

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: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/27/2021 12:41 pm
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/27/2021	Time: 12:41 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RIVERSIDE MEDICAL CENTER (14-0186) 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.

Encryption Information

ECR: Date: 7/27/2021 Time: 12:41 pm

waNu9gS80evdzck2D2JXCpTT:HvVt0

GQUUe0zMAOvsr49c.09tyDCbc9lykU

XSfQ1p8egT0LgIQD

PI: Date: 7/27/2021 Time: 12:41 pm

n8SbcrUxZzTaHE:f9vf5JHo1saqKL0

Mk6bj0GT0.FVzQjeBr8sNEYZdvNTXc

Rz7203:Jf:0cdN39

(Signed) PATRICIA VILT

Officer or Administrator of Provider(s)

SENIOR VP & CHIEF ACCOUNTING OFFICER

Title

07/27/2021 02:14:10 PM (PT)

Date

	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	409,247	-115,004	0	0	1.00
2.00 Subprovider - IPF	0	31,920	-1		0	2.00
3.00 Subprovider - IRF	0	97,182	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	-1		0	9.00
10.00 RURAL HEALTH CLINIC I	0		13,917		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	538,349	-101,089	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.

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: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/27/2021 12:41 pm
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/27/2021	Time: 12:41 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RIVERSIDE MEDICAL CENTER (14-0186) 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) PATRICIA VILT

Officer or Administrator of Provider(s)

SENIOR VP & CHIEF ACCOUNTING OFFICER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	409,247	-115,004	0	0	1.00
2.00	Subprovider - IPF	0	31,920	-1		0	2.00
3.00	Subprovider - IRF	0	97,182	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-1		0	9.00
10.00	RURAL HEALTH CLINIC I	0		13,917		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	538,349	-101,089	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: 14-0186		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 12:41 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 350 NORTH WALL STREET			PO Box:				1.00	
2.00	City: KANKAKEE			State: IL		Zip Code: 60901		County: USA	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital		RIVERSIDE MEDICAL CENTER	140186	28100	1	01/01/1966	N	P
4.00	Subprovider - IPF		RIVERSIDE MEDICAL CENTER - PSY	14S186	28100	4	01/01/2015	N	P
5.00	Subprovider - IRF		RIVERSIDE MEDICAL CENTER - RHB	14T186	28100	5	01/01/1984	N	P
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA		RIVERSIDE MEDICAL CENTER - HHA	147400	28100		01/01/1984	N	P
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC		PEMBROKE RURAL HEALTH CLINIC	143976	28100		01/01/1987	N	O
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) 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	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		

Worksheet S-2
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 12:41 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05	
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	
62.01	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	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
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	6.66	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE		0.00	14.77	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 12:41 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 12:41 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			0	0	0	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 12:41 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	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	
161.10	CORF		N	N	N	161.10	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 12:41 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0186		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/27/2021 12:41 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/29/2021	Y	06/29/2021		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		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.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RICHARD	SCHILTZ		41.00
42.00	Enter the employer/company name of the cost report preparer.	RIVERSIDE MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	8159357256 X3492	RPSCHILTZ@RHC.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/27/2021 12:41 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF FINANCE		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	225	82,350	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)		225	82,350	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,588	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	13	4,758	0.00	0	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)		256	93,696	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,124		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,980		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		300				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,431	5,703	39,336			1.00
2.00	HMO and other (see instructions)	5,386	7,318				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	379				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)	13,431	5,703	39,336			7.00
8.00	INTENSIVE CARE UNIT	1,477	558	3,850			8.00
9.00	CORONARY CARE UNIT	0	0	0			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		264	1,818			13.00
14.00	Total (see instructions)	14,908	6,525	45,004	21.43	1,933.55	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,094	174	3,009	0.00	22.01	16.00
17.00	SUBPROVIDER - IRF	6,220	226	8,524	0.00	40.30	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	14,286	1,455	21,820	0.00	38.36	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
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	241	0	1,485	0.00	2.55	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)				21.43	2,036.77	27.00
28.00	Observation Bed Days		331	1,784			28.00
29.00	Ambulance Trips	3,001					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	253	598			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: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,440	2,113	9,149	1.00
2.00 HMO and other (see instructions)			1,063	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,440	2,113	9,149	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	160	22	254	16.00
17.00 SUBPROVIDER - IRF	0.00	0	575	56	806	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	159,430,193	2,858,409	162,288,602	4,118,124.00	39.41 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		434,741	0	434,741	3,700.00	117.50 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		53,152	0	53,152	3,168.00	16.78 6.00
7.00	Interns & residents (in an approved program)	21.00	1,474,745	0	1,474,745	48,517.00	30.40 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		61,644,047	1,480,309	63,124,356	1,107,331.00	57.01 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,587,424	0	1,587,424	19,360.00	82.00 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		0	0	0	0.00	0.00 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		25,941,549	0	25,941,549		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		9,719,764	0	9,719,764		
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		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		32,477	0	32,477		
24.00	Wage-related costs (RHC/FQHC)		27,805	0	27,805		
25.00	Interns & residents (in an approved program)		425,863	0	425,863		
25.50	Home office wage-related (core)		0	0	0		
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: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	120,708	7,664	128,372	3,474.00	36.95	26.00
27.00	Administrative & General	5.00	23,454,850	2,417,107	25,871,957	701,618.00	36.87	27.00
28.00	Administrative & General under contract (see inst.)		394,217	0	394,217	2,283.00	172.67	28.00
29.00	Maintenance & Repairs	6.00	1,739,381	33,792	1,773,173	67,451.00	26.29	29.00
30.00	Operation of Plant	7.00	612,777	28,748	641,525	31,806.00	20.17	30.00
31.00	Laundry & Linen Service	8.00	518,836	6,556	525,392	34,921.00	15.05	31.00
32.00	Housekeeping	9.00	2,077,345	25,204	2,102,549	148,178.00	14.19	32.00
33.00	Housekeeping under contract (see instructions)		138,581	0	138,581	2,560.00	54.13	33.00
34.00	Dietary	10.00	1,355,474	-677,977	677,497	41,074.00	16.49	34.00
35.00	Dietary under contract (see instructions)		104,427	0	104,427	3,048.00	34.26	35.00
36.00	Cafeteria	11.00	0	693,343	693,343	42,334.00	16.38	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,182,609	-1,793,252	389,357	14,844.00	26.23	38.00
39.00	Central Services and Supply	14.00	533,071	15,650	548,721	28,868.00	19.01	39.00
40.00	Pharmacy	15.00	3,204,608	-3,204,608	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,585,364	30,272	1,615,636	58,873.00	27.44	41.00
42.00	Social Service	17.00	2,211,972	-1,023,914	1,188,058	57,775.00	20.56	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/27/2021 12:41 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	158,104,780	2,858,409	160,963,189	4,070,630.00	39.54	1.00
2.00	Excluded area salaries (see instructions)	61,644,047	1,480,309	63,124,356	1,107,331.00	57.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,460,733	1,378,100	97,838,833	2,963,299.00	33.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,587,424	0	1,587,424	19,360.00	82.00	4.00
5.00	Subtotal wage-related costs (see inst.)	25,941,549	0	25,941,549	0.00	26.51	5.00
6.00	Total (sum of lines 3 thru 5)	123,989,706	1,378,100	125,367,806	2,982,659.00	42.03	6.00
7.00	Total overhead cost (see instructions)	40,234,220	-3,441,415	36,792,805	1,239,107.00	29.69	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/27/2021 12:41 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		5,634,636	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		16,184,159	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		189,035	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		142,481	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)		589,453	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,187,275	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		11,633,382	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		442,000	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		145,037	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		36,147,458	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: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,224,649	36,147,458	1.00
2.00	Hospital	2,224,649	26,427,694	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	9,719,764	18.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0186 Component CCN: 14-7400		Period: From 01/01/2020 To 12/31/2020	
				Home Health Agency I		Worksheet S-4 Date/Time Prepared: 7/27/2021 12:41 pm	
						PPS	
				1.00			
0.00 County				KANKAKEE		0.00	
				Title V	Title XVIII	Title XIX	Other
				1.00	2.00	3.00	4.00
				Total		5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,595	126	171	1,892	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	790.00	109.00	356.00	1,255.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			11.14	0.00	11.14	5.00
6.00	Direct Nursing Service			14.27	0.00	14.27	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			9.93	0.00	9.93	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.55	0.00	1.55	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.05	0.00	0.05	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.53	0.00	0.53	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.91	0.00	0.91	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16580					20.00
20.01		16974					20.01
20.02		28100					20.02
20.03		99914					20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,399	845	178	47	7,469	21.00
22.00	Skilled Nursing Visit Charges	1,714,555	224,520	44,670	12,050	1,995,795	22.00
23.00	Physical Therapy Visits	4,312	904	81	54	5,351	23.00
24.00	Physical Therapy Visit Charges	1,307,460	269,932	23,213	15,309	1,615,914	24.00
25.00	Occupational Therapy Visits	407	272	5	2	686	25.00
26.00	Occupational Therapy Visit Charges	120,709	83,312	1,443	584	206,048	26.00
27.00	Speech Pathology Visits	24	43	0	1	68	27.00
28.00	Speech Pathology Visit Charges	6,702	11,927	0	275	18,904	28.00
29.00	Medical Social Service Visits	3	0	0	0	3	29.00
30.00	Medical Social Service Visit Charges	825	0	0	0	825	30.00
31.00	Home Health Aide Visits	515	185	2	7	709	31.00
32.00	Home Health Aide Visit Charges	50,715	18,570	195	795	70,275	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,660	2,249	266	111	14,286	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,200,966	608,261	69,521	29,013	3,907,761	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,258		161	10	1,429	36.00
37.00	Total Number of Outlier Episodes		109		1	110	37.00
38.00	Total Non-Routine Medical Supply Charges	31,922	8,831	2,112	753	43,618	38.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-3976		Period: From 01/01/2020 To 12/31/2020 Worksheet S-8 Date/Time Prepared: 7/27/2021 12:41 pm	
		RHC I		Cost	
		1.00			
Clinic Address and Identification					
1.00	Street	3400 SOUTH MAIN ST		1.00	
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	HOPKINS PARK IL 60944		2.00	
		1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	3.00
		Grant Award		Date	
		1.00		2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)			4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)			5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			6.00	
7.00	Appalachian Regional Commission			7.00	
8.00	Look-Alikes			8.00	
9.00	OTHER (SPECIFY)			9.00	
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0	10.00
		Sunday		Monday	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
		1.00		5.00	
11.00	Facility hours of operations (1)				
CLINIC		08:30	17:00	08:30	11.00
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N		0	13.00
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number			Total Visits	14.00
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)			15.00	
		County		4.00	
2.00	City, State, ZIP Code, County	KANKAKEE		2.00	
		Tuesday	Wednesday	Thursday	
		to	from	to	from
		6.00	7.00	8.00	9.00
		10.00			
11.00	Facility hours of operations (1)				
CLINIC		17:00	08:30	17:00	11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0186

