19/2021	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
5/25/2021 11:02 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				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.	MELINDA	HERNANDEZ		41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	605-251-4629	MELINDA.HERNANDEZ@BJC.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
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		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.	REIMBURSEMENT 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: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
5/25/2021 11:02 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	192	70,272	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)		192	70,272	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	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)		212	77,592	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	82	30,012		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		294			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		3	1,210			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: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
5/25/2021 11:02 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)	16,438	2,156	42,480			1.00
2.00	HMO and other (see instructions)	12,438	5,517				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	16,438	2,156	42,480			7.00
8.00	INTENSIVE CARE UNIT	1,489	792	3,055			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		243	277			13.00
14.00	Total (see instructions)	17,927	3,191	45,812	0.00	1,297.08	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	10,577	0	18,605	0.00	117.96	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,415.04	27.00
28.00	Observation Bed Days		0	1,325			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	25	58			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: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
5/25/2021 11:02 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	3,329	452	9,254	1.00
2.00 HMO and other (see instructions)			2,298	1,429		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	3,329	452	9,254	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
5/25/2021 11:02 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	83,474,563	0	83,474,563	2,527,429.38	33.03
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		115,663	0	115,663	681.00	169.84
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		590,732	0	590,732	4,084.99	144.61
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	4,394,708	131,650	4,526,358	153,062.34	29.57
10.00	Excluded area salaries (see instructions)		103,408	-54,651	48,757	2,891.23	16.86
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,783,668	0	6,783,668	86,820.47	78.13
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		738,568	0	738,568	6,295.00	117.33
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		13,531,531	0	13,531,531	341,831.00	39.59
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,601,743	0	20,601,743		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,175,838	0	1,175,838		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		17,578	0	17,578		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		96,770	0	96,770		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,124,563	0	2,124,563		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
5/25/2021 11:02 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	662,294	-27,001	635,293	18,328.21	34.66	26.00
27.00	Administrative & General	5.00	10,156,350	-794,421	9,361,929	239,181.25	39.14	27.00
28.00	Administrative & General under contract (see inst.)		1,023,733	0	1,023,733	19,650.55	52.10	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,296,108	16,909	1,313,017	43,811.98	29.97	30.00
31.00	Laundry & Linen Service	8.00	0	100,160	100,160	5,954.00	16.82	31.00
32.00	Housekeeping	9.00	2,149,039	-45,904	2,103,135	140,446.39	14.97	32.00
33.00	Housekeeping under contract (see instructions)		705,529	0	705,529	14,584.00	48.38	33.00
34.00	Dietary	10.00	1,397,463	-319,931	1,077,532	64,656.10	16.67	34.00
35.00	Dietary under contract (see instructions)		745,423	0	745,423	17,496.28	42.60	35.00
36.00	Cafeteria	11.00	144,146	405,527	549,673	34,697.55	15.84	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,583,603	-186,638	2,396,965	47,954.29	49.98	38.00
39.00	Central Services and Supply	14.00	624,499	10,856	635,355	29,309.20	21.68	39.00
40.00	Pharmacy	15.00	3,821,311	-3,821,311	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	212,338	2,275	214,613	4,600.37	46.65	41.00
42.00	Social Service	17.00	623,461	7,875	631,336	22,931.84	27.53	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
5/25/2021 11:02 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)	85,358,516	0	85,358,516	2,575,075.22	33.15	1.00
2.00	Excluded area salaries (see instructions)	4,498,116	76,999	4,575,115	155,953.57	29.34	2.00
3.00	Subtotal salaries (line 1 minus line 2)	80,860,400	-76,999	80,783,401	2,419,121.65	33.39	3.00
4.00	Subtotal other wages & related costs (see inst.)	21,053,767	0	21,053,767	434,946.47	48.41	4.00
5.00	Subtotal wage-related costs (see inst.)	22,743,884	0	22,743,884	0.00	28.15	5.00
6.00	Total (sum of lines 3 thru 5)	124,658,051	-76,999	124,581,052	2,854,068.12	43.65	6.00
7.00	Total overhead cost (see instructions)	26,145,297	-4,651,604	21,493,693	703,602.01	30.55	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
5/25/2021 11:02 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,655,186	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	76,640	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7,617,185	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	260,155	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	74,281	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)	791,926	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	84,595	14.00
15.00	'Workers' Compensation Insurance	1,062,753	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	6,072,923	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	553,377	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	352,722	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,601,743	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: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
5/25/2021 11:02 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	6,783,668	20,601,743	1.00
2.00	Hospital	6,783,668	20,601,743	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 5/25/2021 11:02 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)			0.226955 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	20,294,483		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	7,834,320		5.00
6.00	Medicaid charges	148,796,037		6.00
7.00	Medicaid cost (line 1 times line 6)	33,770,005		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)	5,641,202		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	303,455		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	5,641,202		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	14,234,477	2,695,823	16,930,300 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,230,586	2,695,823	5,926,409 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	3,230,586	2,695,823	5,926,409 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	11,140,506		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	971,229		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,494,197		27.01
28.00	Non-Medicare bad debt expense (see instructions)	9,646,309		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,712,246		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	8,638,655		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	14,279,857		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

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

Worksheet A

Date/Time Prepared:
5/25/2021 11:02 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		0	0	6,704,243	6,704,243	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		0	0	417,555	417,555	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,265,194	7,265,194	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	662,294	2,785,322	3,447,616	-72,574	3,375,042	4.00
5.01	00540	NONPATIENT TELEPHONES	194,406	1,240,072	1,434,478	-17,890	1,416,588	5.01
5.02	00550	DATA PROCESSING	-28,993	5,671,398	5,642,405	-1,978,368	3,664,037	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	-8,019	-8,019	-73,141	-81,160	5.03
5.04	00570	ADMITTING	832,017	234,699	1,066,716	-4,502	1,062,214	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	6,501,020	6,501,020	-2,457	6,498,563	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	9,158,920	37,212,180	46,371,100	-9,620,713	36,750,387	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	389,208	389,208	-325,669	63,539	5.07
7.00	00700	OPERATION OF PLANT	1,213,750	9,300,193	10,513,943	-820,448	9,693,495	7.00
7.01	00701	OPERATION OF PLANT MCC	82,358	219,152	301,510	-52,518	248,992	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	680,756	680,756	8.00
9.00	00900	HOUSEKEEPING	2,013,269	2,658,893	4,672,162	-885,173	3,786,989	9.00
9.01	00901	HOUSEKEEPING MCC	135,770	142,377	278,147	-89,700	188,447	9.01
10.00	01000	DIETARY	1,147,648	1,915,289	3,062,937	-705,322	2,357,615	10.00
10.01	01001	DIETARY MCC	249,815	203,407	453,222	-97	453,125	10.01
11.00	01100	CAFETERIA	144,146	319,073	463,219	645,219	1,108,438	11.00
13.00	01300	NURSING ADMINISTRATION	2,583,603	1,555,339	4,138,942	-791,431	3,347,511	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	624,499	2,597,768	3,222,267	-798,053	2,424,214	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	3,558,111	10,479,876	14,037,987	-12,882,577	1,155,410	15.00
15.01	01501	PHARMACY MCC	263,200	421,332	684,532	-665,747	18,785	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	212,338	1,452,104	1,664,442	115	1,664,557	16.00
17.00	01700	SOCIAL SERVICE	535,405	169,663	705,068	7,250	712,318	17.00
17.01	01701	SOCIAL SERVICE MCC	88,056	16,295	104,351	625	104,976	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,613,765	12,245,242	31,859,007	-1,683,616	30,175,391	30.00
31.00	03100	INTENSIVE CARE UNIT	3,790,873	4,931,909	8,722,782	-1,183,986	7,538,796	31.00
43.00	04300	NURSERY	-843	872	29	275,221	275,250	43.00
44.00	04400	SKILLED NURSING FACILITY	4,394,708	1,919,739	6,314,447	-193,155	6,121,292	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,567,076	14,928,714	21,495,790	-10,368,809	11,126,981	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	623,367	304,456	927,823	-73,041	854,782	52.00
53.00	05300	ANESTHESIOLOGY	0	5,206,867	5,206,867	-704,171	4,502,696	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,115,655	1,596,275	3,711,930	-847,265	2,864,665	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	759,640	738,198	1,497,838	-432,611	1,065,227	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	291,612	299,577	591,189	-162,274	428,915	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,254,584	5,706,523	6,961,107	-5,090,154	1,870,953	59.00
60.00	06000	LABORATORY	3,601,816	6,230,232	9,832,048	-3,755,599	6,076,449	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,750,261	1,353,221	3,103,482	-570,043	2,533,439	65.00
66.00	06600	PHYSICAL THERAPY	4,039,802	1,293,331	5,333,133	-259,324	5,073,809	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,194,194	308,209	1,502,403	40,822	1,543,225	67.00
68.00	06800	SPEECH PATHOLOGY	663,671	202,652	866,323	-29,667	836,656	68.00
69.00	06900	ELECTROCARDIOLOGY	1,432,411	798,436	2,230,847	-357,638	1,873,209	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	671,264	298,732	969,996	-48,297	921,699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,751,066	9,751,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,987,565	17,987,565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,670,908	13,670,908	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	480,998	480,998	-532	480,466	90.00
90.01	09001	DIABETIC EDUCATION OP	425,654	139,139	564,793	6,463	571,256	90.01
90.02	09002	PAIN MANAGEMENT	540,487	441,034	981,521	-290,185	691,336	90.02
91.00	09100	EMERGENCY	5,970,546	4,015,095	9,985,641	-776,020	9,209,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,324,490	1,324,490	-855,636	468,854	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,371,155	150,240,582	233,611,737	-15,401	233,596,336	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	98,410	141,509	239,919	15,401	255,320	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

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

Worksheet A

Date/Time Prepared:
5/25/2021 11:02 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	
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	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	4,998	-22,839	-17,841	0	-17,841	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	83,474,563	150,359,252	233,833,815	0	233,833,815	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

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

Worksheet A

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-82,741	6,621,502	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	-118,937	298,618	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	401,301	7,666,495	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,244,755	5,619,797	4.00
5.01	00540	NONPATIENT TELEPHONES	-1,176,790	239,798	5.01
5.02	00550	DATA PROCESSING	2,366,899	6,030,936	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	-81,160	5.03
5.04	00570	ADMITTING	0	1,062,214	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-6,504,803	-6,240	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,683,403	39,433,790	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	-35,188	28,351	5.07
7.00	00700	OPERATION OF PLANT	-153,759	9,539,736	7.00
7.01	00701	OPERATION OF PLANT MCC	0	248,992	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	680,756	8.00
9.00	00900	HOUSEKEEPING	0	3,786,989	9.00
9.01	00901	HOUSEKEEPING MCC	0	188,447	9.01
10.00	01000	DIETARY	0	2,357,615	10.00
10.01	01001	DIETARY MCC	0	453,125	10.01
11.00	01100	CAFETERIA	-638,614	469,824	11.00
13.00	01300	NURSING ADMINISTRATION	-22,221	3,325,290	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-270,817	2,153,397	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	14.01
15.00	01500	PHARMACY	0	1,155,410	15.00
15.01	01501	PHARMACY MCC	0	18,785	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,310,709	353,848	16.00
17.00	01700	SOCIAL SERVICE	0	712,318	17.00
17.01	01701	SOCIAL SERVICE MCC	0	104,976	17.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,791,945	27,383,446	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,484,940	5,053,856	31.00
43.00	04300	NURSERY	0	275,250	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,121,292	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,988,042	9,138,939	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-390	854,392	52.00
53.00	05300	ANESTHESIOLOGY	-4,000,904	501,792	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,665	2,862,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1,065,227	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	428,915	58.00
59.00	05900	CARDIAC CATHETERIZATION	-65,600	1,805,353	59.00
60.00	06000	LABORATORY	-440,536	5,635,913	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,533,439	65.00
66.00	06600	PHYSICAL THERAPY	-2,930	5,070,879	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,543,225	67.00
68.00	06800	SPEECH PATHOLOGY	0	836,656	68.00
69.00	06900	ELECTROCARDIOLOGY	-202,540	1,670,669	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-7,536	914,163	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,751,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,987,565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,670,908	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	480,466	90.00
90.01	09001	DIABETIC EDUCATION OP	0	571,256	90.01
90.02	09002	PAIN MANAGEMENT	0	691,336	90.02
91.00	09100	EMERGENCY	-281,622	8,927,999	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-468,854	0	113.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	-15,356,725	218,239,611	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	255,320	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

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

Worksheet A

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	194.00
194.01	07951	NRCC	0	-17,841	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-15,356,725	218,477,090	200.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/25/2021 11:02 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,751,066		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,987,565		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
	TOTALS		0	27,738,631		
	B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,821,965		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
	TOTALS		0	9,821,965		
	C - PHARMACY LABOR					
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,821,311	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		3,821,311	0		

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/25/2021 11:02 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	D - DIETARY COST					
1.00	CAFETERIA	11.00	346,287	92,675		1.00
	TOTALS		346,287	92,675		
	E - CAFETERIA COST					
1.00	CAFETERIA	11.00	0	138,212		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	100,450		2.00
	TOTALS		0	238,662		
	F - EQUIPMENT RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,568,182		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
	TOTALS		0	1,568,182		
	G - EMPLOYEE MEALS					
1.00	CAFETERIA	11.00	56,450	23,290		1.00
	TOTALS		56,450	23,290		
	H - ACTIVITY THERAPY					
1.00	SKILLED NURSING FACILITY	44.00	78,202	38,289		1.00
	TOTALS		78,202	38,289		
	I - NURSING FLOAT					
1.00	ADULTS & PEDIATRICS	30.00	225,470	91,021		1.00
	TOTALS		225,470	91,021		
	K - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,732,650		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	1,732,650		
	M - IPA TAX ASSESSMENT					
1.00	SKILLED NURSING FACILITY	44.00	0	103,224		1.00
	TOTALS		0	103,224		
	N - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,057,519		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	277,127		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,684,112		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00

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RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/25/2021 11:02 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
TOTALS			0	10,018,758		
O - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	188,800		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	10,066		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,900		3.00
TOTALS			0	211,766		
Q - NURSERY						
1.00	NURSERY	43.00	193,788	81,433		1.00
TOTALS			193,788	81,433		
S - OT EXPENSE						
1.00	OCCUPATIONAL THERAPY	67.00	31,622	16,744		1.00
TOTALS			31,622	16,744		
V - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	725,274		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	130,362		2.00
TOTALS			0	855,636		
X - HOUSEKEEPING						
1.00	LAUNDRY & LINEN SERVICE	8.00	100,160	100,679		1.00
TOTALS			100,160	100,679		
Y - RECRUITMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,000	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	500	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	5,750	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	1,125	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	3,000	0		5.00
6.00	OPERATING ROOM	50.00	2,000	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	1,250	0		7.00
8.00	EMERGENCY	91.00	10,750	0		8.00
9.00	HOUSEKEEPING	9.00	1,000	0		9.00
10.00	OPERATION OF PLANT	7.00	1,000	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	500	0		11.00
12.00	RESPIRATORY THERAPY	65.00	500	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	3,000	0		13.00
TOTALS			32,375	0		
Z - LAUNDRY COST						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	479,917		1.00
2.00		0.00	0	0		2.00
TOTALS			0	479,917		
AA - HERO'S BONUS PAYMENTS						
1.00	NONPATIENT TELEPHONES	5.01	6,000	0		1.00
2.00	ADMITTING	5.04	10,850	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,000	0		3.00
4.00	OPERATION OF PLANT	7.00	17,250	0		4.00
5.00	HOUSEKEEPING	9.00	53,050	0		5.00
6.00	HOUSEKEEPING MCC	9.01	2,950	0		6.00
7.00	DIETARY	10.00	28,300	0		7.00
8.00	CAFETERIA	11.00	3,000	0		8.00
9.00	NURSING ADMINISTRATION	13.00	41,550	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	11,600	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	3,000	0		11.00
12.00	SOCIAL SERVICE	17.00	7,850	0		12.00
13.00	SOCIAL SERVICE MCC	17.01	750	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	206,050	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	33,600	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	55,600	0		16.00
17.00	OPERATING ROOM	50.00	85,350	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	10,850	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	9,350	0		19.00
20.00	LABORATORY	60.00	44,500	0		20.00
21.00	RESPIRATORY THERAPY	65.00	19,100	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	12,700	0		22.00
23.00	PHYSICAL THERAPY	66.00	52,250	0		23.00
24.00	CT SCAN	57.00	7,850	0		24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	3,000	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	27,250	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	14,850	0		27.00

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RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/25/2021 11:02 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
28.00	SPEECH PATHOLOGY	68.00	5,250	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	7,500	0		29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	32,150	0		30.00
31.00	DIABETIC EDUCATION OP	90.01	7,050	0		31.00
32.00	PAIN MANAGEMENT	90.02	7,850	0		32.00
33.00	EMERGENCY	91.00	61,550	0		33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,850	0		34.00
	TOTALS		897,650	0		
AB - FINANCIAL ACCRUAL						
1.00	OTHER ADMINISTRATVE AND GENERAL	5.06	85,529	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	TOTALS		85,529	0		
500.00	Grand Total: Increases		5,868,844	53,213,522		500.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/25/2021 11:02 am

Decreases					Wkst. A-7 Ref.		
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,288	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	17	0	2.00	
3.00	PURCHASING RECEIVING AND STORES	5.03	0	72,909	0	3.00	
4.00	ADMITTING	5.04	0	12,165	0	4.00	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,457	0	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,647,642	0	6.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL MCC	5.07	0	965	0	7.00	
8.00	OPERATION OF PLANT	7.00	0	202,634	0	8.00	
9.00	OPERATION OF PLANT MCC	7.01	0	1,073	0	9.00	
10.00	HOUSEKEEPING	9.00	0	297,990	0	10.00	
11.00	HOUSEKEEPING MCC	9.01	0	40,848	0	11.00	
12.00	DIETARY	10.00	0	24,187	0	12.00	
13.00	CAFETERIA	11.00	0	5,162	0	13.00	
14.00	NURSING ADMINISTRATION	13.00	0	7,428	0	14.00	
15.00	CENTRAL SERVICES & SUPPLY	14.00	0	622,244	0	15.00	
16.00	PHARMACY	15.00	0	426,180	0	16.00	
17.00	ADULTS & PEDIATRICS	30.00	0	1,476,582	0	17.00	
18.00	INTENSIVE CARE UNIT	31.00	0	985,199	0	18.00	
19.00	SKILLED NURSING FACILITY	44.00	0	281,568	0	19.00	
20.00	OPERATING ROOM	50.00	0	9,241,847	0	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	28,720	0	21.00	
22.00	ANESTHESIOLOGY	53.00	0	297,997	0	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	405,211	0	23.00	
24.00	CT SCAN	57.00	0	115,289	0	24.00	
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15,048	0	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	4,438,137	0	26.00	
27.00	LABORATORY	60.00	0	3,562,556	0	27.00	
28.00	RESPIRATORY THERAPY	65.00	0	272,375	0	28.00	
29.00	PHYSICAL THERAPY	66.00	0	68,817	0	29.00	
30.00	OCCUPATIONAL THERAPY	67.00	0	5,710	0	30.00	
31.00	SPEECH PATHOLOGY	68.00	0	13,545	0	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	150,149	0	32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	27,724	0	33.00	
34.00	CLINIC	90.00	0	392	0	34.00	
35.00	DIABETIC EDUCATION OP	90.01	0	79	0	35.00	
36.00	PAIN MANAGEMENT	90.02	0	244,414	0	36.00	
37.00	EMERGENCY	91.00	0	739,083	0	37.00	
TOTALS			0	27,738,631			
B - DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39,321	0	1.00	
2.00	DATA PROCESSING	5.02	0	10	0	2.00	
3.00	PURCHASING RECEIVING AND STORES	5.03	0	232	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	260,244	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	1,190	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,252	0	6.00	
7.00	PHARMACY	15.00	0	8,297,698	0	7.00	
8.00	PHARMACY MCC	15.01	0	402,547	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	2,356	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	552	0	10.00	
11.00	SKILLED NURSING FACILITY	44.00	0	434	0	11.00	
12.00	OPERATING ROOM	50.00	0	72,026	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15	0	13.00	
14.00	ANESTHESIOLOGY	53.00	0	281,102	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,605	0	15.00	
16.00	CT SCAN	57.00	0	173,392	0	16.00	
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	34,198	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	182,072	0	18.00	
19.00	LABORATORY	60.00	0	1,214	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	1,167	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	2,656	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	7,021	0	22.00	
23.00	PAIN MANAGEMENT	90.02	0	23,456	0	23.00	
24.00	EMERGENCY	91.00	0	205	0	24.00	
TOTALS			0	9,821,965			

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/25/2021 11:02 am

Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	C - PHARMACY LABOR					
1.00	PHARMACY	15.00	3,558,111	0	0	1.00
2.00	PHARMACY MCC	15.01	263,200	0	0	2.00
	TOTALS		3,821,311	0		
	D - DIETARY COST					
1.00	DIETARY	10.00	346,287	92,675	0	1.00
	TOTALS		346,287	92,675		
	E - CAFETERIA COST					
1.00	DIETARY	10.00	0	238,662	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	238,662		
	F - EQUIPMENT RENTAL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	184,538	10	1.00
2.00	DIETARY	10.00	0	420	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	118,342	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	37,457	0	4.00
5.00	PHARMACY	15.00	0	505,849	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	134,984	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	12,699	0	7.00
8.00	SKILLED NURSING FACILITY	44.00	0	106,556	0	8.00
9.00	OPERATING ROOM	50.00	0	284,681	0	9.00
10.00	LABORATORY	60.00	0	100,012	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	57,276	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	20,633	0	12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	1,525	0	13.00
14.00	OPERATION OF PLANT	7.00	0	955	0	14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	648	0	15.00
16.00	EMERGENCY	91.00	0	1,607	0	16.00
	TOTALS		0	1,568,182		
	G - EMPLOYEE MEALS					
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	56,450	23,290	0	1.00
	TOTALS		56,450	23,290		
	H - ACTIVITY THERAPY					
1.00	PHYSICAL THERAPY	66.00	78,202	38,289	0	1.00
	TOTALS		78,202	38,289		
	I - NURSING FLOAT					
1.00	NURSING ADMINISTRATION	13.00	225,470	91,021	0	1.00
	TOTALS		225,470	91,021		
	K - RENT					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,732,630	10	1.00
2.00	LABORATORY	60.00	0	20	10	2.00
	TOTALS		0	1,732,650		
	M - IPA TAX ASSESSMENT					
1.00	OTHER ADMINISTRATIVE AND GENERAL MCC	5.07	0	103,224	0	1.00
	TOTALS		0	103,224		
	N - DEPRECIATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,964	9	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	23,469	9	2.00
3.00	DATA PROCESSING	5.02	0	1,978,358	9	3.00
4.00	ADMITTING	5.04	0	2,441	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,773,772	0	5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL MCC	5.07	0	221,480	0	6.00
7.00	OPERATION OF PLANT	7.00	0	633,768	0	7.00
8.00	OPERATION OF PLANT MCC	7.01	0	51,445	0	8.00
9.00	HOUSEKEEPING	9.00	0	9,155	0	9.00
10.00	HOUSEKEEPING MCC	9.01	0	380	0	10.00
11.00	DIETARY	10.00	0	29,544	0	11.00
12.00	CAFETERIA	11.00	0	9,323	0	12.00
13.00	NURSING ADMINISTRATION	13.00	0	386,812	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	147,956	0	14.00
15.00	PHARMACY	15.00	0	94,739	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,160	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	299,217	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	213,558	0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	77,760	0	19.00
20.00	OPERATING ROOM	50.00	0	852,866	0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	53,855	0	21.00
22.00	ANESTHESIOLOGY	53.00	0	125,072	0	22.00

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RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/25/2021 11:02 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	429,253	0		23.00
24.00	CT SCAN	57.00	0	151,066	0		24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	115,762	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	481,124	0		26.00
27.00	LABORATORY	60.00	0	132,525	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	256,691	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	49,440	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	13,655	0		30.00
31.00	SPEECH PATHOLOGY	68.00	0	20,477	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	214,328	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	26,715	0		33.00
34.00	CLINIC	90.00	0	140	0		34.00
35.00	PAIN MANAGEMENT	90.02	0	29,466	0		35.00
36.00	EMERGENCY	91.00	0	101,914	0		36.00
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	7,108	0		37.00
	TOTALS		0	10,018,758			
O - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	211,766	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	211,766			
Q - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	193,788	81,433	0		1.00
	TOTALS		193,788	81,433			
S - OT EXPENSE							
1.00	PHYSICAL THERAPY	66.00	31,622	16,744	0		1.00
	TOTALS		31,622	16,744			
V - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	855,636	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	855,636			
X - HOUSEKEEPING							
1.00	HOUSEKEEPING	9.00	100,160	100,679	0		1.00
	TOTALS		100,160	100,679			
Y - RECRUITMENT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,375	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	TOTALS		32,375	0			
Z - LAUNDRY COST							
1.00	HOUSEKEEPING	9.00	0	428,678	0		1.00
2.00	HOUSEKEEPING MCC	9.01	0	51,239	0		2.00
	TOTALS		0	479,917			
AA - HERO'S BONUS PAYMENTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	897,650	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00

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RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/25/2021 11:02 am

	Decreases							5/25/2021 11:02 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
17.00		0.00	0	0	0			17.00
18.00		0.00	0	0	0			18.00
19.00		0.00	0	0	0			19.00
20.00		0.00	0	0	0			20.00
21.00		0.00	0	0	0			21.00
22.00		0.00	0	0	0			22.00
23.00		0.00	0	0	0			23.00
24.00		0.00	0	0	0			24.00
25.00		0.00	0	0	0			25.00
26.00		0.00	0	0	0			26.00
27.00		0.00	0	0	0			27.00
28.00		0.00	0	0	0			28.00
29.00		0.00	0	0	0			29.00
30.00		0.00	0	0	0			30.00
31.00		0.00	0	0	0			31.00
32.00		0.00	0	0	0			32.00
33.00		0.00	0	0	0			33.00
34.00		0.00	0	0	0			34.00
TOTALS			897,650	0				
AB - FINANCIAL ACCRUAL								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	626	0	0			1.00
2.00	NONPATIENT TELEPHONES	5.01	404	0	0			2.00
3.00	ADMITTING	5.04	746	0	0			3.00
4.00	OPERATION OF PLANT	7.00	1,341	0	0			4.00
5.00	HOUSEKEEPING	9.00	2,561	0	0			5.00
6.00	HOUSEKEEPING MCC	9.01	183	0	0			6.00
7.00	DIETARY	10.00	1,847	0	0			7.00
8.00	DIETARY MCC	10.01	97	0	0			8.00
9.00	CAFETERIA	11.00	210	0	0			9.00
10.00	NURSING ADMINISTRATION	13.00	2,718	0	0			10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	744	0	0			11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	1,225	0	0			12.00
13.00	SOCIAL SERVICE	17.00	600	0	0			13.00
14.00	SOCIAL SERVICE MCC	17.01	125	0	0			14.00
15.00	ADULTS & PEDIATRICS	30.00	23,547	0	0			15.00
16.00	INTENSIVE CARE UNIT	31.00	6,703	0	0			16.00
17.00	SKILLED NURSING FACILITY	44.00	5,152	0	0			17.00
18.00	OPERATING ROOM	50.00	4,739	0	0			18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	301	0	0			19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	2,446	0	0			20.00
21.00	CT SCAN	57.00	714	0	0			21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	266	0	0			22.00
23.00	CARDIAC CATHETERIZATION	59.00	921	0	0			23.00
24.00	LABORATORY	60.00	3,772	0	0			24.00
25.00	RESPIRATORY THERAPY	65.00	2,134	0	0			25.00
26.00	PHYSICAL THERAPY	66.00	5,171	0	0			26.00
27.00	OCCUPATIONAL THERAPY	67.00	1,504	0	0			27.00
28.00	SPEECH PATHOLOGY	68.00	895	0	0			28.00
29.00	ELECTROCARDIOLOGY	69.00	1,840	0	0			29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	710	0	0			30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	4,518	0	0			31.00
32.00	DIABETIC EDUCATION OP	90.01	508	0	0			32.00
33.00	PAIN MANAGEMENT	90.02	699	0	0			33.00
34.00	EMERGENCY	91.00	5,511	0	0			34.00
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	51	0	0			35.00
TOTALS			85,529	0				
500.00	Grand Total: Decreases		5,868,844	53,213,522				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
5/25/2021 11:02 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,930,000	0	0	0	0	1.00
2.00	Land Improvements	2,444,615	178,851	0	178,851	0	2.00
3.00	Buildings and Fixtures	34,462,382	6,406,350	0	6,406,350	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	11,696,688	504,415	0	504,415	0	5.00
6.00	Movable Equipment	43,915,469	8,064,072	0	8,064,072	148,000	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	94,449,154	15,153,688	0	15,153,688	148,000	8.00
9.00	Reconciling Items	-19,207,913	13,189,948	0	13,189,948	0	9.00
10.00	Total (line 8 minus line 9)	113,657,067	1,963,740	0	1,963,740	148,000	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	1,930,000	0				1.00
2.00	Land Improvements	2,623,466	0				2.00
3.00	Buildings and Fixtures	40,868,732	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	12,201,103	0				5.00
6.00	Movable Equipment	51,831,541	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	109,454,842	0				8.00
9.00	Reconciling Items	-6,017,965	0				9.00
10.00	Total (line 8 minus line 9)	115,472,807	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
5/25/2021 11:02 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	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
5/25/2021 11:02 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	50,644,973	0	50,644,973	0.471007	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	5,048,329	0	5,048,329	0.046950	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	51,831,541	0	51,831,541	0.482043	0	2.00
3.00	Total (sum of lines 1-2)	107,524,843	0	107,524,843	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	4,711,478	1,732,650	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	277,127	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,085,413	1,568,182	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,074,018	3,300,832	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	-11,426	188,800	0	0	6,621,502	1.00
1.01	CAP REL COSTS-BLDG & FIXT	11,425	10,066	0	0	298,618	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	12,900	0	0	7,666,495	2.00
3.00	Total (sum of lines 1-2)	-1	211,766	0	0	14,586,615	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0185