Period:

Worksheet S-8

Component CCN: 14-3976

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 12:41 pm

RHC I

Cost

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:30	17:00				11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/27/2021 12:41 pm	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.209478	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		32,578,865	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		180,348,665	6.00	
7.00	Medicaid cost (line 1 times line 6)		37,779,078	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)		5,200,213	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,200,213	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)	12,076,485	6,250,091	18,326,576	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,529,758	6,250,091	8,779,849	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,529,758	6,250,091	8,779,849	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)		16,654,753	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,354,430	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,083,738	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		14,571,015	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,781,615	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,561,464	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,761,677	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		19,634,341	19,634,341	510,940	20,145,281	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,310,313	9,310,313	142,067	9,452,380	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	120,708	37,098,249	37,218,957	-1,224,597	35,994,360	4.00
5.01	01160	COMMUNICATIONS	0	0	0	1,007,464	1,007,464	5.01
5.02	00550	DATA PROCESSING	3,510,225	6,604,320	10,114,545	61,320	10,175,865	5.02
5.03	00591	PURCHASING	946,294	1,657,972	2,604,266	-603,516	2,000,750	5.03
5.05	00590	BUSINESS OFFICE	6,092,777	2,525,908	8,618,685	93,718	8,712,403	5.05
5.06	00592	OTHER ADMIN & GENERAL	12,905,554	32,605,426	45,510,980	-1,483,912	44,027,068	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,739,381	7,057,214	8,796,595	-334,286	8,462,309	6.00
7.00	00700	OPERATION OF PLANT	612,777	91,744	704,521	28,748	733,269	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	518,836	70,696	589,532	6,556	596,088	8.00
9.00	00900	HOUSEKEEPING	2,077,345	914,937	2,992,282	-64,883	2,927,399	9.00
10.00	01000	DIETARY	1,355,474	1,949,081	3,304,555	-1,674,959	1,629,596	10.00
11.00	01100	CAFETERIA	0	0	0	1,690,325	1,690,325	11.00
13.00	01300	NURSING ADMINISTRATION	2,182,609	117,444	2,300,053	-1,793,252	506,801	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	533,071	617,838	1,150,909	15,650	1,166,559	14.00
15.00	01500	PHARMACY	3,204,608	5,540,598	8,745,206	-7,928,971	816,235	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,585,364	412,298	1,997,662	-210,956	1,786,706	16.00
17.00	01700	SOCIAL SERVICE	2,211,972	104,166	2,316,138	-1,023,914	1,292,224	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,474,745	0	1,474,745	0	1,474,745	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	304,458	515,990	820,448	18,232	838,680	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	251,945	6,701	258,646	369	259,015	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,797,973	1,203,992	16,001,965	134,434	16,136,399	30.00
31.00	03100	INTENSIVE CARE UNIT	3,207,636	532,846	3,740,482	55,420	3,795,902	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,335,549	51,264	1,386,813	37,736	1,424,549	40.00
41.00	04100	SUBPROVIDER - IRF	2,336,479	987,312	3,323,791	66,539	3,390,330	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	926,267	247,913	1,174,180	60,694	1,234,874	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,569,071	6,635,217	10,204,288	2,481,942	12,686,230	50.00
51.00	05100	RECOVERY ROOM	1,648,675	101,790	1,750,465	320,611	2,071,076	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,580,771	161,061	1,741,832	96,945	1,838,777	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,633,958	4,977,138	9,611,096	-2,134,518	7,476,578	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	204,519	443,045	647,564	2,753	650,317	54.01
54.02	05404	ULTRASOUND	794,960	110,958	905,918	10,745	916,663	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,754,394	11,573,162	13,327,556	-10,062,373	3,265,183	55.00
57.00	05700	CT SCAN	799,651	236,977	1,036,628	8,971	1,045,599	57.00
58.00	05800	MRI	317,283	121,249	438,532	6,271	444,803	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,576,974	5,364,920	6,941,894	58,558	7,000,452	59.00
60.00	06000	LABORATORY	2,585,692	8,516,211	11,101,903	122,397	11,224,300	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	221,888	75,442	297,330	1,755,051	2,052,381	64.00
65.00	06500	RESPIRATORY THERAPY	1,470,230	501,108	1,971,338	22,122	1,993,460	65.00
66.00	06600	PHYSICAL THERAPY	4,219,971	708,563	4,928,534	107,970	5,036,504	66.00
69.00	06900	ELECTROCARDIOLOGY	1,254,401	346,099	1,600,500	47,324	1,647,824	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	945,822	945,822	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,834,567	11,834,567	0	11,834,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,332,180	26,332,180	73.00
75.01	03955	RENAL DIALYSIS (IP)	35	900,061	900,096	0	900,096	75.01
76.00	03956	CARDIAC REHAB	315,247	20,213	335,460	11,145	346,605	76.00
76.01	03950	OP PSY/CDU	1,041,907	26,705	1,068,612	24,911	1,093,523	76.01
76.02	03957	RIMMS	1,077,667	258,995	1,336,662	978	1,337,640	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	1,176,563	265,950	1,442,513	6,187	1,448,700	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	593,157	410,914	1,004,071	6,586	1,010,657	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	169,048	72,991	242,039	-13,230	228,809	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	4,237,237	854,392	5,091,629	213,945	5,305,574	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	609,454	41,875	651,329	12,296	663,625	92.01
93.00	04951	INFUSION	479,727	7,259,991	7,739,718	-6,973,056	766,662	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	1,145,592	98,570	1,244,162	-1,153,602	90,560	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,268,058	521,250	4,789,308	173,746	4,963,054	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0186		Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/27/2021 12:41 pm	
Cost Center Description				Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)
				1.00	2.00	3.00	4.00	5.00
99.10	09910	CORF		0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY		3,127,181	355,038	3,482,219	55,411	3,537,630
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION		0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION		0	0	0	0	0
111.00	11100	ISLET ACQUISITION		0	0	0	0	0
113.00	11300	INTEREST EXPENSE			4,732,956	4,732,956	-1,170,486	3,562,470
118.00		SUBTOTALS (SUM OF LINES 1 through 117)		109,105,358	197,385,971	306,491,329	-1,095,432	305,395,897
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	0	0
191.00	19100	RESEARCH		0	0	0	0	0
191.01	19101	SENIOR ADVAN			0	0	0	0
191.02	19102	CARE-A-VAN		7,633	1,499	9,132	0	9,132
192.00	19200	PHYSICIANS' PRIVATE OFFICES		50,317,202	11,089,283	61,406,485	1,095,432	62,501,917
192.01	19201	REFERENCE LAB		0	0	0	0	0
192.02	19202	MEALS ON WHEELS		0	0	0	0	0
193.00	19300	NONPAID WORKERS		0	0	0	0	0
200.00		TOTAL (SUM OF LINES 118 through 199)		159,430,193	208,476,753	367,906,946	0	367,906,946

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	20,145,281	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	9,452,380	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-100,981	35,893,379	4.00
5.01	01160	COMMUNICATIONS	0	1,007,464	5.01
5.02	00550	DATA PROCESSING	0	10,175,865	5.02
5.03	00591	PURCHASING	0	2,000,750	5.03
5.05	00590	BUSINESS OFFICE	0	8,712,403	5.05
5.06	00592	OTHER ADMIN & GENERAL	-16,420,297	27,606,771	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	8,462,309	6.00
7.00	00700	OPERATION OF PLANT	0	733,269	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	596,088	8.00
9.00	00900	HOUSEKEEPING	0	2,927,399	9.00
10.00	01000	DIETARY	-1,450	1,628,146	10.00
11.00	01100	CAFETERIA	-1,347,032	343,293	11.00
13.00	01300	NURSING ADMINISTRATION	-894	505,907	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,166,559	14.00
15.00	01500	PHARMACY	0	816,235	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,520	1,760,186	16.00
17.00	01700	SOCIAL SERVICE	0	1,292,224	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,474,745	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-200	838,480	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	259,015	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-93,867	16,042,532	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,795,902	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,424,549	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,390,330	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,234,874	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,356,455	10,329,775	50.00
51.00	05100	RECOVERY ROOM	0	2,071,076	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,838,777	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-59,389	7,417,189	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	650,317	54.01
54.02	05404	ULTRASOUND	0	916,663	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,265,183	55.00
57.00	05700	CT SCAN	0	1,045,599	57.00
58.00	05800	MRI	0	444,803	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,000,452	59.00
60.00	06000	LABORATORY	-77,400	11,146,900	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	2,052,381	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,993,460	65.00
66.00	06600	PHYSICAL THERAPY	0	5,036,504	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,647,824	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4	945,826	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,834,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-171	26,332,009	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	900,096	75.01
76.00	03956	CARDIAC REHAB	0	346,605	76.00
76.01	03950	OP PSY/CDU	-147,805	945,718	76.01
76.02	03957	RIMMS	-511,577	826,063	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	76.04
76.05	03953	DIABETES	-76,649	1,372,051	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,010,657	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-102,772	126,037	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-40,195	5,265,379	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	663,625	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	766,662	92.01
93.00	04951	INFUSION	0	766,662	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	-54,174	36,386	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-419,843	4,543,211	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	3,537,630	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-3,562,470	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-25,400,137	279,995,760	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	9,132	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	62,501,917	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-25,400,137	342,506,809	200.00