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

Worksheet A-8

Date/Time Prepared:
5/25/2021 11:02 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		A	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-736,700	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-118,937	CAP REL COSTS-BLDG & FIXT	1.01	11	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-19,395	NONPATIENT TELEPHONES	5.01	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	-13,132,239			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	146,814			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-429,638	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0185

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

Worksheet A-8

Date/Time Prepared:
5/25/2021 11:02 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	
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	PHYSICIAN LOAN FORGIVENESS	A	-12,999	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	MISC INCOME	B	-20	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	MISC INCOME	B	-4,490	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.02
33.03	MISC INCOME	B	-11,074	NURSING ADMINISTRATION	13.00	0	33.03
33.04	MISC INCOME	B	-390	DELIVERY ROOM & LABOR ROOM	52.00	0	33.04
33.05	MISC INCOME	B	-120	RADIOLOGY-DIAGNOSTIC	54.00	0	33.05
33.06	MISC INCOME	B	-2,469	LABORATORY	60.00	0	33.06
33.07	MISC INCOME	B	-188	OTHER ADMINISTRATIVE AND GENERAL MCC	5.07	0	33.07
33.08	CONTRIBUTIONS	B	-650	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.08
33.09	LOBBYING	B	-42,963	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.09
33.10	OTHER INCOME CAFETERIA	B	-208,976	CAFETERIA	11.00	0	33.10
33.11	LIQUOR	A	-6,158	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.11
33.12	ENTERTAINMENT	A	-15,561	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	ENTERTAINMENT	A	-1,979	PHYSICAL THERAPY	66.00	0	33.13
33.14	MALPRACITCE EXPENSE	A	-679,044	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.14
33.15	MALPRACTICE EXPENSE	A	-35,000	OTHER ADMINISTRATIVE AND GENERAL MCC	5.07	0	33.15
33.16	SPONSORED PROGRAMS	A	-1,500	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.16
33.17	PENSION EXPENSE	A	6,951	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18	PHYSICIAN EXPENSE ERROR	A	-50,000	CARDIAC CATHETERIZATION	59.00	0	33.18
33.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.19
33.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.20
33.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.21
33.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.22
33.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.23
33.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24
33.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,356,725				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: 14-0185

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2021 11:02 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	BJC CAP REL COST-BLDG & FIXT	653,959	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	BJC REL COSTS-MVBLE EQUIP	401,301	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	3,590,302	1,311,459	3.00
3.01	5.01	NONPATIENT TELEPHONES	BJC COMMUNICATIONS	0	1,157,395	3.01
3.02	5.02	DATA PROCESSING	BJC DATA PROCESSING	6,059,390	3,692,491	3.02
3.03	5.05	CASHIERING/ACCOUNTS RECEIVAB	BJC PATIENT ACCOUNTS	0	6,504,803	3.03
3.04	5.06	OTHER ADMINISTRATIVE AND GENE	BJC OTHER A&G	10,168,995	5,519,957	3.04
3.05	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	2,554,508	2,708,267	3.05
3.06	14.00	CENTRAL SERVICES & SUPPLY	BJC CENTRAL SUPPLY	1,215,953	1,486,770	3.06
3.07	16.00	MEDICAL RECORDS & LIBRARY	BJC MEDICAL RECORDS	72,582	1,383,291	3.07
3.08	5.06	OTHER ADMINISTRATIVE AND GENE	TFC OTHER A&G	40,311	40,579	3.08
3.09	113.00	INTEREST EXPENSE	BJC INTEREST	0	468,854	3.09
3.10	60.00	LABORATORY	LAB BJH	678,314	904,408	3.10
3.11	60.00	LABORATORY	LAB SLCH	329	516	3.11
3.12	60.00	LABORATORY	LAB CHNE	48,666	35,152	3.12
3.13	60.00	LABORATORY	LAB MOBAP	8,419	66,560	3.13
3.14	60.00	LABORATORY	LAB PARKLAND	2,980	1,674	3.14
3.15	50.00	OPERATING ROOM	OR MIDWEST SURGICAL	65,231	98,180	3.15
4.00	5.06	OTHER ADMINISTRATIVE AND GENE	BJC OVERHEAD	0	34,070	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			25,561,240	25,414,426	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B		50.00	BJC HEALTHCARE	50.00	6.00
7.00	G	JOINT VENTURE	50.00	TFC	50.00	7.00
8.00	C		50.00	MIDWEST STONE	50.00	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:	JOINT VENTURE				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: 14-0185

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2021 11:02 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	653,959	9		1.00
2.00	401,301	9		2.00
3.00	2,278,843	0		3.00
3.01	-1,157,395	0		3.01
3.02	2,366,899	0		3.02
3.03	-6,504,803	0		3.03
3.04	4,649,038	0		3.04
3.05	-153,759	0		3.05
3.06	-270,817	0		3.06
3.07	-1,310,709	0		3.07
3.08	-268	0		3.08
3.09	-468,854	11		3.09
3.10	-226,094	0		3.10
3.11	-187	0		3.11
3.12	13,514	0		3.12
3.13	-58,141	0		3.13
3.14	1,306	0		3.14
3.15	-32,949	0		3.15
4.00	-34,070	0		4.00
5.00	146,814			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	50		6.00
7.00	50		7.00
8.00	50		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: 14-0185

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2021 11:02 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	46,112	0	46,112	179,000	240	1.00
2.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	1,516,238	1,048,234	468,004	179,000	3,856	2.00
3.00	13.00	NURSING ADMINISTRATION	28,100	0	28,100	179,000	197	3.00
4.00	30.00	ADULTS & PEDIATRICS	2,791,945	2,791,945	0	179,000	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	2,500,000	2,464,000	36,000	179,000	175	5.00
6.00	50.00	OPERATING ROOM	2,000,582	1,896,902	103,680	246,400	384	6.00
7.00	53.00	ANESTHESIOLOGY	4,164,746	4,000,904	163,842	239,400	2,080	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	6,075	0	6,075	271,900	27	8.00
9.00	59.00	CARDIAC CATHETERIZATION	15,600	15,600	0	179,000	0	9.00
10.00	60.00	LABORATORY	168,465	168,465	0	260,300	0	10.00
11.00	66.00	PHYSICAL THERAPY	951	951	0	179,000	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	202,540	202,540	0	179,000	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	7,536	7,536	0	179,000	0	13.00
14.00	91.00	EMERGENCY	283,196	280,777	2,419	179,000	18	14.00
200.00			13,732,086	12,877,854	854,232		6,977	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	20,654	1,033	0	0	0	1.00
2.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	331,838	16,592	2,938	907	0	2.00
3.00	13.00	NURSING ADMINISTRATION	16,953	848	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	15,060	753	0	0	0	5.00
6.00	50.00	OPERATING ROOM	45,489	2,274	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	239,400	11,970	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	3,530	177	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	1,549	77	2,938	25	0	14.00
200.00			674,473	33,724	5,876	932	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	20,654	25,458	25,458		1.00
2.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	332,745	135,259	1,183,493		2.00
3.00	13.00	NURSING ADMINISTRATION	0	16,953	11,147	11,147		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,791,945		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	15,060	20,940	2,484,940		5.00
6.00	50.00	OPERATING ROOM	0	45,489	58,191	1,955,093		6.00
7.00	53.00	ANESTHESIOLOGY	0	239,400	0	4,000,904		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	3,530	2,545	2,545		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	15,600		9.00
10.00	60.00	LABORATORY	0	0	0	168,465		10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	951		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	202,540		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	7,536		13.00
14.00	91.00	EMERGENCY	0	1,574	845	281,622		14.00
200.00			0	675,405	254,385	13,132,239		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,621,502	6,621,502			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	298,618	0	298,618		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,666,495		7,666,495		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,619,797	23,439	0	2,623	5,645,859
5.01	00540	NONPATIENT TELEPHONES	239,798	7,154	0	31,339	12,611
5.02	00550	DATA PROCESSING	6,030,936	55,829	0	1,882,068	0
5.03	00560	PURCHASING RECEIVING AND STORES	-81,160	62,154	0	0	0
5.04	00570	ADMITTING	1,062,214	0	0	3,260	57,385
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-6,240	25,587	0	0	0
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	39,433,790	571,208	0	102,114	568,912
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	28,351	0	25,958	0	0
7.00	00700	OPERATION OF PLANT	9,539,736	1,729,874	0	104,637	83,861
7.01	00701	OPERATION OF PLANT MCC	248,992	0	15,250	0	5,612
8.00	00800	LAUNDRY & LINEN SERVICE	680,756	51,567	2,303	0	6,825
9.00	00900	HOUSEKEEPING	3,786,989	71,296	0	12,225	133,874
9.01	00901	HOUSEKEEPING MCC	188,447	0	3,288	507	9,440
10.00	01000	DIETARY	2,357,615	118,494	0	32,668	56,410
10.01	01001	DIETARY MCC	453,125	0	12,741	0	17,016
11.00	01100	CAFETERIA	469,824	26,171	0	12,449	37,456
13.00	01300	NURSING ADMINISTRATION	3,325,290	59,327	0	516,477	163,336
14.00	01400	CENTRAL SERVICES & SUPPLY	2,153,397	45,231	0	40,999	43,295
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0
15.00	01500	PHARMACY	1,155,410	48,144	0	122,530	0
15.01	01501	PHARMACY MCC	18,785	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	353,848	60,336	0	2,884	14,624
17.00	01700	SOCIAL SERVICE	712,318	4,815	0	0	36,978
17.01	01701	SOCIAL SERVICE MCC	104,976	0	2,249	0	6,043
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,383,446	962,395	0	399,206	1,351,512
31.00	03100	INTENSIVE CARE UNIT	5,053,856	90,058	0	285,175	260,231
43.00	04300	NURSERY	275,250	4,986	0	0	13,148
44.00	04400	SKILLED NURSING FACILITY	6,121,292	0	211,785	98,227	308,440
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,138,939	685,970	0	1,120,048	453,130
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	854,392	53,310	0	71,915	43,129
53.00	05300	ANESTHESIOLOGY	501,792	11,279	0	167,015	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,862,000	152,776	0	573,203	145,857
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	1,065,227	48,186	0	189,593	52,250
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	428,915	30,742	0	154,583	20,058
59.00	05900	CARDIAC CATHETERIZATION	1,805,353	100,996	0	624,683	86,253
60.00	06000	LABORATORY	5,635,913	172,463	0	176,967	248,214
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,533,439	20,208	0	247,120	120,458
66.00	06600	PHYSICAL THERAPY	5,070,879	233,341	21,971	66,020	271,009
67.00	06700	OCCUPATIONAL THERAPY	1,543,225	30,955	1,505	18,234	84,440
68.00	06800	SPEECH PATHOLOGY	836,656	30,955	1,568	27,344	45,521
69.00	06900	ELECTROCARDIOLOGY	1,670,669	39,597	0	286,203	98,553
70.00	07000	ELECTROENCEPHALOGRAPHY	914,163	26,798	0	35,674	46,205
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,751,066	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,987,565	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	13,670,908	0	0	0	262,279
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	480,466	42,191	0	187	0
90.01	09001	DIABETIC EDUCATION OP	571,256	7,484	0	0	29,451
90.02	09002	PAIN MANAGEMENT	691,336	98,222	0	39,347	37,318
91.00	09100	EMERGENCY	8,927,999	231,481	0	134,583	411,402
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	218,239,611	6,035,019	298,618	7,582,107	5,642,536