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 12:41 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROFESSIONAL FEES					
1.00	OPERATING ROOM	50.00	0	2,356,455	1.00	
2.00	LABORATORY	60.00	0	77,400	2.00	
3.00	EMERGENCY	91.00	0	38,150	3.00	
4.00	INFUSION	93.00	0	56,250	4.00	
	0		0	2,528,255		
	B - BONUSES AND VACATION ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,664	0	1.00	
2.00	DATA PROCESSING	5.02	61,320	0	2.00	
3.00	PURCHASING	5.03	18,328	0	3.00	
4.00	BUSINESS OFFICE	5.05	93,718	0	4.00	
5.00	OTHER ADMIN & GENERAL	5.06	1,189,932	0	5.00	
6.00	MAINTENANCE & REPAIRS	6.00	33,792	0	6.00	
7.00	OPERATION OF PLANT	7.00	28,748	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	6,556	0	8.00	
9.00	HOUSEKEEPING	9.00	25,204	0	9.00	
10.00	DIETARY	10.00	15,366	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	30,595	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	4,622	0	12.00	
13.00	PHARMACY	15.00	53,154	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	30,272	0	14.00	
15.00	SOCIAL SERVICE	17.00	29,895	0	15.00	
16.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	18,232	0	16.00	
17.00	PARAMED EDUCATION PROGRAM	23.00	369	0	17.00	
18.00	ADULTS & PEDIATRICS	30.00	132,356	0	18.00	
19.00	INTENSIVE CARE UNIT	31.00	40,774	0	19.00	
20.00	SUBPROVIDER - IPF	40.00	11,081	0	20.00	
21.00	SUBPROVIDER - IRF	41.00	26,963	0	21.00	
22.00	NURSERY	43.00	13,278	0	22.00	
23.00	OPERATING ROOM	50.00	51,652	0	23.00	
24.00	RECOVERY ROOM	51.00	22,939	0	24.00	
25.00	DELIVERY ROOM & LABOR ROOM	52.00	16,025	0	25.00	
26.00	RADIOLOGY-DIAGNOSTIC	54.00	65,609	0	26.00	
27.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	2,753	0	27.00	
28.00	ULTRASOUND	54.02	10,745	0	28.00	
29.00	RADIOLOGY-THERAPEUTIC	55.00	34,102	0	29.00	
30.00	CT SCAN	57.00	8,971	0	30.00	
31.00	MRI	58.00	6,271	0	31.00	
32.00	CARDIAC CATHETERIZATION	59.00	16,150	0	32.00	
33.00	LABORATORY	60.00	44,997	0	33.00	
34.00	INTRAVENOUS THERAPY	64.00	2,914	0	34.00	
35.00	RESPIRATORY THERAPY	65.00	16,699	0	35.00	
36.00	PHYSICAL THERAPY	66.00	36,490	0	36.00	
37.00	ELECTROCARDIOLOGY	69.00	13,591	0	37.00	
38.00	CARDIAC REHAB	76.00	2,667	0	38.00	
39.00	OP PSY/CDU	76.01	12,979	0	39.00	
40.00	RIMMS	76.02	8,108	0	40.00	
41.00	DIABETES	76.05	6,187	0	41.00	
42.00	HYPERBARIC OXYGEN THERAPY	76.98	6,815	0	42.00	
43.00	RURAL HEALTH CLINIC	88.00	972	0	43.00	
44.00	EMERGENCY	91.00	45,149	0	44.00	
45.00	OBSERVATION BEDS (DISTINCT PART)	92.01	9,513	0	45.00	
46.00	INFUSION	93.00	16,933	0	46.00	
47.00	COMMUNITY HEALTH CENTERS	93.01	64,279	0	47.00	
48.00	AMBULANCE SERVICES	95.00	35,342	0	48.00	
49.00	HOME HEALTH AGENCY	101.00	62,889	0	49.00	
50.00	PHYSICIANS' PRIVATE OFFICES	192.00	364,449	0	50.00	
	0		2,858,409	0		
	C - CAFETERIA					
1.00	CAFETERIA	11.00	693,343	996,982	1.00	
	0		693,343	996,982		
	D - NURSING ADMINISTRATION					
1.00	CENTRAL SERVICES & SUPPLY	14.00	11,028	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	41,078	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	6,821	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	8,040	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	11,259	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	32,409	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	14,406	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	39,827	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	1,328	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	13,318	0	10.00	

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 12:41 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00	SUBPROVIDER - IPF	40.00	26,655	0	11.00
12.00	SUBPROVIDER - IRF	41.00	39,576	0	12.00
13.00	NURSERY	43.00	47,416	0	13.00
14.00	OPERATING ROOM	50.00	54,499	0	14.00
15.00	OPERATING ROOM	50.00	19,336	0	15.00
16.00	RECOVERY ROOM	51.00	10,763	0	16.00
17.00	RECOVERY ROOM	51.00	15,319	0	17.00
18.00	RECOVERY ROOM	51.00	8,025	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	80,920	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	42,408	0	20.00
21.00	RESPIRATORY THERAPY	65.00	5,423	0	21.00
22.00	PHYSICAL THERAPY	66.00	31,132	0	22.00
23.00	PHYSICAL THERAPY	66.00	40,348	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	33,733	0	24.00
25.00	CARDIAC REHAB	76.00	8,478	0	25.00
26.00	OP PSY/CDU	76.01	11,932	0	26.00
27.00	EMERGENCY	91.00	122,792	0	27.00
28.00	EMERGENCY	91.00	3,363	0	28.00
29.00	EMERGENCY	91.00	4,491	0	29.00
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	2,783	0	30.00
31.00	AMBULANCE SERVICES	95.00	116,546	0	31.00
32.00	AMBULANCE SERVICES	95.00	29,088	0	32.00
33.00	ADULTS & PEDIATRICS	30.00	8	0	33.00
0			934,548	0	
E - COST OF GOODS SOLD					
1.00	INTRAVENOUS THERAPY	64.00	0	975,529	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	945,822	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,756,813	3.00
0			0	5,678,164	
F - UTILIZATION REVIEW					
1.00	OTHER ADMIN & GENERAL	5.06	1,053,809	0	1.00
0			1,053,809	0	
G - RECOVERY ROOM					
1.00	RECOVERY ROOM	51.00	263,565	0	1.00
0			263,565	0	
H - IV THERAPY					
1.00	INTRAVENOUS THERAPY	64.00	776,608	0	1.00
0			776,608	0	
I - INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,629,275	1.00
0			0	1,629,275	
J - INTEREST					
1.00	OTHER ADMIN & GENERAL	5.06	0	1,170,486	1.00
0			0	1,170,486	
K - RADIOLOGY					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	349,072	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
0			349,072	0	
L - ESTABLISH OTHER CRC					
1.00	OTHER CAP REL COSTS	3.00	0	653,007	1.00
0			0	653,007	
N - RX SALARIES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,257,762	0	1.00
0	TOTALS		3,257,762	0	
O - FLOAT NURSING					
1.00	ADULTS & PEDIATRICS	30.00	889,299	0	1.00
0			889,299	0	
P - CHC DIRECTORS					
1.00	RURAL HEALTH CLINIC	88.00	3,751	639	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,116,423	97,068	2.00
0			1,120,174	97,707	
Q - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	19,317,605	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			0	19,317,605	

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 12:41 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
R - A&G CONTRACT LABOR					
1.00	OTHER ADMIN & GENERAL	5.06	0	244,381	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	244,381	
S - UTILITIES					
1.00	MAINTENANCE & REPAIRS	6.00	0	639,386	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
	0		0	639,386	
T - POSTAGE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26	1.00
2.00	PURCHASING	5.03	0	331,957	2.00
	0		0	331,983	
V - COMMUNICATIONS					
1.00	COMMUNICATIONS	5.01	0	1,007,464	1.00
	0		0	1,007,464	
500.00	Grand Total: Increases		12,196,589	34,294,695	500.00

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 12:41 pm

	Decreases						1/7/2021 12:41 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROFESSIONAL FEES						
1.00	OTHER ADMIN & GENERAL	5.06	0	2,528,255	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
	0		0	2,528,255			
	B - BONUSES AND VACATION ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,858,409	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
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
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
	0		0	2,858,409			
	C - CAFETERIA						
1.00	DIETARY	10.00	693,343	996,982	0		1.00
	0		693,343	996,982			
	D - NURSING ADMINISTRATION						
1.00	NURSING ADMINISTRATION	13.00	934,548	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

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 12:41 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
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	
	0		934,548	0			
E - COST OF GOODS SOLD							
1.00	PURCHASING	5.03	0	953,801	0	1.00	
2.00	PHARMACY	15.00	0	4,724,363	0	2.00	
3.00		0.00	0	0	0	3.00	
	0		0	5,678,164			
F - UTILIZATION REVIEW							
1.00	SOCIAL SERVICE	17.00	1,053,809	0	0	1.00	
	0		1,053,809	0			
G - RECOVERY ROOM							
1.00	ADULTS & PEDIATRICS	30.00	263,565	0	0	1.00	
	0		263,565	0			
H - IV THERAPY							
1.00	ADULTS & PEDIATRICS	30.00	776,608	0	0	1.00	
	0		776,608	0			
I - INSURANCE							
1.00	OTHER ADMIN & GENERAL	5.06	0	1,629,275	0	1.00	
	0		0	1,629,275			
J - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	1,170,486	0	1.00	
	0		0	1,170,486			
K - RADIOLOGY							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	81,119	0	0	1.00	
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	41,764	0	0	2.00	
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	127,889	0	0	3.00	
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	86,090	0	0	4.00	
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	12,210	0	0	5.00	
	0		349,072	0			
L - ESTABLISH OTHER CRC							
1.00	OTHER ADMIN & GENERAL	5.06	0	653,007	0	1.00	
	0		0	653,007			
N - RX SALARIES							
1.00	PHARMACY	15.00	3,257,762	0	0	1.00	
	TOTALS		3,257,762	0			
O - FLOAT NURSING							
1.00	NURSING ADMINISTRATION	13.00	889,299	0	0	1.00	
	0		889,299	0			
P - CHC DIRECTORS							
1.00	COMMUNITY HEALTH CENTERS	93.01	1,120,174	97,707	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		1,120,174	97,707			
Q - BILLABLE DRUGS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,235,021	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,036,345	0	2.00	
3.00	INFUSION	93.00	0	7,046,239	0	3.00	
	0		0	19,317,605			
R - A&G CONTRACT LABOR							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	241,228	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,153	0	2.00	
	TOTALS		0	244,381			