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
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To 12/31/2020Worksheet B
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
0			1.00	1.01	2.00	4.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	255,320	44,423	0	8,174	2,982	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	-17,841	542,060	0	76,214	341	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	218,477,090	6,621,502	298,618	7,666,495	5,645,859	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	290,902					5.01
5.02	00550	DATA PROCESSING	11,880	7,980,713				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,805	78,465	62,264			5.03
5.04	00570	ADMITTING	5,610	0	518	1,128,987		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	15,675	277,241	0	0	312,263	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	27,556	655,615	4,149	0	0	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	0	88	0	0	5.07
7.00	00700	OPERATION OF PLANT	9,735	102,004	11,312	0	0	7.00
7.01	00701	OPERATION OF PLANT MCC	165	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	495	4,359	0	0	0	8.00
9.00	00900	HOUSEKEEPING	660	50,566	5,907	0	0	9.00
9.01	00901	HOUSEKEEPING MCC	165	0	481	0	0	9.01
10.00	01000	DIETARY	3,465	129,031	7,646	0	0	10.00
10.01	01001	DIETARY MCC	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	1,155	0	117	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,075	392,323	645	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	990	60,156	3,271	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	138,621	1,035	0	0	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	8,580	239,753	3	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,980	60,156	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	165	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,196	1,232,763	4,413	743,845	38,311	30.00
31.00	03100	INTENSIVE CARE UNIT	5,445	198,777	2,168	53,494	9,674	31.00
43.00	04300	NURSERY	990	46,207	0	4,850	394	43.00
44.00	04400	SKILLED NURSING FACILITY	7,920	327,807	1,581	325,782	1,920	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,130	1,085,426	4,967	0	29,525	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,650	156,929	127	1,016	151	52.00
53.00	05300	ANESTHESIOLOGY	990	0	275	0	5,546	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,490	397,554	1,054	0	14,516	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,970	0	164	0	24,285	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,320	13,949	54	0	6,908	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,775	88,055	1,355	0	8,231	59.00
60.00	06000	LABORATORY	14,355	364,424	4,651	0	40,841	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,475	134,262	388	0	12,512	65.00
66.00	06600	PHYSICAL THERAPY	8,910	462,069	1,045	0	11,590	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,320	60,156	210	0	3,864	67.00
68.00	06800	SPEECH PATHOLOGY	1,485	46,207	122	0	779	68.00
69.00	06900	ELECTROCARDIOLOGY	10,560	124,671	410	0	17,948	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,970	106,363	761	0	3,110	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,477	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,600	0	0	0	39,108	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,650	27,898	30	0	219	90.00
90.01	09001	DIABETIC EDUCATION OP	990	13,949	61	0	53	90.01
90.02	09002	PAIN MANAGEMENT	10,065	221,444	825	0	2,040	90.02
91.00	09100	EMERGENCY	16,170	618,998	2,302	0	25,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	289,582	7,916,198	62,135	1,128,987	312,263	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,320	0	102	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	0	64,515	27	0	0	194.01
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)	290,902	7,980,713	62,264	1,128,987	312,263	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL MCC	OPERATION OF PLANT	OPERATION OF PLANT MCC	
			5A.05	5.06	5.07	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	41,363,344	41,363,344				5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	54,397	12,704	67,101			5.07
7.00	00700	OPERATION OF PLANT	11,581,159	2,704,675	0	14,285,834		7.00
7.01	00701	OPERATION OF PLANT MCC	270,019	63,061	0	0	333,080	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	746,305	174,293	0	177,671	2,980	8.00
9.00	00900	HOUSEKEEPING	4,061,517	948,531	0	245,649	0	9.00
9.01	00901	HOUSEKEEPING MCC	202,328	47,252	0	0	4,255	9.01
10.00	01000	DIETARY	2,705,329	631,805	0	408,267	0	10.00
10.01	01001	DIETARY MCC	482,882	112,773	0	0	16,487	10.01
11.00	01100	CAFETERIA	547,172	127,787	0	90,173	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,466,473	1,043,105	0	204,408	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,347,339	548,200	0	155,843	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	1,465,740	342,310	0	165,878	0	15.00
15.01	01501	PHARMACY MCC	18,785	4,387	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	680,028	158,814	0	207,888	0	16.00
17.00	01700	SOCIAL SERVICE	816,247	190,627	0	16,591	0	17.00
17.01	01701	SOCIAL SERVICE MCC	113,433	26,491	0	0	2,910	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,146,087	7,507,452	0	3,315,912	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,958,878	1,391,642	0	310,293	0	31.00
43.00	04300	NURSERY	345,825	80,764	0	17,177	0	43.00
44.00	04400	SKILLED NURSING FACILITY	7,404,754	1,729,314	67,101	0	274,042	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,555,135	2,932,139	0	2,363,496	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,182,619	276,190	0	183,678	0	52.00
53.00	05300	ANESTHESIOLOGY	686,897	160,419	0	38,860	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,164,450	972,570	0	526,385	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,382,675	322,911	0	166,024	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	656,529	153,326	0	105,922	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,720,701	635,395	0	347,981	0	59.00
60.00	06000	LABORATORY	6,657,828	1,554,876	0	594,216	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,070,862	717,172	0	69,626	0	65.00
66.00	06600	PHYSICAL THERAPY	6,146,834	1,435,538	0	803,972	28,429	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,743,909	407,274	0	106,654	1,948	67.00
68.00	06800	SPEECH PATHOLOGY	990,637	231,354	0	106,654	2,029	68.00
69.00	06900	ELECTROCARDIOLOGY	2,248,611	525,143	0	136,431	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,136,044	265,313	0	92,333	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,757,120	2,278,688	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,997,042	4,203,047	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,978,895	3,264,645	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	552,641	129,064	0	145,368	0	90.00
90.01	09001	DIABETIC EDUCATION OP	623,244	145,553	0	25,785	0	90.01
90.02	09002	PAIN MANAGEMENT	1,100,597	257,035	0	338,422	0	90.02
91.00	09100	EMERGENCY	10,368,142	2,421,386	0	797,562	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	217,499,453	41,135,025	67,101	12,265,119	333,080	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	312,321	72,940	0	153,059	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

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COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL MCC	OPERATION OF PLANT	OPERATION OF PLANT MCC	
			5A.05	5.06	5.07	7.00	7.01	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	665,316	155,379	0	1,867,656	0	194.01
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	218,477,090	41,363,344	67,101	14,285,834	333,080	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING MCC	DIETARY	DIETARY MCC	
			8.00	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,101,249					8.00
9.00	00900	HOUSEKEEPING	0	5,255,697				9.00
9.01	00901	HOUSEKEEPING MCC	0	0	253,835			9.01
10.00	01000	DIETARY	0	11,973	0	3,757,374		10.00
10.01	01001	DIETARY MCC	0	0	12,843	0	624,985	10.01
11.00	01100	CAFETERIA	0	36,332	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	42,421	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	82,044	0	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	53,284	0	0	0	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,346	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	2,267	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	435,089	1,715,487	0	3,505,605	0	30.00
31.00	03100	INTENSIVE CARE UNIT	88,188	158,946	0	251,769	0	31.00
43.00	04300	NURSERY	0	4,608	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	147,534	782	213,481	0	624,985	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	125,092	785,717	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,923	31,723	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,771	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,994	120,186	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	22,282	17,898	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,440	13,290	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,924	85,007	0	0	0	59.00
60.00	06000	LABORATORY	0	129,238	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,891	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,105	19,832	22,146	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,517	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,581	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,801	54,559	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	38,965	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	14,771	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	16,006	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	175,877	602,866	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,101,249	4,087,943	253,835	3,757,374	624,985	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	44,067	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING MCC	DIETARY	DIETARY MCC	
			8.00	9.00	9.01	10.00	10.01	
194.01	07951	NRCC	0	1,123,687	0	0	0	194.01
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)	1,101,249	5,255,697	253,835	3,757,374	624,985	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY MCC	PHARMACY	
			11.00	13.00	14.00	14.01	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING MCC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY MCC						10.01
11.00	01100	CAFETERIA	801,464					11.00
13.00	01300	NURSING ADMINISTRATION	19,410	5,775,817				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,862	0	3,145,288			14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0		14.01
15.00	01500	PHARMACY	0	0	0	0	2,027,212	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	1,860	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,885	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	1,395	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	248,599	2,625,611	0	0	502	30.00
31.00	03100	INTENSIVE CARE UNIT	37,019	593,948	0	0	118	31.00
43.00	04300	NURSERY	2,028	39,177	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	61,949	419,845	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71,051	958,291	0	0	15,339	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,985	103,392	0	0	3	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	59,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,373	0	0	0	8,008	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	8,508	21,564	0	0	36,925	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,166	0	0	0	7,283	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,693	118,796	0	0	38,774	59.00
60.00	06000	LABORATORY	49,375	0	0	0	259	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	22,773	0	0	0	249	65.00
66.00	06600	PHYSICAL THERAPY	46,981	10,868	0	0	566	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,364	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,738	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,830	45,446	0	0	1,495	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,607	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,105,673	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,039,615	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,745	0	0	0	1,852,789	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	5,402	16,419	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	6,697	65,058	0	0	4,995	90.02
91.00	09100	EMERGENCY	70,002	757,402	0	0	44	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	800,297	5,775,817	3,145,288	0	2,027,212	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,167	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY MCC	PHARMACY	
			11.00	13.00	14.00	14.01	15.00	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	0	0	0	0	0	194.01
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)	801,464	5,775,817	3,145,288	0	2,027,212	202.00