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 12:41 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	S - UTILITIES						
1.00	HOUSEKEEPING	9.00	0	90,087	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	896	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	314,178	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	60,130	0		4.00
5.00	RIMMS	76.02	0	7,130	0		5.00
6.00	HYPERBARIC OXYGEN THERAPY	76.98	0	229	0		6.00
7.00	RURAL HEALTH CLINIC	88.00	0	18,592	0		7.00
8.00	AMBULANCE SERVICES	95.00	0	7,230	0		8.00
9.00	HOME HEALTH AGENCY	101.00	0	7,478	0		9.00
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	133,436	0		10.00
	0		0	639,386			
	T - POSTAGE						
1.00	OTHER ADMIN & GENERAL	5.06	0	331,983	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	331,983			
	V - COMMUNICATIONS						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,007,464	0		1.00
	0		0	1,007,464			
500.00	Grand Total: Decreases		9,338,180	37,153,104			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,103,372	0	0	0	0	1.00	
2.00	Land Improvements	4,057,023	124,554	0	124,554	0	2.00	
3.00	Buildings and Fixtures	261,602,764	20,616,887	0	20,616,887	0	3.00	
4.00	Building Improvements	80,674,805	2,570,108	0	2,570,108	0	4.00	
5.00	Fixed Equipment	1,979,039	0	0	0	0	5.00	
6.00	Movable Equipment	103,218,909	2,364,451	0	2,364,451	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	459,635,912	25,676,000	0	25,676,000	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	459,635,912	25,676,000	0	25,676,000	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,103,372	0				1.00	
2.00	Land Improvements	4,181,577	0				2.00	
3.00	Buildings and Fixtures	282,219,651	0				3.00	
4.00	Building Improvements	83,244,913	0				4.00	
5.00	Fixed Equipment	1,979,039	0				5.00	
6.00	Movable Equipment	105,583,360	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	485,311,912	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	485,311,912	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	19,634,341	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,310,313	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	28,944,654	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	19,634,341				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,310,313				2.00
3.00	Total (sum of lines 1-2)	0	28,944,654				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	379,728,551	0	379,728,551	0.782442	510,940	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	105,583,360	0	105,583,360	0.217558	142,067	2.00
3.00	Total (sum of lines 1-2)	485,311,911	0	485,311,911	1.000000	653,007	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	510,940	19,634,341	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	142,067	9,310,313	0	2.00
3.00	Total (sum of lines 1-2)	0	0	653,007	28,944,654	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	510,940	0	0	20,145,281	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	142,067	0	0	9,452,380	2.00
3.00	Total (sum of lines 1-2)	0	653,007	0	0	29,597,661	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0186

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,966,518			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-2,899	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,212,151	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B		4MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16.00
17.00	Sale of drugs to other than patients	B	-171	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-26,520	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines	B	-1,450	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			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*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	FAMILY RESOURCE	B		0OTHER ADMIN & GENERAL	5.06	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0186

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 12:41 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 ACLS REVENUE	B	-2,183	AMBULANCE SERVICES	95.00	0	33.01
33.02 GOURMET COFFEE	B	-134,881	CAFETERIA	11.00	0	33.02
33.03 AMBULANCE REVENUE	B	-417,660	AMBULANCE SERVICES	95.00	0	33.03
33.04 MISCELLANEOUS INCOME	B	-398,047	OTHER ADMIN & GENERAL	5.06	0	33.04
33.05 IHA DUES	A	-43,371	OTHER ADMIN & GENERAL	5.06	0	33.05
33.06 VOCATIONAL TRAINING	A	-73,587	ADULTS & PEDIATRICS	30.00	0	33.06
33.07 VOCATIONAL TRAINING	A	-45,544	OP PSY/CDU	76.01	0	33.07
33.08 VOCATIONAL TRAINING	A	-215	NURSING ADMINISTRATION	13.00	0	33.08
33.09 NON-ALLOWABLE MARKETING	A	-373,981	OTHER ADMIN & GENERAL	5.06	0	33.09
33.10 NON-ALLOWABLE ADMIN	A	-104,089	OTHER ADMIN & GENERAL	5.06	0	33.10
33.11 CHARITY CARE	A	0	OTHER ADMIN & GENERAL	5.06	0	33.11
33.12 NON-ALLOWABLE INTEREST	A	-3,427,928	INTEREST EXPENSE	113.00	0	33.12
33.13 MEDICAID ASSESSMENT	A	-14,525,908	OTHER ADMIN & GENERAL	5.06	0	33.13
33.14 INTEREST INCOME	B	-134,542	INTEREST EXPENSE	113.00	0	33.14
33.15 REAL ESTATE TAX	A	-969,546	OTHER ADMIN & GENERAL	5.06	0	33.15
33.16 NON OPERATING INC UNRESTRICT DONOR	B	-4,000	OTHER ADMIN & GENERAL	5.06	0	33.16
33.17 NURSE PRACTITIONER PART B BENEFITS	A	-100,981	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18 NURSE PRACTITIONER PART B SALARIES	A	0	ELECTROCARDIOLOGY	69.00	0	33.18
33.19 NURSE PRACTITIONER PART B SALARIES	A	-179,097	RIMMS	76.02	0	33.19
33.20 NURSE PRACTITIONER PART B SALARIES	A	-102,772	RURAL HEALTH CLINIC	88.00	0	33.20
33.21 NURSE PRACTITIONER PART B SALARIES	A	-54,174	COMMUNITY HEALTH CENTERS	93.01	0	33.21
33.22 NURSE PRACTITIONER PART B SALARIES	A	-56,490	RADIOLOGY-DIAGNOSTIC	54.00	0	33.22
33.23 EMT REVENUE	B	0	AMBULANCE SERVICES	95.00	0	33.23
33.24 WOMEN'S CENTER	B	0	DELIVERY ROOM & LABOR ROOM	52.00	0	33.24
33.25 FINANCE RECLASS	B	0	OTHER ADMIN & GENERAL	5.06	0	33.25
33.26 NURSE PRACTITIONER PART B SALARIES	A	-20,280	ADULTS & PEDIATRICS	30.00	0	33.26
33.27 NURSE PRACTITIONER PART B SALARIES	A	-679	NURSING ADMINISTRATION	13.00	0	33.27
33.28 NURSE PRACTITIONER PART B SALARIES	A	-2,045	EMERGENCY	91.00	0	33.28
33.29 NURSE PRACTITIONER PART B SALARIES	A	-18,432	DIABETES	76.05	0	33.29
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,400,137				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0186