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Cost Center Description			PHARMACY MCC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE MCC	Subtotal	
			15.01	16.00	17.00	17.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING MCC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY MCC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC						14.01
15.00	01500	PHARMACY						15.00
15.01	01501	PHARMACY MCC	23,172					15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,073,936				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,031,350			17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	0	146,496		17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	440,065	820,384	0	52,760,793	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31,566	58,916	0	8,881,283	31.00
43.00	04300	NURSERY	0	2,785	0	0	492,364	43.00
44.00	04400	SKILLED NURSING FACILITY	23,172	192,645	0	146,496	11,306,100	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	19,806,260	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,795,513	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	960,810	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,847,966	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	1,978,787	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	954,956	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	3,991,271	59.00
60.00	06000	LABORATORY	0	0	0	0	8,985,792	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	3,892,573	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,516,271	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,276,666	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,337,993	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	3,044,316	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,541,262	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	13,141,481	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	24,239,704	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	19,130,074	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	841,844	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	832,409	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	1,772,804	90.02
91.00	09100	EMERGENCY	0	406,875	152,050	0	15,752,206	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,172	1,073,936	1,031,350	146,496	214,081,498	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	583,554	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			PHARMACY MCC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE MCC	Subtotal	
			15.01	16.00	17.00	17.01	24.00	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	0	0	0	0	3,812,038	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,172	1,073,936	1,031,350	146,496	218,477,090	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC			5.07
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT MCC			7.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING MCC			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY MCC			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC			14.01
15.00	01500	PHARMACY			15.00
15.01	01501	PHARMACY MCC			15.01
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
17.01	01701	SOCIAL SERVICE MCC			17.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	52,760,793	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,881,283	31.00
43.00	04300	NURSERY	0	492,364	43.00
44.00	04400	SKILLED NURSING FACILITY	0	11,306,100	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	19,806,260	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,795,513	52.00
53.00	05300	ANESTHESIOLOGY	0	960,810	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,847,966	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1,978,787	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	954,956	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,991,271	59.00
60.00	06000	LABORATORY	0	8,985,792	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,892,573	65.00
66.00	06600	PHYSICAL THERAPY	0	8,516,271	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,276,666	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,337,993	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,044,316	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,541,262	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,141,481	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,239,704	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,130,074	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	841,844	90.00
90.01	09001	DIABETIC EDUCATION OP	0	832,409	90.01
90.02	09002	PAIN MANAGEMENT	0	1,772,804	90.02
91.00	09100	EMERGENCY	0	15,752,206	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	214,081,498	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	583,554	190.00
191.00	19100	RESEARCH	0	0	191.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	194.00
194.01	07951	NRCC	0	3,812,038	194.01
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)	0	218,477,090	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1.00	1.01	2.00	2A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	23,439	0	2,623	26,062 4.00
5.01	00540	NONPATIENT TELEPHONES	0	7,154	0	31,339	38,493 5.01
5.02	00550	DATA PROCESSING	0	55,829	0	1,882,068	1,937,897 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	62,154	0	0	62,154 5.03
5.04	00570	ADMITTING	0	0	0	3,260	3,260 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	25,587	0	0	25,587 5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	571,208	0	102,114	673,322 5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	0	25,958	0	25,958 5.07
7.00	00700	OPERATION OF PLANT	0	1,729,874	0	104,637	1,834,511 7.00
7.01	00701	OPERATION OF PLANT MCC	0	0	15,250	0	15,250 7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	51,567	2,303	0	53,870 8.00
9.00	00900	HOUSEKEEPING	0	71,296	0	12,225	83,521 9.00
9.01	00901	HOUSEKEEPING MCC	0	0	3,288	507	3,795 9.01
10.00	01000	DIETARY	0	118,494	0	32,668	151,162 10.00
10.01	01001	DIETARY MCC	0	0	12,741	0	12,741 10.01
11.00	01100	CAFETERIA	0	26,171	0	12,449	38,620 11.00
13.00	01300	NURSING ADMINISTRATION	0	59,327	0	516,477	575,804 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	45,231	0	40,999	86,230 14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0 14.01
15.00	01500	PHARMACY	0	48,144	0	122,530	170,674 15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0 15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	60,336	0	2,884	63,220 16.00
17.00	01700	SOCIAL SERVICE	0	4,815	0	0	4,815 17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	2,249	0	2,249 17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	962,395	0	399,206	1,361,601 30.00
31.00	03100	INTENSIVE CARE UNIT	0	90,058	0	285,175	375,233 31.00
43.00	04300	NURSERY	0	4,986	0	0	4,986 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	211,785	98,227	310,012 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	685,970	0	1,120,048	1,806,018 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	53,310	0	71,915	125,225 52.00
53.00	05300	ANESTHESIOLOGY	0	11,279	0	167,015	178,294 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	152,776	0	573,203	725,979 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	48,186	0	189,593	237,779 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	30,742	0	154,583	185,325 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	100,996	0	624,683	725,679 59.00
60.00	06000	LABORATORY	0	172,463	0	176,967	349,430 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	20,208	0	247,120	267,328 65.00
66.00	06600	PHYSICAL THERAPY	0	233,341	21,971	66,020	321,332 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	30,955	1,505	18,234	50,694 67.00
68.00	06800	SPEECH PATHOLOGY	0	30,955	1,568	27,344	59,867 68.00
69.00	06900	ELECTROCARDIOLOGY	0	39,597	0	286,203	325,800 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,798	0	35,674	62,472 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	42,191	0	187	42,378 90.00
90.01	09001	DIABETIC EDUCATION OP	0	7,484	0	0	7,484 90.01
90.02	09002	PAIN MANAGEMENT	0	98,222	0	39,347	137,569 90.02
91.00	09100	EMERGENCY	0	231,481	0	134,583	366,064 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,035,019	298,618	7,582,107	13,915,744 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	44,423	0	8,174	52,597 190.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	0	542,060	0	76,214	618,274	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	6,621,502	298,618	7,666,495	14,586,615	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	26,062					4.00
5.01	00540	NONPATIENT TELEPHONES	58	38,551				5.01
5.02	00550	DATA PROCESSING	0	1,574	1,939,471			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	372	19,068	35,422		5.03
5.04	00570	ADMITTING	265	743	0	294	4,562	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,077	67,375	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,630	3,652	159,327	2,361	0	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	0	0	50	0	5.07
7.00	00700	OPERATION OF PLANT	388	1,290	24,789	6,436	0	7.00
7.01	00701	OPERATION OF PLANT MCC	26	22	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	32	66	1,059	0	0	8.00
9.00	00900	HOUSEKEEPING	619	87	12,289	3,360	0	9.00
9.01	00901	HOUSEKEEPING MCC	44	22	0	274	0	9.01
10.00	01000	DIETARY	261	459	31,357	4,350	0	10.00
10.01	01001	DIETARY MCC	79	0	0	0	0	10.01
11.00	01100	CAFETERIA	173	153	0	66	0	11.00
13.00	01300	NURSING ADMINISTRATION	755	1,203	95,342	367	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	200	131	14,619	1,861	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	33,688	589	0	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	68	1,137	58,265	2	0	16.00
17.00	01700	SOCIAL SERVICE	171	262	14,619	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	28	22	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,207	4,002	299,587	2,511	3,006	30.00
31.00	03100	INTENSIVE CARE UNIT	1,203	722	48,307	1,233	216	31.00
43.00	04300	NURSERY	61	131	11,229	0	20	43.00
44.00	04400	SKILLED NURSING FACILITY	1,426	1,050	79,664	899	1,316	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,095	4,919	263,780	2,826	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	199	219	38,137	72	4	52.00
53.00	05300	ANESTHESIOLOGY	0	131	0	156	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	674	2,318	96,613	600	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	242	394	0	93	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	93	175	3,390	31	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	399	765	21,399	771	0	59.00
60.00	06000	LABORATORY	1,147	1,902	88,562	2,646	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	557	328	32,628	221	0	65.00
66.00	06600	PHYSICAL THERAPY	1,253	1,181	112,292	595	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	390	175	14,619	119	0	67.00
68.00	06800	SPEECH PATHOLOGY	210	197	11,229	70	0	68.00
69.00	06900	ELECTROCARDIOLOGY	456	1,399	30,298	233	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	214	394	25,848	433	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	1,212	875	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	219	6,780	17	0	90.00
90.01	09001	DIABETIC EDUCATION OP	136	131	3,390	34	0	90.01
90.02	09002	PAIN MANAGEMENT	173	1,334	53,815	469	0	90.02
91.00	09100	EMERGENCY	1,902	2,143	150,429	1,310	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,046	38,376	1,923,793	35,349	4,562	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14	175	0	58	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	2	0	15,678	15	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	46,172	0	201.00
202.00		TOTAL (sum lines 118 through 201)	26,062	38,551	1,939,471	81,594	4,562	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL MCC	OPERATION OF PLANT	OPERATION OF PLANT MCC	
			5.05	5.06	5.07	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	93,177					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	841,292				5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	258	26,266			5.07
7.00	00700	OPERATION OF PLANT	0	55,011	0	1,922,425		7.00
7.01	00701	OPERATION OF PLANT MCC	0	1,283	0	0	16,581	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,545	0	23,909	148	8.00
9.00	00900	HOUSEKEEPING	0	19,292	0	33,057	0	9.00
9.01	00901	HOUSEKEEPING MCC	0	961	0	0	212	9.01
10.00	01000	DIETARY	0	12,850	0	54,940	0	10.00
10.01	01001	DIETARY MCC	0	2,294	0	0	821	10.01
11.00	01100	CAFETERIA	0	2,599	0	12,134	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	21,216	0	27,507	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,150	0	20,972	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	6,962	0	22,322	0	15.00
15.01	01501	PHARMACY MCC	0	89	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,230	0	27,975	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,877	0	2,233	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	539	0	0	145	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,458	152,693	0	446,218	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,894	28,305	0	41,756	0	31.00
43.00	04300	NURSERY	118	1,643	0	2,312	0	43.00
44.00	04400	SKILLED NURSING FACILITY	574	35,173	26,266	0	13,642	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,831	59,637	0	318,052	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45	5,617	0	24,717	0	52.00
53.00	05300	ANESTHESIOLOGY	1,659	3,263	0	5,229	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,342	19,781	0	70,835	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	7,264	6,568	0	22,342	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,066	3,119	0	14,254	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,462	12,923	0	46,827	0	59.00
60.00	06000	LABORATORY	11,995	31,625	0	79,963	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,742	14,587	0	9,369	0	65.00
66.00	06600	PHYSICAL THERAPY	3,467	29,197	0	108,189	1,415	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,156	8,284	0	14,352	97	67.00
68.00	06800	SPEECH PATHOLOGY	233	4,706	0	14,352	101	68.00
69.00	06900	ELECTROCARDIOLOGY	5,368	10,681	0	18,359	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	930	5,396	0	12,425	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,811	46,346	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,835	85,486	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,697	66,400	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	65	2,625	0	19,562	0	90.00
90.01	09001	DIABETIC EDUCATION OP	16	2,960	0	3,470	0	90.01
90.02	09002	PAIN MANAGEMENT	610	5,228	0	45,541	0	90.02
91.00	09100	EMERGENCY	7,539	49,249	0	107,327	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	93,177	836,648	26,266	1,650,500	16,581	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,484	0	20,597	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL MCC	OPERATION OF PLANT	OPERATION OF PLANT MCC	
			5.05	5.06	5.07	7.00	7.01	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	0	3,160	0	251,328	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	1,862	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	95,039	841,292	26,266	1,922,425	16,581	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING MCC	DIETARY	DIETARY MCC	
		8.00	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC					5.07
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT MCC					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	82,629				8.00
9.00	00900	HOUSEKEEPING	0	152,225			9.00
9.01	00901	HOUSEKEEPING MCC	0	0	5,308		9.01
10.00	01000	DIETARY	0	347	0	255,726	10.00
10.01	01001	DIETARY MCC	0	0	269	0	10.01
11.00	01100	CAFETERIA	0	1,052	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,229	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,376	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	14.01
15.00	01500	PHARMACY	0	1,543	0	0	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	734	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	47	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,646	49,689	0	238,591	30.00
31.00	03100	INTENSIVE CARE UNIT	6,617	4,604	0	17,135	31.00
43.00	04300	NURSERY	0	133	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	11,070	23	4,464	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,386	22,757	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	895	919	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	428	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,100	3,481	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	1,672	518	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,158	385	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,395	2,462	0	0	59.00
60.00	06000	LABORATORY	0	3,743	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	344	0	0	65.00
66.00	06600	PHYSICAL THERAPY	83	574	463	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	32	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	33	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,411	1,580	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,129	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	428	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	464	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	90.02
91.00	09100	EMERGENCY	13,196	17,461	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,629	118,403	5,308	255,726	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,276	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NON-REIMBURSABLE COST CENTER	0	0	0	0	194.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING MCC	DIETARY	DIETARY MCC	
			8.00	9.00	9.01	10.00	10.01	
194.01	07951	NRCC	0	32,546	0	0	0	194.01
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)	82,629	152,225	5,308	255,726	16,204	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY MCC	PHARMACY	
			11.00	13.00	14.00	14.01	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING MCC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY MCC						10.01
11.00	01100	CAFETERIA	54,797					11.00
13.00	01300	NURSING ADMINISTRATION	1,327	724,750				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	811	0	138,350			14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0		14.01
15.00	01500	PHARMACY	0	0	0	0	235,778	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	127	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	539	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	95	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,998	329,459	0	0	58	30.00
31.00	03100	INTENSIVE CARE UNIT	2,531	74,529	0	0	14	31.00
43.00	04300	NURSERY	139	4,916	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	4,236	52,682	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,858	120,247	0	0	1,784	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	409	12,974	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,962	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,940	0	0	0	931	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	582	2,706	0	0	4,295	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	216	0	0	0	847	58.00
59.00	05900	CARDIAC CATHETERIZATION	868	14,907	0	0	4,510	59.00
60.00	06000	LABORATORY	3,376	0	0	0	30	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,557	0	0	0	29	65.00
66.00	06600	PHYSICAL THERAPY	3,212	1,364	0	0	66	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,050	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	392	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	946	5,703	0	0	174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	588	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48,638	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	89,712	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,307	0	0	0	215,492	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	369	2,060	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	458	8,164	0	0	581	90.02
91.00	09100	EMERGENCY	4,786	95,039	0	0	5	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,717	724,750	138,350	0	235,778	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	80	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY MCC	PHARMACY	
			11.00	13.00	14.00	14.01	15.00	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	0	0	0	0	0	194.01
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)	54,797	724,750	138,350	0	235,778	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			PHARMACY MCC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE MCC	Subtotal	
			15.01	16.00	17.00	17.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING MCC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY MCC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC						14.01
15.00	01500	PHARMACY						15.00
15.01	01501	PHARMACY MCC	89					15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	154,758				16.00
17.00	01700	SOCIAL SERVICE	0	0	26,516			17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	0	3,125		17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	63,415	21,092	0	3,039,231	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,549	1,515	0	611,363	31.00
43.00	04300	NURSERY	0	401	0	0	26,089	43.00
44.00	04400	SKILLED NURSING FACILITY	89	27,761	0	3,125	589,676	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	2,625,190	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	209,432	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	196,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	929,594	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	284,455	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	211,059	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	836,367	59.00
60.00	06000	LABORATORY	0	0	0	0	574,419	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	330,690	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	584,683	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	90,968	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	91,390	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	402,408	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	109,829	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	96,795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	178,033	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	297,983	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	72,074	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	20,514	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	253,942	90.02
91.00	09100	EMERGENCY	0	58,632	3,909	0	878,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89	154,758	26,516	3,125	13,541,297	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	76,281	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			PHARMACY MCC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE MCC	Subtotal	
			15.01	16.00	17.00	17.01	24.00	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	0	0	0	0	921,003	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	48,034	201.00
202.00		TOTAL (sum lines 118 through 201)	89	154,758	26,516	3,125	14,586,615	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC		5.07
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT MCC		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING MCC		9.01
10.00	01000	DIETARY		10.00
10.01	01001	DIETARY MCC		10.01
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC		14.01
15.00	01500	PHARMACY		15.00
15.01	01501	PHARMACY MCC		15.01
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01701	SOCIAL SERVICE MCC		17.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	3,039,231
31.00	03100	INTENSIVE CARE UNIT	0	611,363
43.00	04300	NURSERY	0	26,089
44.00	04400	SKILLED NURSING FACILITY	0	589,676
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,625,190
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	209,432
53.00	05300	ANESTHESIOLOGY	0	196,122
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	929,594
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
56.00	05600	RADIOISOTOPE	0	0
57.00	05700	CT SCAN	0	284,455
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	211,059
59.00	05900	CARDIAC CATHETERIZATION	0	836,367
60.00	06000	LABORATORY	0	574,419
60.01	06001	BLOOD LABORATORY	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	330,690
66.00	06600	PHYSICAL THERAPY	0	584,683
67.00	06700	OCCUPATIONAL THERAPY	0	90,968
68.00	06800	SPEECH PATHOLOGY	0	91,390
69.00	06900	ELECTROCARDIOLOGY	0	402,408
70.00	07000	ELECTROENCEPHALOGRAPHY	0	109,829
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	96,795
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	178,033
73.00	07300	DRUGS CHARGED TO PATIENTS	0	297,983
74.00	07400	RENAL DIALYSIS	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	72,074
90.01	09001	DIABETIC EDUCATION OP	0	20,514
90.02	09002	PAIN MANAGEMENT	0	253,942
91.00	09100	EMERGENCY	0	878,991
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	13,541,297
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	76,281
191.00	19100	RESEARCH	0	0

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	194.00
194.01	07951	NRCC	0	921,003	194.01
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	48,034	201.00
202.00		TOTAL (sum lines 118 through 201)	0	14,586,615	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET MMC)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	622,902				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	33,327			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,741,186			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,205	0	1,964	82,853,334	4.00
5.01	00540	NONPATIENT TELEPHONES	673	0	23,469	185,073	5.01
5.02	00550	DATA PROCESSING	5,252	0	1,409,417	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,847	0	0	0	5.03
5.04	00570	ADMITTING	0	0	2,441	842,121	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,407	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	53,735	0	76,470	8,348,799	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	2,897	0	0	5.07
7.00	00700	OPERATION OF PLANT	162,734	0	78,359	1,230,659	7.00
7.01	00701	OPERATION OF PLANT MCC	0	1,702	0	82,358	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,851	257	0	100,160	8.00
9.00	00900	HOUSEKEEPING	6,707	0	9,155	1,964,598	9.00
9.01	00901	HOUSEKEEPING MCC	0	367	380	138,537	9.01
10.00	01000	DIETARY	11,147	0	24,464	827,814	10.00
10.01	01001	DIETARY MCC	0	1,422	0	249,717	10.01
11.00	01100	CAFETERIA	2,462	0	9,323	549,673	11.00
13.00	01300	NURSING ADMINISTRATION	5,581	0	386,773	2,396,965	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,255	0	30,703	635,355	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	14.01
15.00	01500	PHARMACY	4,529	0	91,759	0	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	5,676	0	2,160	214,613	16.00
17.00	01700	SOCIAL SERVICE	453	0	0	542,655	17.00
17.01	01701	SOCIAL SERVICE MCC	0	251	0	88,681	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	90,535	0	298,952	19,833,700	30.00
31.00	03100	INTENSIVE CARE UNIT	8,472	0	213,558	3,818,895	31.00
43.00	04300	NURSERY	469	0	0	192,945	43.00
44.00	04400	SKILLED NURSING FACILITY	0	23,636	73,559	4,526,358	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	64,531	0	838,767	6,649,687	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,015	0	53,855	632,916	52.00
53.00	05300	ANESTHESIOLOGY	1,061	0	125,072	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,372	0	429,253	2,140,458	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	4,533	0	141,980	766,777	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,892	0	115,762	294,346	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,501	0	467,805	1,265,763	59.00
60.00	06000	LABORATORY	16,224	0	132,525	3,642,545	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,901	0	185,060	1,767,726	65.00
66.00	06600	PHYSICAL THERAPY	21,951	2,452	49,440	3,977,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,912	168	13,655	1,239,163	67.00
68.00	06800	SPEECH PATHOLOGY	2,912	175	20,477	668,027	68.00
69.00	06900	ELECTROCARDIOLOGY	3,725	0	214,328	1,446,270	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,521	0	26,715	678,054	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,848,943	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,969	0	140	0	90.00
90.01	09001	DIABETIC EDUCATION OP	704	0	0	432,196	90.01
90.02	09002	PAIN MANAGEMENT	9,240	0	29,466	547,638	90.02
91.00	09100	EMERGENCY	21,776	0	100,785	6,037,335	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	567,730	33,327	5,677,991	82,804,577	118.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET MMC)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,179	0	6,121	43,759	8	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	50,993	0	57,074	4,998	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,621,502	298,618	7,666,495	5,645,859	290,902	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.630086	8.960242	1.335350	0.068143	165.003971	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				26,062	38,551	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000315	21.866704	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUISITIONS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	9,154					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	90	1,566,804				5.03
5.04	00570	ADMITTING	0	13,025	64,475			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	318	0	0	943,279,333		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	752	104,416	0	0	-41,363,344	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	2,205	0	0	0	5.07
7.00	00700	OPERATION OF PLANT	117	284,650	0	0	0	7.00
7.01	00701	OPERATION OF PLANT MCC	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	5	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	58	148,636	0	0	0	9.00
9.01	00901	HOUSEKEEPING MCC	0	12,104	0	0	0	9.01
10.00	01000	DIETARY	148	192,409	0	0	0	10.00
10.01	01001	DIETARY MCC	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	2,941	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	450	16,230	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	69	82,315	0	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	159	26,048	0	0	0	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	275	68	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	69	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,414	111,052	42,480	115,742,176	0	30.00
31.00	03100	INTENSIVE CARE UNIT	228	54,551	3,055	29,228,004	0	31.00
43.00	04300	NURSERY	53	0	277	1,190,937	0	43.00
44.00	04400	SKILLED NURSING FACILITY	376	39,779	18,605	5,802,081	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,245	125,001	0	89,199,938	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	180	3,202	58	456,949	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,917	0	16,754,947	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	456	26,526	0	43,855,859	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	4,135	0	73,369,015	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16	1,355	0	20,871,043	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	101	34,103	0	24,865,889	0	59.00
60.00	06000	LABORATORY	418	117,031	0	123,269,457	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	154	9,755	0	37,801,283	0	65.00
66.00	06600	PHYSICAL THERAPY	530	26,309	0	35,016,294	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	69	5,278	0	11,672,945	0	67.00
68.00	06800	SPEECH PATHOLOGY	53	3,082	0	2,354,058	0	68.00
69.00	06900	ELECTROCARDIOLOGY	143	10,313	0	54,223,207	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122	19,149	0	9,395,180	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,288,905	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,632,267	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	118,151,284	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	32	761	0	661,020	0	90.00
90.01	09001	DIABETIC EDUCATION OP	16	1,526	0	159,768	0	90.01
90.02	09002	PAIN MANAGEMENT	254	20,761	0	6,163,288	0	90.02
91.00	09100	EMERGENCY	710	57,930	0	76,153,539	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,080	1,563,563	64,475	943,279,333	-41,363,344	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,559	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUISITIONS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
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	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	74	682	0	0	0	194.01
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)	7,980,713	62,264	1,128,987	312,263		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	871.827944	0.039739	17.510461	0.000331		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,939,471	81,594	4,562	95,039		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	211.871422	0.022608	0.070756	0.000099		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: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	OTHER ADMINISTRATIVE AND GENERAL MCC (COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT MCC (SQUARE FEET MMC)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.06	5.07	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	177,113,746					5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	54,397	1				5.07
7.00	00700	OPERATION OF PLANT	11,581,159	0	390,049			7.00
7.01	00701	OPERATION OF PLANT MCC	270,019	0	0	28,728		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	746,305	0	4,851	257	830,797	8.00
9.00	00900	HOUSEKEEPING	4,061,517	0	6,707	0	0	9.00
9.01	00901	HOUSEKEEPING MCC	202,328	0	0	367	0	9.01
10.00	01000	DIETARY	2,705,329	0	11,147	0	0	10.00
10.01	01001	DIETARY MCC	482,882	0	0	1,422	0	10.01
11.00	01100	CAFETERIA	547,172	0	2,462	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,466,473	0	5,581	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,347,339	0	4,255	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	1,465,740	0	4,529	0	0	15.00
15.01	01501	PHARMACY MCC	18,785	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	680,028	0	5,676	0	0	16.00
17.00	01700	SOCIAL SERVICE	816,247	0	453	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	113,433	0	0	251	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,146,087	0	90,535	0	328,236	30.00
31.00	03100	INTENSIVE CARE UNIT	5,958,878	0	8,472	0	66,530	31.00
43.00	04300	NURSERY	345,825	0	469	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	7,404,754	1	0	23,636	111,302	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,555,135	0	64,531	0	94,371	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,182,619	0	5,015	0	8,995	52.00
53.00	05300	ANESTHESIOLOGY	686,897	0	1,061	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,164,450	0	14,372	0	21,119	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,382,675	0	4,533	0	16,810	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	656,529	0	2,892	0	11,648	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,720,701	0	9,501	0	24,084	59.00
60.00	06000	LABORATORY	6,657,828	0	16,224	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,070,862	0	1,901	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,146,834	0	21,951	2,452	834	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,743,909	0	2,912	168	0	67.00
68.00	06800	SPEECH PATHOLOGY	990,637	0	2,912	175	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,248,611	0	3,725	0	14,184	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,136,044	0	2,521	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,757,120	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,997,042	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,978,895	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	552,641	0	3,969	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	623,244	0	704	0	0	90.01
90.02	09002	PAIN MANAGEMENT	1,100,597	0	9,240	0	0	90.02
91.00	09100	EMERGENCY	10,368,142	0	21,776	0	132,684	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	176,136,109	1	334,877	28,728	830,797	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	312,321	0	4,179	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	OTHER ADMINISTRATIVE AND GENERAL MCC (COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT MCC (SQUARE FEET MMC)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.06	5.07	7.00	7.01	8.00	
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	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	665,316	0	50,993	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	41,363,344	67,101	14,285,834	333,080	1,101,249	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.233541	67,101.000000	36.625742	11.594263	1.325533	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	841,292	26,266	1,922,425	16,581	82,629	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004750	26,266.000000	4.928676	0.577172	0.099458	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			HOUSEKEEPING (HOUSEKEEPING HOURS)	HOUSEKEEPING MCC (SQUARE FEET MMC)	DIETARY (PATIENT MEALS)	DIETARY MCC (MEALS SERVED)	CAFETERIA (EMPLOYEE MEALS)	
			9.00	9.01	10.00	10.01	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	127,734					9.00
9.01	00901	HOUSEKEEPING MCC	0	28,104				9.01
10.00	01000	DIETARY	291	0	224,858			10.00
10.01	01001	DIETARY MCC	0	1,422	0	57,371		10.01
11.00	01100	CAFETERIA	883	0	0	0	81,014	11.00
13.00	01300	NURSING ADMINISTRATION	1,031	0	0	0	1,962	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,994	0	0	0	1,199	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	1,295	0	0	0	0	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	616	0	0	0	188	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	797	17.00
17.01	01701	SOCIAL SERVICE MCC	0	251	0	0	141	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,693	0	209,791	0	25,129	30.00
31.00	03100	INTENSIVE CARE UNIT	3,863	0	15,067	0	3,742	31.00
43.00	04300	NURSERY	112	0	0	0	205	43.00
44.00	04400	SKILLED NURSING FACILITY	19	23,636	0	57,371	6,262	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,096	0	0	0	7,182	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	771	0	0	0	605	52.00
53.00	05300	ANESTHESIOLOGY	359	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,921	0	0	0	2,868	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	435	0	0	0	860	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	323	0	0	0	320	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,066	0	0	0	1,283	59.00
60.00	06000	LABORATORY	3,141	0	0	0	4,991	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	289	0	0	0	2,302	65.00
66.00	06600	PHYSICAL THERAPY	482	2,452	0	0	4,749	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	168	0	0	1,553	67.00
68.00	06800	SPEECH PATHOLOGY	0	175	0	0	580	68.00
69.00	06900	ELECTROCARDIOLOGY	1,326	0	0	0	1,398	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	947	0	0	0	870	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	3,411	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	359	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	389	0	0	0	546	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	677	90.02
91.00	09100	EMERGENCY	14,652	0	0	0	7,076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	99,353	28,104	224,858	57,371	80,896	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,071	0	0	0	118	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

Period:
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To 12/31/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			HOUSEKEEPING (HOUSEKEEPING HOURS)	HOUSEKEEPING MCC (SQUARE FEET MMC)	DIETARY (PATIENT MEALS)	DIETARY MCC (MEALS SERVED)	CAFETERIA (EMPLOYEE MEALS)	
			9.00	9.01	10.00	10.01	11.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	27,310	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,255,697	253,835	3,757,374	624,985	801,464	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	41.145639	9.031988	16.709986	10.893744	9.892907	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	152,225	5,308	255,726	16,204	54,797	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.191734	0.188870	1.137278	0.282442	0.676389	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED SUPPLY)	CENTRAL SERVICE & SUPPLY MCC (COSTED SUPPLY MCC)	PHARMACY (COSTED REQUISITION)	PHARMACY MCC (COSTED REQUISITION MCC)	
			13.00	14.00	14.01	15.00	15.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING MCC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY MCC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	739,797					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,738,633				14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0			14.01
15.00	01500	PHARMACY	0	0	0	9,519,281		15.00
15.01	01501	PHARMACY MCC	0	0	0	0	1	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	336,302	0	0	2,356	0	30.00
31.00	03100	INTENSIVE CARE UNIT	76,076	0	0	552	0	31.00
43.00	04300	NURSERY	5,018	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	53,776	0	0	0	1	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	122,743	0	0	72,026	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,243	0	0	15	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	281,102	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	37,605	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,762	0	0	173,392	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	34,198	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,216	0	0	182,072	0	59.00
60.00	06000	LABORATORY	0	0	0	1,214	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,167	0	65.00
66.00	06600	PHYSICAL THERAPY	1,392	0	0	2,656	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,821	0	0	7,021	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,751,066	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,987,567	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,700,244	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	2,103	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	8,333	0	0	23,456	0	90.02
91.00	09100	EMERGENCY	97,012	0	0	205	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	739,797	27,738,633	0	9,519,281	1	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED SUPPLY)	CENTRAL SERVICE & SUPPLY MCC (COSTED SUPPLY MCC)	PHARMACY (COSTED REQUISITION)	PHARMACY MCC (COSTED REQUISITION MCC)	
			13.00	14.00	14.01	15.00	15.01	
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	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,775,817	3,145,288	0	2,027,212	23,172	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.807300	0.113390	0.000000	0.212959	23,172.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	724,750	138,350	0	235,778	89	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.979661	0.004988	0.000000	0.024768	89.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	SOCIAL SERVICE MCC (PATIENT DAYS MCC)	
		16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC			5.07
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT MCC			7.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING MCC			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY MCC			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC			14.01
15.00	01500	PHARMACY			15.00
15.01	01501	PHARMACY MCC			15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	4,627		16.00
17.00	01700	SOCIAL SERVICE	0	19,501	17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	3,459
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	1,896	15,512	0
31.00	03100	INTENSIVE CARE UNIT	136	1,114	0
43.00	04300	NURSERY	12	0	0
44.00	04400	SKILLED NURSING FACILITY	830	0	3,459
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0
57.00	05700	CT SCAN	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
60.00	06000	LABORATORY	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0
90.01	09001	DIABETIC EDUCATION OP	0	0	0
90.02	09002	PAIN MANAGEMENT	0	0	0
91.00	09100	EMERGENCY	1,753	2,875	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,627	19,501	3,459
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0
191.00	19100	RESEARCH	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	SOCIAL SERVICE MCC (PATIENT DAYS MCC)		
			16.00	17.00	17.01		
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0		194.00
194.01	07951	NRCC	0	0	0		194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,073,936	1,031,350	146,496		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	232.102010	52.887031	42.352125		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	154,758	26,516	3,125		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	33.446726	1.359725	0.903440		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 11:02 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	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,760,793		52,760,793	0	52,760,793	30.00
31.00	03100	INTENSIVE CARE UNIT	8,881,283		8,881,283	20,940	8,902,223	31.00
43.00	04300	NURSERY	492,364		492,364	0	492,364	43.00
44.00	04400	SKILLED NURSING FACILITY	11,306,100		11,306,100	0	11,306,100	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,806,260		19,806,260	58,191	19,864,451	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,795,513		1,795,513	0	1,795,513	52.00
53.00	05300	ANESTHESIOLOGY	960,810		960,810	0	960,810	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,847,966		5,847,966	2,545	5,850,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,978,787		1,978,787	0	1,978,787	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	954,956		954,956	0	954,956	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,991,271		3,991,271	0	3,991,271	59.00
60.00	06000	LABORATORY	8,985,792		8,985,792	0	8,985,792	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,892,573	0	3,892,573	0	3,892,573	65.00
66.00	06600	PHYSICAL THERAPY	8,516,271	0	8,516,271	0	8,516,271	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,276,666	0	2,276,666	0	2,276,666	67.00
68.00	06800	SPEECH PATHOLOGY	1,337,993	0	1,337,993	0	1,337,993	68.00
69.00	06900	ELECTROCARDIOLOGY	3,044,316		3,044,316	0	3,044,316	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,541,262		1,541,262	0	1,541,262	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,141,481		13,141,481	0	13,141,481	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,239,704		24,239,704	0	24,239,704	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,130,074		19,130,074	0	19,130,074	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	841,844		841,844	0	841,844	90.00
90.01	09001	DIABETIC EDUCATION OP	832,409		832,409	0	832,409	90.01
90.02	09002	PAIN MANAGEMENT	1,772,804		1,772,804	0	1,772,804	90.02
91.00	09100	EMERGENCY	15,752,206		15,752,206	845	15,753,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,595,896		1,595,896		1,595,896	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	215,677,394	0	215,677,394	82,521	215,759,915	200.00
201.00		Less Observation Beds	1,595,896		1,595,896		1,595,896	201.00
202.00		Total (see instructions)	214,081,498	0	214,081,498	82,521	214,164,019	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII			Hospital	5/25/2021 11:02 am	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,788,596		111,788,596			30.00
31.00	03100	INTENSIVE CARE UNIT	29,228,004		29,228,004			31.00
43.00	04300	NURSERY	1,190,937		1,190,937			43.00
44.00	04400	SKILLED NURSING FACILITY	5,802,081		5,802,081			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,637,710	52,562,228	89,199,938	0.222043	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	401,108	55,841	456,949	3.929351	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	8,460,123	8,294,824	16,754,947	0.057345	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,503,475	35,352,384	43,855,859	0.133345	0.000000	54.00
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	17,597,262	55,771,753	73,369,015	0.026970	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,198,288	16,672,755	20,871,043	0.045755	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,248,447	12,617,442	24,865,889	0.160512	0.000000	59.00
60.00	06000	LABORATORY	63,454,810	59,814,647	123,269,457	0.072896	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	33,105,847	4,695,436	37,801,283	0.102975	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,642,367	19,373,927	35,016,294	0.243209	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,358,003	2,314,942	11,672,945	0.195038	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,800,272	553,786	2,354,058	0.568377	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	19,798,426	34,424,781	54,223,207	0.056144	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	203,326	9,191,854	9,395,180	0.164048	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,639,441	8,649,464	18,288,905	0.718549	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,390,534	10,241,733	28,632,267	0.846587	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,191,418	35,959,866	118,151,284	0.161912	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,636	658,384	661,020	1.273553	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	159,768	159,768	5.210111	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	490,989	5,672,299	6,163,288	0.287639	0.000000	90.02
91.00	09100	EMERGENCY	19,949,220	56,204,319	76,153,539	0.206848	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,094,271	2,859,309	3,953,580	0.403658	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	511,177,591	432,101,742	943,279,333			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	511,177,591	432,101,742	943,279,333			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.222696			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3.929351			52.00
53.00	05300	ANESTHESIOLOGY	0.057345			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133403			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.026970			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045755			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.160512			59.00
60.00	06000	LABORATORY	0.072896			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.102975			65.00
66.00	06600	PHYSICAL THERAPY	0.243209			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195038			67.00
68.00	06800	SPEECH PATHOLOGY	0.568377			68.00
69.00	06900	ELECTROCARDIOLOGY	0.056144			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164048			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.718549			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.846587			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161912			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.273553			90.00
90.01	09001	DIABETIC EDUCATION OP	5.210111			90.01
90.02	09002	PAIN MANAGEMENT	0.287639			90.02
91.00	09100	EMERGENCY	0.206859			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.403658			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 11:02 am