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

Worksheet A-8-2

Date/Time Prepared:
7/27/2021 12:41 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	50.00	OPERATING ROOM	2,356,455	2,356,455	0	246,400	0	1.00
2.00	60.00	LABORATORY	77,400	77,400	0	197,500	0	2.00
3.00	76.01	OP PSY/CDU	102,261	102,261	0	197,500	0	3.00
4.00	76.02	RIMMS	332,480	332,480	0	197,500	0	4.00
5.00	76.05	DIABETES	58,217	58,217	0	197,500	0	5.00
6.00	91.00	EMERGENCY	38,150	38,150	0	197,500	0	6.00
7.00	22.00	I&R SERVICES-OTHER PRGM	200	200	0	197,500	0	7.00
		COSTS APPRV						
8.00	5.06	OTHER ADMIN & GENERAL	1,355	1,355	0	197,500	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,966,518	2,966,518	0		0	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	50.00	OPERATING ROOM	0	0	0	0	0	1.00
2.00	60.00	LABORATORY	0	0	0	0	0	2.00
3.00	76.01	OP PSY/CDU	0	0	0	0	0	3.00
4.00	76.02	RIMMS	0	0	0	0	0	4.00
5.00	76.05	DIABETES	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	22.00	I&R SERVICES-OTHER PRGM	0	0	0	0	0	7.00
		COSTS APPRV						
8.00	5.06	OTHER ADMIN & GENERAL	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	50.00	OPERATING ROOM	0	0	0	2,356,455		1.00
2.00	60.00	LABORATORY	0	0	0	77,400		2.00
3.00	76.01	OP PSY/CDU	0	0	0	102,261		3.00
4.00	76.02	RIMMS	0	0	0	332,480		4.00
5.00	76.05	DIABETES	0	0	0	58,217		5.00
6.00	91.00	EMERGENCY	0	0	0	38,150		6.00
7.00	22.00	I&R SERVICES-OTHER PRGM	0	0	0	200		7.00
		COSTS APPRV						
8.00	5.06	OTHER ADMIN & GENERAL	0	0	0	1,355		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	2,966,518		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	20,145,281	20,145,281			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,452,380	9,452,380			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	35,893,379	92,447	8,150	35,993,976	4.00
5.01	01160	COMMUNICATIONS	1,007,464	5,511	0	1,012,975	5.01
5.02	00550	DATA PROCESSING	10,175,865	299,288	1,499,123	911,152	5.02
5.03	00591	PURCHASING	2,000,750	613,601	206,781	299,101	5.03
5.05	00590	BUSINESS OFFICE	8,712,403	354,172	30,804	1,936,973	5.05
5.06	00592	OTHER ADMIN & GENERAL	27,606,771	1,670,279	691,030	3,185,018	5.06
6.00	00600	MAINTENANCE & REPAIRS	8,462,309	483,067	587,768	628,211	6.00
7.00	00700	OPERATION OF PLANT	733,269	4,342,652	720,673	275,269	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	596,088	130,928	14,661	174,899	8.00
9.00	00900	HOUSEKEEPING	2,927,399	79,653	37,133	861,469	9.00
10.00	01000	DIETARY	1,628,146	335,145	40,500	204,679	10.00
11.00	01100	CAFETERIA	343,293	306,670	0	214,095	11.00
13.00	01300	NURSING ADMINISTRATION	505,907	0	104,944	31,966	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,166,559	209,039	41,259	177,295	14.00
15.00	01500	PHARMACY	816,235	77,619	287,635	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,760,186	186,173	3,248	451,311	16.00
17.00	01700	SOCIAL SERVICE	1,292,224	17,420	3,619	310,439	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,474,745	0	0	21,174	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	838,480	8,530	4,891	398,188	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	259,015	11,416	0	58,349	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,042,532	2,092,196	144,447	3,742,304	30.00
31.00	03100	INTENSIVE CARE UNIT	3,795,902	299,419	120,796	869,394	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,424,549	0	14,587	329,881	40.00
41.00	04100	SUBPROVIDER - IRF	3,390,330	262,414	19,963	641,478	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,234,874	56,754	22,167	247,917	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,329,775	528,208	1,319,647	993,588	50.00
51.00	05100	RECOVERY ROOM	2,071,076	135,948	27,490	468,303	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,838,777	172,657	43,406	419,984	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,417,189	326,878	611,295	1,185,161	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	650,317	16,075	18,204	33,046	54.01
54.02	05404	ULTRASOUND	916,663	14,828	143,384	186,697	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,265,183	0	417,020	425,961	55.00
57.00	05700	CT SCAN	1,045,599	18,863	415,530	176,590	57.00
58.00	05800	MRI	444,803	39,105	59,772	71,786	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,000,452	114,000	394,262	467,486	59.00
60.00	06000	LABORATORY	11,146,900	213,599	198,767	647,561	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	2,052,381	0	7,618	236,859	64.00
65.00	06500	RESPIRATORY THERAPY	1,993,460	41,073	111,343	408,636	65.00
66.00	06600	PHYSICAL THERAPY	5,036,504	601,135	43,084	1,029,977	66.00
69.00	06900	ELECTROCARDIOLOGY	1,647,824	91,266	207,652	351,210	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	945,826	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,834,567	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,332,009	0	0	721,770	73.00
75.01	03955	RENAL DIALYSIS (IP)	900,096	0	0	10	75.01
76.00	03956	CARDIAC REHAB	346,605	60,100	24,710	92,366	76.00
76.01	03950	OP PSY/CDU	945,718	384,813	2,064	262,392	76.01
76.02	03957	RIMMS	826,063	129,616	15,633	240,798	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	1,372,051	16,206	511	206,607	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,010,657	49,471	11,036	170,505	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	126,037	190,701	938	51,619	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	5,265,379	284,919	129,451	1,142,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	663,625	155,992	2,530	184,727	92.01
93.00	04951	INFUSION	766,662	0	11,413	122,553	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	36,386	970,038	5,396	7,367	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	4,543,211	198,935	348,312	1,200,102	3,526	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	3,537,630	93,431	8,414	758,206	16,751	101.00
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	279,995,760	16,782,250	9,183,061	28,234,642	924,814	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,123	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	9,132	0	0	1,090	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	62,501,917	2,115,423	269,319	7,758,244	42,317	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,205,485	0	0	45,844	193.00
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)	342,506,809	20,145,281	9,452,380	35,993,976	1,012,975	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	12,955,957					5.02
5.03	00591	PURCHASING	206,305	3,339,762				5.03
5.05	00590	BUSINESS OFFICE	1,994,282	3,410	13,072,598			5.05
5.06	00592	OTHER ADMIN & GENERAL	2,021,792	4,346	0	35,389,062	35,389,062	5.06
6.00	00600	MAINTENANCE & REPAIRS	288,827	21,035	0	10,505,600	1,210,560	6.00
7.00	00700	OPERATION OF PLANT	233,812	728	0	6,321,390	728,414	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,757	0	933,215	107,534	8.00
9.00	00900	HOUSEKEEPING	82,522	31,753	0	4,026,982	464,029	9.00
10.00	01000	DIETARY	137,537	15,442	0	2,373,792	273,532	10.00
11.00	01100	CAFETERIA	0	0	0	864,058	99,565	11.00
13.00	01300	NURSING ADMINISTRATION	151,290	253	0	808,466	93,160	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68,768	22,388	0	1,688,834	194,604	14.00
15.00	01500	PHARMACY	261,320	63,535	0	1,515,160	174,592	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	398,856	126	0	2,844,862	327,813	16.00
17.00	01700	SOCIAL SERVICE	288,827	217	0	1,920,681	221,320	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,495,919	172,375	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	661	0	1,251,632	144,226	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	45	0	328,825	37,891	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,334,106	61,753	716,814	24,278,737	2,797,639	30.00
31.00	03100	INTENSIVE CARE UNIT	233,812	32,165	99,979	5,468,218	630,103	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,790	41,635	1,812,442	208,848	40.00
41.00	04100	SUBPROVIDER - IRF	206,305	9,901	83,152	4,625,886	533,041	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	41,261	7,881	20,788	1,635,168	188,420	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	343,842	1,058,598	1,476,150	16,074,493	1,852,264	50.00
51.00	05100	RECOVERY ROOM	192,551	7,696	148,714	3,070,292	353,790	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,015	11,978	18,011	2,565,118	295,579	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	316,334	41,750	1,242,286	11,154,999	1,285,391	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	13,754	36,258	75,378	844,795	97,346	54.01
54.02	05404	ULTRASOUND	82,522	9,369	179,167	1,536,156	177,011	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	151,290	22,375	1,028,296	5,324,231	613,511	55.00
57.00	05700	CT SCAN	110,029	18,320	1,015,867	2,806,088	323,346	57.00
58.00	05800	MRI	123,783	9,889	250,485	1,004,913	115,796	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,507	835,177	927,477	9,770,769	1,125,886	59.00
60.00	06000	LABORATORY	852,728	726,185	1,824,793	15,639,626	1,802,154	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	41,261	6,603	10,938	2,357,423	271,646	64.00
65.00	06500	RESPIRATORY THERAPY	110,029	28,547	206,626	2,905,885	334,845	65.00
66.00	06600	PHYSICAL THERAPY	852,728	18,965	433,158	8,041,118	926,578	66.00
69.00	06900	ELECTROCARDIOLOGY	165,044	27,400	312,169	2,816,671	324,565	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	98,777	1,044,603	120,370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	326,806	12,161,373	1,401,355	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	615,530	27,669,309	3,188,334	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	2	16,606	916,714	105,633	75.01
76.00	03956	CARDIAC REHAB	96,276	628	12,491	636,702	73,367	76.00
76.01	03950	OP PSY/CDU	165,044	513	27,998	1,788,542	206,094	76.01
76.02	03957	RIMMS	0	8,309	16,605	1,247,603	143,761	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	68,768	3,466	27,397	1,698,532	195,722	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	37,419	68,707	1,347,795	155,306	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	796	3,019	376,636	43,400	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	343,842	56,845	842,462	8,111,837	934,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	2,971	3,626	1,013,471	116,782	92.01
93.00	04951	INFUSION	0	18,603	658,349	1,577,580	181,785	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	384	84,702	1,106,036	127,449	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	96,276	5,173	104,278	6,499,813	748,973	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	481,378	11,683	53,362	4,960,855	571,639	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.05	5A.05	5.06	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,639,623	3,299,088	13,072,598	268,158,907	26,822,071	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	42,123	4,854	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	10,222	1,178	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	40,674	0	72,727,894	8,380,317	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	316,334	0	0	1,567,663	180,642	193.00
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)	12,955,957	3,339,762	13,072,598	342,506,809	35,389,062	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	11,716,160				6.00
7.00	00700	OPERATION OF PLANT	1,938	7,051,742			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,040,749		8.00
9.00	00900	HOUSEKEEPING	0	64,385	0	4,555,396	9.00
10.00	01000	DIETARY	0	270,906	6,501	202,536	10.00
11.00	01100	CAFETERIA	0	247,888	0	185,328	11.00
13.00	01300	NURSING ADMINISTRATION	9,692	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,938	168,971	49,177	126,327	14.00
15.00	01500	PHARMACY	1,938	62,741	0	46,907	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	150,488	0	112,509	16.00
17.00	01700	SOCIAL SERVICE	0	14,081	0	10,527	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6,895	0	5,155	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	9,228	0	6,899	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	763,760	1,691,171	474,014	1,264,364	30.00
31.00	03100	INTENSIVE CARE UNIT	655,206	242,028	68,733	180,946	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	17,446	0	57,220	0	40.00
41.00	04100	SUBPROVIDER - IRF	60,093	212,116	70,786	158,583	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	112,432	45,876	0	34,298	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,440,545	426,963	47,574	319,208	50.00
51.00	05100	RECOVERY ROOM	533,081	109,890	41,077	82,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	155,078	139,563	0	104,341	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,110,748	198,220	62,137	148,195	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	73,662	12,994	0	9,714	54.01
54.02	05404	ULTRASOUND	259,756	11,986	0	8,961	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	217,110	0	0	0	55.00
57.00	05700	CT SCAN	36,831	15,248	0	11,400	57.00
58.00	05800	MRI	29,077	31,609	0	23,632	58.00
59.00	05900	CARDIAC CATHETERIZATION	647,452	92,149	16,373	68,893	59.00
60.00	06000	LABORATORY	492,373	178,491	0	133,445	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	870,377	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	494,312	33,200	2,791	24,821	65.00
66.00	06600	PHYSICAL THERAPY	284,956	485,912	19,407	363,280	66.00
69.00	06900	ELECTROCARDIOLOGY	478,804	73,772	5,837	55,154	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	67,847	0	0	0	75.01