			Title XIX		Hospital	Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,760,793		52,760,793	0	52,760,793	30.00
31.00	03100	INTENSIVE CARE UNIT	8,881,283		8,881,283	20,940	8,902,223	31.00
43.00	04300	NURSERY	492,364		492,364	0	492,364	43.00
44.00	04400	SKILLED NURSING FACILITY	11,306,100		11,306,100	0	11,306,100	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,806,260		19,806,260	58,191	19,864,451	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,795,513		1,795,513	0	1,795,513	52.00
53.00	05300	ANESTHESIOLOGY	960,810		960,810	0	960,810	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,847,966		5,847,966	2,545	5,850,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,978,787		1,978,787	0	1,978,787	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	954,956		954,956	0	954,956	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,991,271		3,991,271	0	3,991,271	59.00
60.00	06000	LABORATORY	8,985,792		8,985,792	0	8,985,792	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,892,573	0	3,892,573	0	3,892,573	65.00
66.00	06600	PHYSICAL THERAPY	8,516,271	0	8,516,271	0	8,516,271	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,276,666	0	2,276,666	0	2,276,666	67.00
68.00	06800	SPEECH PATHOLOGY	1,337,993	0	1,337,993	0	1,337,993	68.00
69.00	06900	ELECTROCARDIOLOGY	3,044,316		3,044,316	0	3,044,316	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,541,262		1,541,262	0	1,541,262	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,141,481		13,141,481	0	13,141,481	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,239,704		24,239,704	0	24,239,704	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,130,074		19,130,074	0	19,130,074	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	841,844		841,844	0	841,844	90.00
90.01	09001	DIABETIC EDUCATION OP	832,409		832,409	0	832,409	90.01
90.02	09002	PAIN MANAGEMENT	1,772,804		1,772,804	0	1,772,804	90.02
91.00	09100	EMERGENCY	15,752,206		15,752,206	845	15,753,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,595,896		1,595,896		1,595,896	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	215,677,394	0	215,677,394	82,521	215,759,915	200.00
201.00		Less Observation Beds	1,595,896		1,595,896		1,595,896	201.00
202.00		Total (see instructions)	214,081,498	0	214,081,498	82,521	214,164,019	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	111,788,596		111,788,596		30.00
31.00	03100	INTENSIVE CARE UNIT	29,228,004		29,228,004		31.00
43.00	04300	NURSERY	1,190,937		1,190,937		43.00
44.00	04400	SKILLED NURSING FACILITY	5,802,081		5,802,081		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,637,710	52,562,228	89,199,938	0.222043	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	401,108	55,841	456,949	3.929351	52.00
53.00	05300	ANESTHESIOLOGY	8,460,123	8,294,824	16,754,947	0.057345	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,503,475	35,352,384	43,855,859	0.133345	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	17,597,262	55,771,753	73,369,015	0.026970	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,198,288	16,672,755	20,871,043	0.045755	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,248,447	12,617,442	24,865,889	0.160512	59.00
60.00	06000	LABORATORY	63,454,810	59,814,647	123,269,457	0.072896	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	33,105,847	4,695,436	37,801,283	0.102975	65.00
66.00	06600	PHYSICAL THERAPY	15,642,367	19,373,927	35,016,294	0.243209	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,358,003	2,314,942	11,672,945	0.195038	67.00
68.00	06800	SPEECH PATHOLOGY	1,800,272	553,786	2,354,058	0.568377	68.00
69.00	06900	ELECTROCARDIOLOGY	19,798,426	34,424,781	54,223,207	0.056144	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	203,326	9,191,854	9,395,180	0.164048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,639,441	8,649,464	18,288,905	0.718549	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,390,534	10,241,733	28,632,267	0.846587	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,191,418	35,959,866	118,151,284	0.161912	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,636	658,384	661,020	1.273553	90.00
90.01	09001	DIABETIC EDUCATION OP	0	159,768	159,768	5.210111	90.01
90.02	09002	PAIN MANAGEMENT	490,989	5,672,299	6,163,288	0.287639	90.02
91.00	09100	EMERGENCY	19,949,220	56,204,319	76,153,539	0.206848	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,094,271	2,859,309	3,953,580	0.403658	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	511,177,591	432,101,742	943,279,333		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	511,177,591	432,101,742	943,279,333		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETIC EDUCATION OP	0.000000			90.01
90.02	09002	PAIN MANAGEMENT	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
5/25/2021 11:02 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	3,039,231	0	3,039,231	43,805	69.38	30.00
31.00	INTENSIVE CARE UNIT	611,363		611,363	3,055	200.12	31.00
43.00	NURSERY	26,089		26,089	277	94.18	43.00
44.00	SKILLED NURSING FACILITY	589,676		589,676	18,605	31.69	44.00
200.00	Total (lines 30 through 199)	4,266,359		4,266,359	65,742		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	16,438	1,140,468				
31.00	INTENSIVE CARE UNIT	1,489	297,979				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	10,577	335,185				
200.00	Total (lines 30 through 199)	28,504	1,773,632				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
5/25/2021 11:02 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	2,625,190	89,199,938	0.029430	14,820,345	436,163	50.00	
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	209,432	456,949	0.458327	5,600	2,567	52.00	
53.00	05300	ANESTHESIOLOGY	196,122	16,754,947	0.011705	2,486,377	29,103	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	929,594	43,855,859	0.021197	5,579,159	118,261	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00	
57.00	05700	CT SCAN	284,455	73,369,015	0.003877	8,577,982	33,257	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	211,059	20,871,043	0.010113	1,502,911	15,199	58.00	
59.00	05900	CARDIAC CATHETERIZATION	836,367	24,865,889	0.033635	2,692,403	90,559	59.00	
60.00	06000	LABORATORY	574,419	123,269,457	0.004660	26,053,831	121,411	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	330,690	37,801,283	0.008748	11,145,849	97,504	65.00	
66.00	06600	PHYSICAL THERAPY	584,683	35,016,294	0.016697	2,537,608	42,370	66.00	
67.00	06700	OCCUPATIONAL THERAPY	90,968	11,672,945	0.007793	1,093,424	8,521	67.00	
68.00	06800	SPEECH PATHOLOGY	91,390	2,354,058	0.038822	377,483	14,655	68.00	
69.00	06900	ELECTROCARDIOLOGY	402,408	54,223,207	0.007421	10,837,111	80,422	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	109,829	9,395,180	0.011690	189,834	2,219	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	96,795	18,288,905	0.005293	2,895,527	15,326	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	178,033	28,632,267	0.006218	6,763,578	42,056	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	297,983	118,151,284	0.002522	28,074,094	70,803	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	72,074	661,020	0.109035	2,636	287	90.00	
90.01	09001	DIABETIC EDUCATION OP	20,514	159,768	0.128399	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	253,942	6,163,288	0.041202	0	0	90.02	
91.00	09100	EMERGENCY	878,991	76,153,539	0.011542	7,726,624	89,181	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	91,930	3,953,580	0.023252	460,307	10,703	92.00	
200.00	Total (lines 50 through 199)		9,366,868	795,269,715		133,822,683	1,320,567	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0185		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 5/25/2021 11:02 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	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	43,805	0.00	16,438		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	3,055	0.00	1,489		31.00	
43.00	04300	NURSERY			0	277	0.00	0		43.00	
44.00	04400	SKILLED NURSING FACILITY			0	18,605	0.00	10,577		44.00	
200.00		Total (lines 30 through 199)			0	65,742		28,504		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	
43.00	04300	NURSERY		0						43.00	
44.00	04400	SKILLED NURSING FACILITY		0						44.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
5/25/2021 11:02 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	89,199,938	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	456,949	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,754,947	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	43,855,859	0.000000	54.00
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	73,369,015	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,871,043	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	24,865,889	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	123,269,457	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	37,801,283	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	35,016,294	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,672,945	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,354,058	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	54,223,207	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,395,180	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,288,905	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,632,267	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	118,151,284	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
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	661,020	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	159,768	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	6,163,288	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	76,153,539	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,953,580	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	795,269,715		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
5/25/2021 11:02 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	14,820,345	0	17,920,254	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	5,600	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	2,486,377	0	1,656,734	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,579,159	0	10,004,454	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.000000	8,577,982	0	11,185,940	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,502,911	0	3,992,476	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,692,403	0	2,010,923	0	59.00	
60.00	06000	LABORATORY	0.000000	26,053,831	0	5,815,554	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	11,145,849	0	1,265,540	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	2,537,608	0	950,338	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,093,424	0	2,873	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	377,483	0	2,251	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	10,837,111	0	6,716,013	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	189,834	0	2,303,338	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,895,527	0	2,859,448	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,763,578	0	3,752,893	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	28,074,094	0	18,318,749	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	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	2,636	0	656,356	0	90.00	
90.01	09001	DIABETIC EDUCATION OP	0.000000	0	0	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	0.000000	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.000000	7,726,624	0	8,752,176	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	460,307	0	572,490	0	92.00	
200.00		Total (lines 50 through 199)		133,822,683	0	98,738,800	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
5/25/2021 11:02 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	0.222043	17,920,254	0	0	3,979,067	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3.929351	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.057345	1,656,734	0	0	95,005	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133345	10,004,454	0	0	1,334,044	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.026970	11,185,940	0	0	301,685	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045755	3,992,476	0	0	182,676	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.160512	2,010,923	0	0	322,777	59.00
60.00	06000	LABORATORY	0.072896	5,815,554	0	0	423,931	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.102975	1,265,540	0	0	130,319	65.00
66.00	06600	PHYSICAL THERAPY	0.243209	950,338	0	0	231,131	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195038	2,873	0	0	560	67.00
68.00	06800	SPEECH PATHOLOGY	0.568377	2,251	0	0	1,279	68.00
69.00	06900	ELECTROCARDIOLOGY	0.056144	6,716,013	0	0	377,064	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164048	2,303,338	0	0	377,858	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.718549	2,859,448	0	0	2,054,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.846587	3,752,893	0	0	3,177,150	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161912	18,318,749	633	65,097	2,966,025	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.273553	656,356	0	0	835,904	90.00
90.01	09001	DIABETIC EDUCATION OP	5.210111	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.287639	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.206848	8,752,176	0	0	1,810,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.403658	572,490	0	0	231,090	92.00
200.00		Subtotal (see instructions)		98,738,800	633	65,097	18,832,589	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		98,738,800	633	65,097	18,832,589	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
5/25/2021 11:02 am

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102	10,540		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DIABETIC EDUCATION OP	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0		90.02
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)	102	10,540		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	102	10,540		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0185
Component CCN: 14-5102

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2021 11:02 am

			Title XVIII		Skilled Nursing Facility	PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0 90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0 90.02
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: 14-0185 Component CCN: 14-5102		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 5/25/2021 11:02 am	
			Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	89,199,938	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	456,949	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,754,947	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	43,855,859	0.000000	54.00
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	73,369,015	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,871,043	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	24,865,889	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	123,269,457	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	37,801,283	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	35,016,294	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,672,945	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,354,058	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	54,223,207	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,395,180	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,288,905	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,632,267	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	118,151,284	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	661,020	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	159,768	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	6,163,288	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	76,153,539	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,953,580	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	795,269,715		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0185

Component CCN: 14-5102

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2021 11:02 am

				Title XVIII		Skilled Nursing Facility	PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
				9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	177,969	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0 56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	26,111	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0 59.00
60.00	06000	LABORATORY		0.000000	2,163,383	0	0	0 60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	961,563	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY		0.000000	5,809,044	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	4,028,112	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	568,237	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	23,688	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	161	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	3,634,400	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
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC		0.000000	0	0	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP		0.000000	0	0	0	0 90.01
90.02	09002	PAIN MANAGEMENT		0.000000	0	0	0	0 90.02
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)			17,392,668	0	0	0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:

Worksheet D

Component CCN: 14-5102

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
5/25/2021 11:02 am

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.222043	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3.929351	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.057345	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.133345	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00	05700 CT SCAN	0.026970	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.045755	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.160512	0	0	0	0 59.00
60.00	06000 LABORATORY	0.072896	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.102975	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.243209	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195038	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.568377	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.056144	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.164048	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.718549	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.846587	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.161912	0	0	10,034	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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1.273553	0	0	0	0 90.00
90.01	09001 DIABETIC EDUCATION OP	5.210111	0	0	0	0 90.01
90.02	09002 PAIN MANAGEMENT	0.287639	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.206848	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.403658	0	0	0	0 92.00
200.00	Subtotal (see instructions)		0	0	10,034	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	10,034	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:

Worksheet D

Component CCN: 14-5102

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
5/25/2021 11:02 am

Title XVIII

Skilled Nursing
Facility

PPS

	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,625		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DIABETIC EDUCATION OP	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	1,625		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	1,625		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
5/25/2021 11:02 am

			Title XIX		Hospital		Cost		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.222043	0	652,711	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3.929351	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.057345	0	107,392	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133345	0	2,053,601	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.026970	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045755	0	114,149	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.160512	0	40,557	0	0	59.00	
60.00	06000	LABORATORY	0.072896	0	1,367,468	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.102975	0	53,206	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.243209	0	208,698	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.195038	0	197,722	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.568377	0	48,118	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.056144	0	278,871	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164048	0	6,746	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.718549	0	46,425	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.846587	0	21,312	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161912	0	244,815	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	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1.273553	0	2,028	0	0	90.00	
90.01	09001	DIABETIC EDUCATION OP	5.210111	0	546	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	0.287639	0	242	0	0	90.02	
91.00	09100	EMERGENCY	0.206848	0	2,776,464	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.403658	0	0	0	0	92.00	
200.00		Subtotal (see instructions)		0	8,221,071	0	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		0	8,221,071	0	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
5/25/2021 11:02 am

			Title XIX		Hospital	Cost
	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	144,930	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	6,158	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	273,837	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,223	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,510	0		59.00
60.00	06000	LABORATORY	99,683	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	5,479	0		65.00
66.00	06600	PHYSICAL THERAPY	50,757	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	38,563	0		67.00
68.00	06800	SPEECH PATHOLOGY	27,349	0		68.00
69.00	06900	ELECTROCARDIOLOGY	15,657	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,107	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,359	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,042	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,638	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2,583	0		90.00
90.01	09001	DIABETIC EDUCATION OP	2,845	0		90.01
90.02	09002	PAIN MANAGEMENT	70	0		90.02
91.00	09100	EMERGENCY	574,306	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	1,346,096	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,346,096	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 5/25/2021 11:02 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)		43,805	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,805	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.		8,949	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		33,531	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)		16,438	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)		52,760,793	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)		52,760,793	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		109,909,548	28.00
29.00	Private room charges (excluding swing-bed charges)		24,072,222	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		85,837,326	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.480038	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,689.93	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,559.94	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		129.99	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		62.40	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		558,418	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		52,202,375	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)		1,204.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,798,749	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)		19,798,749	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

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

Worksheet D-1

Date/Time Prepared:
5/25/2021 11:02 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	8,902,223	3,055	2,913.98	1,489	4,338,916
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)					23,812,651
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,950,316
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,438,447
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,320,567
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,759,014
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,191,302
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					1,325
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,204.45
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,595,896