76.00	03956	CARDIAC REHAB	155,078	48,581	0	36,320	76.00
76.01	03950	OP PSY/CDU	1,938	311,054	0	232,552	76.01
76.02	03957	RIMMS	25,200	104,772	1,871	78,330	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	1,938	13,100	0	9,794	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	21,323	39,989	1,068	29,897	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	19,385	154,148	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	521,451	230,307	81,466	172,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	143,447	126,092	0	94,270	92.01
93.00	04951	INFUSION	67,847	0	5,017	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	157,017	160,804	6,084	120,221	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	3,877	75,523	0	56,463	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,934,953	6,261,141	1,017,133	4,517,609	3,127,267	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,049	0	25,456	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	781,207	740,058	23,616	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	16,494	0	12,331	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,716,160	7,051,742	1,040,749	4,555,396	3,127,267	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,997,856					11.00
13.00	01300	NURSING ADMINISTRATION	38,161	949,479				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,022	15,836	2,287,709			14.00
15.00	01500	PHARMACY	104,337	0	0	1,905,675		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,435,672	16.00
17.00	01700	SOCIAL SERVICE	84,171	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	82,665	31,153	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	15,292	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	643,408	242,486	0	0	188,393	30.00
31.00	03100	INTENSIVE CARE UNIT	167,758	50,364	0	0	26,277	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	66,395	25,021	0	0	10,942	40.00
41.00	04100	SUBPROVIDER - IRF	121,398	45,750	0	0	21,854	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	31,172	11,747	0	0	5,464	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	138,569	52,221	0	0	387,962	50.00
51.00	05100	RECOVERY ROOM	84,264	31,756	0	0	39,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,648	26,247	0	0	4,734	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114,507	0	0	0	326,498	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	6,548	0	0	0	19,811	54.01
54.02	05404	ULTRASOUND	28,266	0	0	0	47,089	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	41,676	0	0	0	270,257	55.00
57.00	05700	CT SCAN	39,252	0	0	0	266,991	57.00
58.00	05800	MRI	12,382	0	0	0	65,833	58.00
59.00	05900	CARDIAC CATHETERIZATION	63,534	23,943	0	0	243,760	59.00
60.00	06000	LABORATORY	129,201	0	0	0	479,517	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	90,742	34,197	0	0	2,875	64.00
65.00	06500	RESPIRATORY THERAPY	58,297	21,970	0	0	54,305	65.00
66.00	06600	PHYSICAL THERAPY	72,913	65,018	0	0	113,843	66.00
69.00	06900	ELECTROCARDIOLOGY	57,755	21,766	0	0	82,044	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,287,709	0	25,961	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	85,891	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,905,675	161,774	73.00
75.01	03955	RENAL DIALYSIS (IP)	1	1	0	0	4,364	75.01
76.00	03956	CARDIAC REHAB	15,859	5,977	0	0	3,283	76.00
76.01	03950	OP PSY/CDU	20,280	17,396	0	0	7,359	76.01
76.02	03957	RIMMS	0	0	0	0	4,364	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	7,201	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,139	0	0	0	18,058	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	793	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	196,456	75,160	0	0	221,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	25,078	9,451	0	0	953	92.01
93.00	04951	INFUSION	17,192	0	0	0	173,028	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	22,261	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	95,345	0	0	27,407	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	14,025	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,685,338	902,805	2,287,709	1,905,675	3,435,672	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
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	312,518	46,674	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,997,856	949,479	2,287,709	1,905,675	3,435,672	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM	Subtotal	
			SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER			
				APPRV	PRGM COSTS APPRV			
			17.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	2,250,780					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,668,294				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		1,521,726			22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0			398,135		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,338,461	260,717	237,812	297,116	35,470,163	30.00
31.00	03100	INTENSIVE CARE UNIT	88,995	244,981	223,458	101,019	8,478,255	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	2,198,314	40.00
41.00	04100	SUBPROVIDER - IRF	773,176	0	0	0	6,813,832	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	2,064,577	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,731	55,716	50,821	0	21,887,067	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	4,345,391	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,360,308	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,215	33,945	0	14,471,855	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	26,157	23,859	0	1,114,886	54.01
54.02	05404	ULTRASOUND	0	0	0	0	2,069,225	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	25,944	23,665	0	6,516,394	55.00
57.00	05700	CT SCAN	0	0	0	0	3,499,156	57.00
58.00	05800	MRI	0	0	0	0	1,283,242	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	136,100	124,143	0	12,313,002	59.00
60.00	06000	LABORATORY	0	0	0	0	18,854,807	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	3,627,260	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	3,930,426	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	10,373,025	66.00
69.00	06900	ELECTROCARDIOLOGY	0	58,268	53,149	0	4,027,785	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,478,643	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,648,619	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	32,925,092	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	1,094,560	75.01
76.00	03956	CARDIAC REHAB	0	0	0	0	975,167	76.00
76.01	03950	OP PSY/CDU	0	0	0	0	2,585,215	76.01
76.02	03957	RIMMS	0	0	0	0	1,605,901	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	1,926,287	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,619,575	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	594,362	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	29,772	27,156	0	10,614,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	1,529,544	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	2,022,449	92.01
93.00	04951	INFUSION	0	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	1,255,746	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	7,815,664	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				17.00	21.00	22.00	23.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	5,682,382	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,241,363	874,870	798,008	398,135	256,072,954	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	106,482	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	11,400	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	793,424	723,718	0	84,529,426	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	9,417	0	0	0	1,786,547	193.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,250,780	1,668,294	1,521,726	398,135	342,506,809	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING		5.03
5.05	00590	BUSINESS OFFICE		5.05
5.06	00592	OTHER ADMIN & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02301	PARAMED EDUCATION PROGRAM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-498,529	30.00
31.00	03100	INTENSIVE CARE UNIT	-468,439	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-106,537	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-71,160	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	-50,016	54.01
54.02	05404	ULTRASOUND	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-49,609	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-260,243	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	-111,417	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	75.01
76.00	03956	CARDIAC REHAB	0	76.00
76.01	03950	OP PSY/CDU	0	76.01
76.02	03957	RIMMS	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	76.03
76.04	03952	PAIN CLINIC	0	76.04
76.05	03953	DIABETES	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100	EMERGENCY	-56,928	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04951	INFUSION	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	5,682,382	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,672,878	254,400,076	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	106,482	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	11,400	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,517,142	83,012,284	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,786,547	193.00
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)	-3,190,020	339,316,789	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	92,447	8,150	100,597	4.00
5.01	01160	COMMUNICATIONS	0	5,511	0	5,511	5.01
5.02	00550	DATA PROCESSING	0	299,288	1,499,123	1,798,411	5.02
5.03	00591	PURCHASING	0	613,601	206,781	820,382	5.03
5.05	00590	BUSINESS OFFICE	0	354,172	30,804	384,976	5.05
5.06	00592	OTHER ADMIN & GENERAL	0	1,670,279	691,030	2,361,309	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	483,067	587,768	1,070,835	6.00
7.00	00700	OPERATION OF PLANT	0	4,342,652	720,673	5,063,325	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	130,928	14,661	145,589	8.00
9.00	00900	HOUSEKEEPING	0	79,653	37,133	116,786	9.00
10.00	01000	DIETARY	0	335,145	40,500	375,645	10.00
11.00	01100	CAFETERIA	0	306,670	0	306,670	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	104,944	104,944	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	209,039	41,259	250,298	14.00
15.00	01500	PHARMACY	0	77,619	287,635	365,254	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	186,173	3,248	189,421	16.00
17.00	01700	SOCIAL SERVICE	0	17,420	3,619	21,039	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	8,530	4,891	13,421	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	11,416	0	11,416	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,092,196	144,447	2,236,643	30.00
31.00	03100	INTENSIVE CARE UNIT	0	299,419	120,796	420,215	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	14,587	14,587	40.00
41.00	04100	SUBPROVIDER - IRF	0	262,414	19,963	282,377	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	56,754	22,167	78,921	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	528,208	1,319,647	1,847,855	50.00
51.00	05100	RECOVERY ROOM	0	135,948	27,490	163,438	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	172,657	43,406	216,063	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	326,878	611,295	938,173	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	16,075	18,204	34,279	54.01
54.02	05404	ULTRASOUND	0	14,828	143,384	158,212	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	417,020	417,020	55.00
57.00	05700	CT SCAN	0	18,863	415,530	434,393	57.00
58.00	05800	MRI	0	39,105	59,772	98,877	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	114,000	394,262	508,262	59.00
60.00	06000	LABORATORY	0	213,599	198,767	412,366	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	7,618	7,618	64.00
65.00	06500	RESPIRATORY THERAPY	0	41,073	111,343	152,416	65.00
66.00	06600	PHYSICAL THERAPY	0	601,135	43,084	644,219	66.00
69.00	06900	ELECTROCARDIOLOGY	0	91,266	207,652	298,918	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	60,100	24,710	84,810	76.00
76.01	03950	OP PSY/CDU	0	384,813	2,064	386,877	76.01
76.02	03957	RIMMS	0	129,616	15,633	145,249	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	0	16,206	511	16,717	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	49,471	11,036	60,507	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	190,701	938	191,639	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	284,919	129,451	414,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	155,992	2,530	158,522	92.01
93.00	04951	INFUSION	0	0	11,413	11,413	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	970,038	5,396	975,434	93.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	198,935	348,312	547,247	3,354
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	93,431	8,414	101,845	2,119
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	16,782,250	9,183,061	25,965,311	78,902
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,123	0	42,123	0
191.00	19100	RESEARCH	0	0	0	0	0
191.01	19101	SENIOR ADVAN	0	0	0	0	0
191.02	19102	CARE-A-VAN	0	0	0	0	3
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,115,423	269,319	2,384,742	21,692
192.01	19201	REFERENCE LAB	0	0	0	0	0
192.02	19202	MEALS ON WHEELS	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	1,205,485	0	1,205,485	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	20,145,281	9,452,380	29,597,661	100,597

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
			5.01	5.02	5.03	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	5,511					5.01
5.02	00550	DATA PROCESSING	384	1,801,341				5.02
5.03	00591	PURCHASING	72	28,684	849,974			5.03
5.05	00590	BUSINESS OFFICE	221	277,276	868	668,754		5.05
5.06	00592	OTHER ADMIN & GENERAL	1,139	281,099	1,106	0	2,653,554	5.06
6.00	00600	MAINTENANCE & REPAIRS	187	40,157	5,353	0	90,768	6.00
7.00	00700	OPERATION OF PLANT	82	32,508	185	0	54,617	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5	0	4,010	0	8,063	8.00
9.00	00900	HOUSEKEEPING	38	11,474	8,081	0	34,793	9.00
10.00	01000	DIETARY	67	19,123	3,930	0	20,510	10.00
11.00	01100	CAFETERIA	0	0	0	0	7,465	11.00
13.00	01300	NURSING ADMINISTRATION	77	21,035	64	0	6,985	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19	9,561	5,698	0	14,592	14.00
15.00	01500	PHARMACY	48	36,333	16,170	0	13,091	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	245	55,455	32	0	24,580	16.00
17.00	01700	SOCIAL SERVICE	43	40,157	55	0	16,595	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	12,925	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5	0	168	0	10,814	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	11	0	2,841	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	787	185,488	15,716	36,693	209,768	30.00
31.00	03100	INTENSIVE CARE UNIT	91	32,508	8,186	5,118	47,245	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	456	2,131	15,659	40.00
41.00	04100	SUBPROVIDER - IRF	67	28,684	2,520	4,256	39,968	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	19	5,737	2,006	1,064	14,128	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	134	47,806	269,412	75,563	138,884	50.00
51.00	05100	RECOVERY ROOM	101	26,772	1,959	7,613	26,527	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29	7,649	3,049	922	22,163	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77	43,982	10,625	63,592	96,379	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	10	1,912	9,228	3,859	7,299	54.01
54.02	05404	ULTRASOUND	19	11,474	2,384	9,171	13,272	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	77	21,035	5,694	52,638	46,001	55.00
57.00	05700	CT SCAN	29	15,298	4,663	52,001	24,245	57.00
58.00	05800	MRI	29	17,210	2,517	12,822	8,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	24	3,825	212,555	47,477	84,419	59.00
60.00	06000	LABORATORY	158	118,560	184,816	92,988	135,126	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	10	5,737	1,681	560	20,368	64.00
65.00	06500	RESPIRATORY THERAPY	34	15,298	7,265	10,577	25,107	65.00
66.00	06600	PHYSICAL THERAPY	139	118,560	4,827	22,173	69,475	66.00
69.00	06900	ELECTROCARDIOLOGY	77	22,947	6,973	15,980	24,336	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,056	9,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,729	105,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31,508	239,063	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	850	7,920	75.01
76.00	03956	CARDIAC REHAB	19	13,386	160	639	5,501	76.00
76.01	03950	OP PSY/CDU	0	22,947	131	1,433	15,453	76.01
76.02	03957	RIMMS	58	0	2,115	850	10,779	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	19	9,561	882	1,402	14,675	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	9,523	3,517	11,645	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	19	0	203	155	3,254	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	254	47,806	14,467	43,125	70,086	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	756	186	8,756	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	4,734	33,700	13,630	92.01
93.00	04951	INFUSION	0	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	10	0	98	4,336	9,556	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	19	13,386	1,317	5,338	56,158	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	91	66,929	2,973	2,732	42,862	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
			5.01	5.02	5.03	5.05	5.06	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,032	1,757,359	839,622	668,754	2,011,127	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	364	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	88	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	230	0	10,352	0	628,430	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	249	43,982	0	0	13,545	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,511	1,801,341	849,974	668,754	2,653,554	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,209,056				6.00
7.00	00700	OPERATION OF PLANT	200	5,151,686			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	158,156		8.00
9.00	00900	HOUSEKEEPING	0	47,037	0	220,616	9.00
10.00	01000	DIETARY	0	197,912	988	9,809	10.00
11.00	01100	CAFETERIA	0	181,096	0	8,975	11.00
13.00	01300	NURSING ADMINISTRATION	1,000	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	200	123,443	7,473	6,118	14.00
15.00	01500	PHARMACY	200	45,836	0	2,272	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	109,940	0	5,449	16.00
17.00	01700	SOCIAL SERVICE	0	10,287	0	510	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,037	0	250	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	6,742	0	334	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	78,817	1,235,492	72,034	61,235	30.00
31.00	03100	INTENSIVE CARE UNIT	67,614	176,815	10,445	8,763	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,800	0	8,695	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,201	154,962	10,757	7,680	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	11,602	33,515	0	1,661	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	251,857	311,920	7,229	15,459	50.00
51.00	05100	RECOVERY ROOM	55,012	80,280	6,242	3,979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,003	101,959	0	5,053	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114,624	144,811	9,443	7,177	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	7,602	9,493	0	470	54.01
54.02	05404	ULTRASOUND	26,806	8,756	0	434	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	22,405	0	0	0	55.00
57.00	05700	CT SCAN	3,801	11,139	0	552	57.00
58.00	05800	MRI	3,001	23,092	0	1,144	58.00
59.00	05900	CARDIAC CATHETERIZATION	66,814	67,320	2,488	3,336	59.00
60.00	06000	LABORATORY	50,811	130,398	0	6,463	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	89,819	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	51,011	24,255	424	1,202	65.00
66.00	06600	PHYSICAL THERAPY	29,406	354,985	2,949	17,594	66.00
69.00	06900	ELECTROCARDIOLOGY	49,410	53,895	887	2,671	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	7,001	0	0	0	75.01
76.00	03956	CARDIAC REHAB	16,003	35,491	0	1,759	76.00
76.01	03950	OP PSY/CDU	200	227,242	0	11,262	76.01
76.02	03957	RIMMS	2,601	76,542	284	3,793	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	200	9,570	0	474	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,200	29,214	162	1,448	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	2,000	112,614	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	53,811	168,252	12,380	8,339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	14,803	92,117	0	4,565	92.01
93.00	04951	INFUSION	7,001	0	762	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	16,203	117,476	925	5,822	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	400	55,173	0	2,734	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,128,439	4,574,108	154,567	218,786	628,556	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,875	0	1,233	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,617	540,653	3,589	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	12,050	0	597	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,209,056	5,151,686	158,156	220,616	628,556	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	826,596					11.00
13.00	01300	NURSING ADMINISTRATION	10,522	144,716				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,587	2,414	431,898			14.00
15.00	01500	PHARMACY	28,769	0	0	507,973		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	386,383	16.00
17.00	01700	SOCIAL SERVICE	23,208	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22,793	4,748	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	4,217	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	177,407	36,962	0	0	21,177	30.00
31.00	03100	INTENSIVE CARE UNIT	46,256	7,676	0	0	2,954	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	18,307	3,814	0	0	1,230	40.00
41.00	04100	SUBPROVIDER - IRF	33,473	6,973	0	0	2,457	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8,595	1,790	0	0	614	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,207	7,959	0	0	43,610	50.00
51.00	05100	RECOVERY ROOM	23,234	4,840	0	0	4,393	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,204	4,001	0	0	532	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,573	0	0	0	36,701	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,805	0	0	0	2,227	54.01
54.02	05404	ULTRASOUND	7,794	0	0	0	5,293	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	11,491	0	0	0	30,379	55.00
57.00	05700	CT SCAN	10,823	0	0	0	30,012	57.00
58.00	05800	MRI	3,414	0	0	0	7,400	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,518	3,649	0	0	27,400	59.00
60.00	06000	LABORATORY	35,624	0	0	0	54,089	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	25,020	5,212	0	0	323	64.00
65.00	06500	RESPIRATORY THERAPY	16,074	3,348	0	0	6,104	65.00
66.00	06600	PHYSICAL THERAPY	20,104	9,910	0	0	12,797	66.00
69.00	06900	ELECTROCARDIOLOGY	15,925	3,317	0	0	9,222	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	431,898	0	2,918	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,655	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	507,973	18,185	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	491	75.01
76.00	03956	CARDIAC REHAB	4,373	911	0	0	369	76.00
76.01	03950	OP PSY/CDU	5,592	2,651	0	0	827	76.01
76.02	03957	RIMMS	0	0	0	0	491	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	809	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,693	0	0	0	2,030	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	89	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	54,169	11,455	0	0	24,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	6,915	1,440	0	0	107	92.01
93.00	04951	INFUSION	4,740	0	0	0	19,450	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	2,502	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	14,532	0	0	3,081	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,576	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	740,426	137,602	431,898	507,973	386,383	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
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	86,170	7,114	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	826,596	144,716	431,898	507,973	386,383	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM	Subtotal	
			SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
			17.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	112,762					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	12,984				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		58,349			22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0			25,724		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,055				4,645,133	30.00
31.00	03100	INTENSIVE CARE UNIT	4,459				907,136	31.00
32.00	03200	CORONARY CARE UNIT	0				0	32.00
40.00	04000	SUBPROVIDER - IPF	0				67,601	40.00
41.00	04100	SUBPROVIDER - IRF	38,735				659,323	41.00
42.00	04200	SUBPROVIDER	0				0	42.00
43.00	04300	NURSERY	0				160,345	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,041				3,060,713	50.00
51.00	05100	RECOVERY ROOM	0				405,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				397,801	52.00
53.00	05300	ANESTHESIOLOGY	0				0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				1,500,469	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0				78,276	54.01
54.02	05404	ULTRASOUND	0				244,137	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0				607,930	55.00
57.00	05700	CT SCAN	0				587,449	57.00
58.00	05800	MRI	0				178,389	58.00
59.00	05900	CARDIAC CATHETERIZATION	0				1,046,393	59.00
60.00	06000	LABORATORY	0				1,223,209	60.00
60.01	06001	BLOOD LABORATORY	0				0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0				0	62.00
64.00	06400	INTRAVENOUS THERAPY	0				157,010	64.00
65.00	06500	RESPIRATORY THERAPY	0				314,257	65.00
66.00	06600	PHYSICAL THERAPY	0				1,310,016	66.00
69.00	06900	ELECTROCARDIOLOGY	0				505,539	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				448,897	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				131,458	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				798,746	73.00
75.01	03955	RENAL DIALYSIS (IP)	0				16,262	75.01
76.00	03956	CARDIAC REHAB	0				163,679	76.00
76.01	03950	OP PSY/CDU	0				675,348	76.01
76.02	03957	RIMMS	0				243,435	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0				0	76.03
76.04	03952	PAIN CLINIC	0				0	76.04
76.05	03953	DIABETES	0				54,886	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0				122,415	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0				310,117	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0				0	89.00
91.00	09100	EMERGENCY	0				929,177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0				288,683	92.01
93.00	04951	INFUSION	0				95,772	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0				991,957	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0				784,858	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				17.00	21.00			
99.10	09910	CORF	0				0	99.10
101.00	10100	HOME HEALTH AGENCY	0				279,434	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0				0	109.00
110.00	11000	INTESTINAL ACQUISITION	0				0	110.00
111.00	11100	ISLET ACQUISITION	0				0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	112,290	0	0	0	24,391,949	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				68,595	190.00
191.00	19100	RESEARCH	0				0	191.00
191.01	19101	SENIOR ADVAN	0				0	191.01
191.02	19102	CARE-A-VAN	0				91	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				3,763,589	192.00
192.01	19201	REFERENCE LAB	0				0	192.01
192.02	19202	MEALS ON WHEELS	0				0	192.02
193.00	19300	NONPAID WORKERS	472				1,276,380	193.00
200.00		Cross Foot Adjustments		12,984	58,349	25,724	97,057	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	112,762	12,984	58,349	25,724	29,597,661	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING		5.03
5.05	00590	BUSINESS OFFICE		5.05
5.06	00592	OTHER ADMIN & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02301	PARAMED EDUCATION PROGRAM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 4,645,133	30.00
31.00	03100	INTENSIVE CARE UNIT	0 907,136	31.00
32.00	03200	CORONARY CARE UNIT	0 0	32.00
40.00	04000	SUBPROVIDER - IPF	0 67,601	40.00
41.00	04100	SUBPROVIDER - IRF	0 659,323	41.00
42.00	04200	SUBPROVIDER	0 0	42.00
43.00	04300	NURSERY	0 160,345	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 3,060,713	50.00
51.00	05100	RECOVERY ROOM	0 405,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 397,801	52.00
53.00	05300	ANESTHESIOLOGY	0 0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 1,500,469	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0 78,276	54.01
54.02	05404	ULTRASOUND	0 244,137	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0 607,930	55.00
57.00	05700	CT SCAN	0 587,449	57.00
58.00	05800	MRI	0 178,389	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 1,046,393	59.00
60.00	06000	LABORATORY	0 1,223,209	60.00
60.01	06001	BLOOD LABORATORY	0 0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0 0	62.00
64.00	06400	INTRAVENOUS THERAPY	0 157,010	64.00
65.00	06500	RESPIRATORY THERAPY	0 314,257	65.00
66.00	06600	PHYSICAL THERAPY	0 1,310,016	66.00
69.00	06900	ELECTROCARDIOLOGY	0 505,539	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 448,897	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 131,458	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 798,746	73.00
75.01	03955	RENAL DIALYSIS (IP)	0 16,262	75.01
76.00	03956	CARDIAC REHAB	0 163,679	76.00
76.01	03950	OP PSY/CDU	0 675,348	76.01
76.02	03957	RIMMS	0 243,435	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0 0	76.03
76.04	03952	PAIN CLINIC	0 0	76.04
76.05	03953	DIABETES	0 54,886	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0 122,415	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0 310,117	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0 0	89.00
91.00	09100	EMERGENCY	0 929,177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0 0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0 288,683	92.01
93.00	04951	INFUSION	0 95,772	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0 991,957	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0 784,858	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	279,434	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,391,949	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	68,595	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	91	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,763,589	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,276,380	193.00
200.00		Cross Foot Adjustments	0	97,057	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	29,597,661	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	614,075					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,430,250				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,818	8,131	25,166,059			4.00
5.01	01160	COMMUNICATIONS	168	0	0	1,149		5.01
5.02	00550	DATA PROCESSING	9,123	1,495,616	637,054	80	942	5.02
5.03	00591	PURCHASING	18,704	206,297	209,124	15	15	5.03
5.05	00590	BUSINESS OFFICE	10,796	30,732	1,354,281	46	145	5.05
5.06	00592	OTHER ADMIN & GENERAL	50,914	689,412	2,226,882	238	147	5.06
6.00	00600	MAINTENANCE & REPAIRS	14,725	586,392	439,229	39	21	6.00
7.00	00700	OPERATION OF PLANT	132,374	718,986	192,461	17	17	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,991	14,627	122,285	1	0	8.00
9.00	00900	HOUSEKEEPING	2,428	37,046	602,317	8	6	9.00
10.00	01000	DIETARY	10,216	40,405	143,106	14	10	10.00
11.00	01100	CAFETERIA	9,348	0	149,690	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	104,698	22,350	16	11	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	41,162	123,960	4	5	14.00
15.00	01500	PHARMACY	2,366	286,962	0	10	19	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	3,240	315,545	51	29	16.00
17.00	01700	SOCIAL SERVICE	531	3,611	217,051	9	21	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	14,804	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	260	4,880	278,403	1	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	348	0	40,796	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,775	144,109	2,616,522	164	97	30.00
31.00	03100	INTENSIVE CARE UNIT	9,127	120,513	607,858	19	17	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	14,553	230,644	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,999	19,916	448,505	14	15	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,730	22,115	173,337	4	3	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,101	1,316,557	694,691	28	25	50.00
51.00	05100	RECOVERY ROOM	4,144	27,426	327,425	21	14	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	43,304	293,642	6	4	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,964	609,864	828,634	16	23	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	18,161	23,105	2	1	54.01
54.02	05404	ULTRASOUND	452	143,048	130,534	4	6	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	416,044	297,821	16	11	55.00
57.00	05700	CT SCAN	575	414,557	123,467	6	8	57.00
58.00	05800	MRI	1,192	59,632	50,191	6	9	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	393,339	326,854	5	2	59.00
60.00	06000	LABORATORY	6,511	198,302	452,758	33	62	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	7,600	165,606	2	3	64.00
65.00	06500	RESPIRATORY THERAPY	1,252	111,082	285,708	7	8	65.00
66.00	06600	PHYSICAL THERAPY	18,324	42,983	720,133	29	62	66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	207,166	245,557	16	12	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	504,643	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	7	0	0	75.01
76.00	03956	CARDIAC REHAB	1,832	24,652	64,580	4	7	76.00
76.01	03950	OP PSY/CDU	11,730	2,059	183,458	0	12	76.01
76.02	03957	RIMMS	3,951	15,596	168,360	12	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	494	510	144,454	4	5	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	11,010	119,213	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	5,813	936	36,091	4	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	8,685	129,148	798,606	53	25	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4,755	2,524	129,156	0	0	92.01
93.00	04951	INFUSION	0	11,386	85,686	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	29,569	5,383	5,151	2	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BEN EFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,064	347,496	839,080	4	7	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,848	8,394	530,118	19	35	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	511,562	9,161,562	19,740,933	1,049	919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	762	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	64,483	268,688	5,424,364	48	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	36,746	0	0	52	23	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,145,281	9,452,380	35,993,976	1,012,975	12,955,957	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.805897	1.002347	1.430259	881.614447	13,753.669851	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			100,597	5,511	1,801,341	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.003997	4.796345	1,912.251592	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: 14-0186