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

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

Worksheet D-1

Date/Time Prepared:
5/25/2021 11:02 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	3,039,231	52,760,793	0.057604	1,595,896	91,930	90.00
91.00 Nursing School cost	0	52,760,793	0.000000	1,595,896	0	91.00
92.00 Allied health cost	0	52,760,793	0.000000	1,595,896	0	92.00
93.00 All other Medical Education	0	52,760,793	0.000000	1,595,896	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
		Component CCN: 14-5102		Date/Time Prepared: 5/25/2021 11:02 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,605	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,605	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.		1,351	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		17,254	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)		10,577	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)		11,306,100	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)		11,306,100	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		5,802,081	28.00
29.00	Private room charges (excluding swing-bed charges)		456,192	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,345,889	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.948628	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		337.67	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		309.83	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		27.84	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		54.25	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		73,292	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,232,808	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 5/25/2021 11:02 am
			Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					43.00
44.00 CORONARY CARE UNIT					44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					54.00
55.00 Target amount per discharge					55.00
56.00 Target amount (line 54 x line 55)					56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00 Bonus payment (see instructions)					58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00 Relief payment (see instructions)					62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				11,232,808	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				603.75	71.00
72.00 Program routine service cost (line 9 x line 71)				6,385,864	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)				6,385,864	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)				0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00 Inpatient routine service cost per diem limitation				0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)				6,385,864	83.00
84.00 Program inpatient ancillary services (see instructions)				3,392,975	84.00
85.00 Utilization review - physician compensation (see instructions)				0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)				9,778,839	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)				0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

Period:

Worksheet D-1

Component CCN: 14-5102

From 01/01/2020

Date/Time Prepared:

To 12/31/2020

5/25/2021 11:02 am

Title XVIII

Skilled Nursing

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

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

Worksheet D-1

Date/Time Prepared:
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Title XIX		Hospital	Cost
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)	43,805	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	43,805	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.	8,949	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	33,531	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	2,156	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)	277	15.00
16.00	Nursery days (title V or XIX only)	243	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)	52,760,793	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)	52,760,793	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	109,837,326	28.00
29.00	Private room charges (excluding swing-bed charges)	24,072,222	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	85,765,104	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.480354	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,689.93	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,557.79	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	132.14	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	63.47	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	567,993	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	52,192,800	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)	1,191.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,568,831	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)	2,568,831	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

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

Worksheet D-1

Date/Time Prepared:
5/25/2021 11:02 am

		Title XIX		Hospital		Cost	
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)	492,364	277	1,777.49	243	431,930	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,881,283	3,055	2,907.13	792	2,302,447	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,223,485	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,526,693	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,325	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,204.45	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,595,896	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

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

Worksheet D-1

Date/Time Prepared:
5/25/2021 11:02 am

		Title XIX		Hospital	Cost	
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	3,039,231	52,760,793	0.057604	1,595,896	91,930	90.00
91.00 Nursing School cost	0	52,760,793	0.000000	1,595,896	0	91.00
92.00 Allied health cost	0	52,760,793	0.000000	1,595,896	0	92.00
93.00 All other Medical Education	0	52,760,793	0.000000	1,595,896	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 5/25/2021 11:02 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		40,439,670	30.00
31.00	03100	INTENSIVE CARE UNIT		9,788,686	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222696	14,820,345	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3.929351	5,600	52.00
53.00	05300	ANESTHESIOLOGY	0.057345	2,486,377	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133403	5,579,159	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.026970	8,577,982	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045755	1,502,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.160512	2,692,403	59.00
60.00	06000	LABORATORY	0.072896	26,053,831	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.102975	11,145,849	65.00
66.00	06600	PHYSICAL THERAPY	0.243209	2,537,608	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195038	1,093,424	67.00
68.00	06800	SPEECH PATHOLOGY	0.568377	377,483	68.00
69.00	06900	ELECTROCARDIOLOGY	0.056144	10,837,111	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164048	189,834	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.718549	2,895,527	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.846587	6,763,578	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161912	28,074,094	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.273553	2,636	90.00
90.01	09001	DIABETIC EDUCATION OP	5.210111	0	90.01
90.02	09002	PAIN MANAGEMENT	0.287639	0	90.02
91.00	09100	EMERGENCY	0.206859	7,726,624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.403658	460,307	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		133,822,683	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)		133,822,683	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 5/25/2021 11:02 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.222696	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3.929351	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.057345	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.133403	177,969	23,742	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.026970	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.045755	26,111	1,195	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.160512	0	0	59.00
60.00	06000 LABORATORY	0.072896	2,163,383	157,702	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.102975	961,563	99,017	65.00
66.00	06600 PHYSICAL THERAPY	0.243209	5,809,044	1,412,812	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195038	4,028,112	785,635	67.00
68.00	06800 SPEECH PATHOLOGY	0.568377	568,237	322,973	68.00
69.00	06900 ELECTROCARDIOLOGY	0.056144	23,688	1,330	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.164048	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.718549	161	116	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.846587	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.161912	3,634,400	588,453	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.273553	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	5.210111	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.287639	0	0	90.02
91.00	09100 EMERGENCY	0.206859	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.403658	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		17,392,668	3,392,975	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)		17,392,668		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 5/25/2021 11:02 am
			Title XIX	Hospital	Cost
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		2,721,750	30.00
31.00	03100	INTENSIVE CARE UNIT		1,032,118	31.00
43.00	04300	NURSERY		287,379	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222043	749,893	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3.929351	0	52.00
53.00	05300	ANESTHESIOLOGY	0.057345	249,080	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133345	316,842	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.026970	736,093	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045755	95,786	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.160512	534,614	59.00
60.00	06000	LABORATORY	0.072896	1,630,061	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.102975	602,647	65.00
66.00	06600	PHYSICAL THERAPY	0.243209	82,551	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195038	38,446	67.00
68.00	06800	SPEECH PATHOLOGY	0.568377	14,684	68.00
69.00	06900	ELECTROCARDIOLOGY	0.056144	463,137	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164048	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.718549	141,281	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.846587	9,549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161912	2,475,658	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.273553	0	90.00
90.01	09001	DIABETIC EDUCATION OP	5.210111	0	90.01
90.02	09002	PAIN MANAGEMENT	0.287639	476,821	90.02
91.00	09100	EMERGENCY	0.206848	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.403658	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,617,143	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)		8,617,143	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 5/25/2021 11:02 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)	24,886,746		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	8,821,972		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)	610,484		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	240,369		2.04
3.00	Managed Care Simulated Payments	22,593,853		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	211.69		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00
22.00	IME payment adjustment (see instructions)	0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0		22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.28	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.04	31.00
32.00	Sum of lines 30 and 31		25.32	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.10	33.00
34.00	Disproportionate share adjustment (see instructions)		851,145	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 5/25/2021 11:02 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)		0.000143729	0.000335955
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,200,219	2,785,074
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		898,525	701,992
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,600,517	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.0000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		37,011,233	
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)		37,011,233	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,778,758	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		306,371	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)		40,096,362	59.00
60.00	Primary payer payments		31,498	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		40,064,864	61.00
62.00	Deductibles billed to program beneficiaries		3,206,412	62.00
63.00	Coinsurance billed to program beneficiaries		167,134	63.00
64.00	Allowable bad debts (see instructions)		980,467	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		637,304	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		715,640	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		37,328,622	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)		161,956	70.93
70.94	HRR adjustment amount (see instructions)		-215,381	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
5/25/2021 11:02 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	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		37,275,197		71.00
71.01	Sequestration adjustment (see instructions)		246,016		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		36,729,851		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)		299,330		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		2,321,938		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2021 11:02 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,886,746	0	24,886,746		24,886,746
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,821,972	0		8,821,972	8,821,972
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	610,484	0	610,484		610,484
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	240,369	0		240,369	240,369
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	22,593,853	0	16,323,951	6,269,902	22,593,853
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1010	0.1010	0.1010	0.1010	
11.00	Disproportionate share adjustment (see instructions)	34.00	851,145	0	628,390	222,755	851,145
11.01	Uncompensated care payments	36.00	1,600,517	0	898,525	701,992	1,600,517
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	37,011,233	0	27,024,145	9,987,088	37,011,233
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	37,011,233	0	27,024,145	9,987,088	37,011,233
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,778,758	0	-705,217	3,483,975	2,778,758

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2021 11:02 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	306,371	0	0	306,371	306,371	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	26,318,928	13,777,434	40,096,362	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,601,732	0	-658,522	3,260,254	2,601,732	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	40,175	0	-12,057	52,232	40,175	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0526	0.0526	0.0526	0.0526		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	136,851	0	-34,638	171,489	136,851	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,778,758	0	-705,217	3,483,975	2,778,758	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2021 11:02 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,886,746	24,886,746		24,886,746	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,821,972		8,821,972	8,821,972	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	610,484	610,484		610,484	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	240,369		240,369	240,369	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	22,593,853	16,323,951	6,269,902	22,593,853	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1010	0.1010	0.1010		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	851,145	628,390	222,755	851,145	11.00
11.01	Uncompensated care payments	36.00	1,600,517	898,525	701,992	1,600,517	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	37,011,233	27,024,145	9,987,088	37,011,233	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	37,011,233	27,024,145	9,987,088	37,011,233	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,778,758	-705,217	3,483,975	2,778,758	16.00
17.00	Special add-on payments for new technologies	54.00	306,371	0	306,371	306,371	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			26,318,928	13,777,434	40,096,362	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2021 11:02 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,601,732	-658,522	3,260,254	2,601,732	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	40,175	-12,057	52,232	40,175	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0526	0.0526	0.0526		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	136,851	-34,638	171,489	136,851	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,778,758	-705,217	3,483,975	2,778,758	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	161,956	124,916	37,040	161,956	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-215,381	-136,877	-78,504	-215,381	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 5/25/2021 11:02 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,642	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,832,589	2.00
3.00	OPPS payments		13,585,592	3.00
4.00	Outlier payment (see instructions)		24,164	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)		10,642	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		65,730	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)		65,730	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)		65,730	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		55,088	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)		10,642	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)		13,609,756	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,574,649	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)		11,045,749	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)		11,045,749	30.00
31.00	Primary payer payments		6,187	31.00
32.00	Subtotal (line 30 minus line 31)		11,039,562	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)		441,987	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		287,292	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		303,451	36.00
37.00	Subtotal (see instructions)		11,326,854	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-5	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)		11,326,859	40.00
40.01	Sequestration adjustment (see instructions)		74,757	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		11,314,045	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)		-61,943	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)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 5/25/2021 11:02 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		1,625	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,625	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		10,034	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)		10,034	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)		10,034	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,409	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		1,625	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,625	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,625	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,625	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,625	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,625	40.00
40.01	Sequestration adjustment (see instructions)		11	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		1,991	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)		-377	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
5/25/2021 11:02 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		36,651,973		11,261,432	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/24/2020	77,878	08/24/2020	52,613	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		77,878		52,613	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)		36,729,851		11,314,045	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		299,330		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		61,943	6.02
7.00	Total Medicare program liability (see instructions)		37,029,181		11,252,102	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: 14-0185
 Component CCN: 14-5102

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 5/25/2021 11:02 am

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		4,900,842		1,991		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,900,842		1,991		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		46,633		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		377		6.02
7.00	Total Medicare program liability (see instructions)		4,947,475		1,614		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
5/25/2021 11:02 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: 14-0185 Component CCN: 14-5102	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VI Date/Time Prepared: 5/25/2021 11:02 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		5,739,568	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		5,739,568	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		800,624	7.00
8.00	Allowable bad debts (see instructions)		71,743	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		46,633	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		4,985,577	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		4,985,577	15.00
15.01	Sequestration adjustment (see instructions)		38,102	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		308	15.75
16.00	Interim payments		4,900,842	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		46,325	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 14-0185

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

Worksheet G

Date/Time Prepared:

5/25/2021 11:02 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	106,847	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	31,577,744	0	0	0	4.00
5.00 Other receivable	726,674	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-8,832,673	0	0	0	6.00
7.00 Inventory	3,074,848	0	0	0	7.00
8.00 Prepaid expenses	857,193	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)	27,510,633	0	0	0	11.00
FIXED ASSETS					
12.00 Land	1,930,000	0	0	0	12.00
13.00 Land improvements	2,623,465	0	0	0	13.00
14.00 Accumulated depreciation	-1,093,592	0	0	0	14.00
15.00 Buildings	40,868,732	0	0	0	15.00
16.00 Accumulated depreciation	-9,263,684	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	12,201,105	0	0	0	19.00
20.00 Accumulated depreciation	-7,998,864	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	51,831,541	0	0	0	23.00
24.00 Accumulated depreciation	-33,983,617	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	57,115,086	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,233,977	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	10,677,809	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	11,911,786	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	96,537,505	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	3,620,594	0	0	0	37.00
38.00 Salaries, wages, and fees payable	11,237,709	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	788,087	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	30,565,540	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	11,011,174	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	57,223,104	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	1,210,897	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	10,097,006	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	11,307,903	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	68,531,007	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	28,006,498	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	28,006,498	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	96,537,505	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0185

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

Worksheet G-1

Date/Time Prepared:
5/25/2021 11:02 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		75,159,441		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-9,772,433				2.00
3.00	Total (sum of line 1 and line 2)		65,387,008		0		3.00
4.00	ROUNDING	1		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)		1		0		10.00
11.00	Subtotal (line 3 plus line 10)		65,387,009		0		11.00
12.00	NET INCOME	37,380,511		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)		37,380,511		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		28,006,498		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	ROUNDING		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	NET INCOME		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: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2021 11:02 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	110,688,293		110,688,293	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	5,802,081		5,802,081	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)	116,490,374		116,490,374	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	29,228,004		29,228,004	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)	29,228,004		29,228,004	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	145,718,378		145,718,378	17.00
18.00	Ancillary services	345,085,254	369,512,024	714,597,278	18.00
19.00	Outpatient services	20,167,502	62,983,373	83,150,875	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	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)	510,971,134	432,495,397	943,466,531	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		233,833,815		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)		233,833,815		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0185

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

Worksheet G-3

Date/Time Prepared:
5/25/2021 11:02 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	943,466,531	1.00
2.00	Less contractual allowances and discounts on patients' accounts	725,071,927	2.00
3.00	Net patient revenues (line 1 minus line 2)	218,394,604	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	233,833,815	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,439,211	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	495,957	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	874,784	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	90	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	70	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	-150,071	20.00
21.00	Rental of vending machines	32,648	21.00
22.00	Rental of hospital space	1,274,445	22.00
23.00	Governmental appropriations	0	23.00
24.00	BJC OTHER OPERATING REVENUE	172,574	24.00
24.01	MISC. OTHER OPERATING REVENUE	-1,370,066	24.01
24.50	COVID-19 PHE Funding	22,500,000	24.50
25.00	Total other income (sum of lines 6-24)	23,830,431	25.00
26.00	Total (line 5 plus line 25)	8,391,220	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	18,165,528	27.00
27.01	PHYSICIAN OFFICE BUILDING	1,112	27.01
27.02	BJC ACO OPERATIONS	-2,987	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	18,163,653	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-9,772,433	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0185

Period:
From 01/01/2020
To 12/31/2020Worksheet L
Parts I-III
Date/Time Prepared:
5/25/2021 11:02 am

		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,601,732	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,175	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)		124.57	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.04	8.00
9.00	Sum of lines 7 and 8		25.32	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.26	10.00
11.00	Disproportionate share adjustment (see instructions)		136,851	11.00
12.00	Total prospective capital payments (see instructions)		2,778,758	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