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
			5.03	5.05	5A.06	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING	37,786,914					5.03
5.05	00590	BUSINESS OFFICE	38,582	1,214,446,412				5.05
5.06	00592	OTHER ADMIN & GENERAL	49,167	0	-35,389,062	307,117,747		5.06
6.00	00600	MAINTENANCE & REPAIRS	237,993	0	0	10,505,600	6,044	6.00
7.00	00700	OPERATION OF PLANT	8,239	0	0	6,321,390	1	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	178,276	0	0	933,215	0	8.00
9.00	00900	HOUSEKEEPING	359,263	0	0	4,026,982	0	9.00
10.00	01000	DIETARY	174,717	0	0	2,373,792	0	10.00
11.00	01100	CAFETERIA	0	0	0	864,058	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,867	0	0	808,466	5	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	253,301	0	0	1,688,834	1	14.00
15.00	01500	PHARMACY	718,852	0	0	1,515,160	1	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,426	0	0	2,844,862	0	16.00
17.00	01700	SOCIAL SERVICE	2,454	0	0	1,920,681	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,495,919	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,482	0	0	1,251,632	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	511	0	0	328,825	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	698,691	66,593,623	0	24,278,737	394	30.00
31.00	03100	INTENSIVE CARE UNIT	363,921	9,288,302	0	5,468,218	338	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	20,257	3,867,972	0	1,812,442	9	40.00
41.00	04100	SUBPROVIDER - IRF	112,017	7,725,020	0	4,625,886	31	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	89,165	1,931,252	0	1,635,168	58	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,977,244	137,137,677	0	16,074,493	1,259	50.00
51.00	05100	RECOVERY ROOM	87,070	13,815,870	0	3,070,292	275	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	135,527	1,673,252	0	2,565,118	80	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	472,370	115,411,158	0	11,154,999	573	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	410,234	7,002,778	0	844,795	38	54.01
54.02	05404	ULTRASOUND	105,999	16,644,992	0	1,536,156	134	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	253,154	95,531,069	0	5,324,231	112	55.00
57.00	05700	CT SCAN	207,279	94,376,382	0	2,806,088	19	57.00
58.00	05800	MRI	111,889	23,270,617	0	1,004,913	15	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,449,413	86,164,761	0	9,770,769	334	59.00
60.00	06000	LABORATORY	8,216,249	169,499,607	0	15,639,626	254	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	74,709	1,016,191	0	2,357,423	449	64.00
65.00	06500	RESPIRATORY THERAPY	322,988	19,196,001	0	2,905,885	255	65.00
66.00	06600	PHYSICAL THERAPY	214,576	40,241,364	0	8,041,118	147	66.00
69.00	06900	ELECTROCARDIOLOGY	310,015	29,001,223	0	2,816,671	247	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,176,612	0	1,044,603	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,361,052	0	12,161,373	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	57,184,098	0	27,669,309	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	20	1,542,698	0	916,714	35	75.01
76.00	03956	CARDIAC REHAB	7,104	1,160,458	0	636,702	80	76.00
76.01	03950	OP PSY/CDU	5,806	2,601,115	0	1,788,542	1	76.01
76.02	03957	RIMMS	94,010	1,542,605	0	1,247,603	13	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	39,219	2,545,266	0	1,698,532	1	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	423,363	6,383,075	0	1,347,795	11	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	9,007	280,466	0	376,636	10	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	643,156	78,266,637	0	8,111,837	269	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	33,616	336,899	0	1,013,471	74	92.01
93.00	04951	INFUSION	210,474	61,162,130	0	1,577,580	35	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	4,342	7,869,021	0	1,106,036	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	58,529	9,687,709	0	6,499,813	81	95.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
			5.03	5.05	5A.06	5.06	6.00	
101.00	10100	HOME HEALTH AGENCY	132,180	4,957,460	0	4,960,855	2	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,326,723	1,214,446,412	-35,389,062	232,769,845	5,641	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	42,123	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	10,222	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	460,191	0	0	72,727,894	403	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	1,567,663	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,339,762	13,072,598		35,389,062	11,716,160	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.088384	0.010764		0.115230	1,938.477829	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	849,974	668,754		2,653,554	1,209,056	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.022494	0.000551		0.008640	200.042356	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: 14-0186

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	265,925				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	252,477			8.00
9.00	00900	HOUSEKEEPING	2,428	0	229,776		9.00
10.00	01000	DIETARY	10,216	1,577	10,216	985,153	10.00
11.00	01100	CAFETERIA	9,348	0	9,348	504,353	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,088,180	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	11,930	6,372	0	14.00
15.00	01500	PHARMACY	2,366	0	2,366	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	0	5,675	0	16.00
17.00	01700	SOCIAL SERVICE	531	0	531	58,630	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	260	0	260	57,581	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	348	0	348	10,652	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,775	114,992	63,775	312,527	30.00
31.00	03100	INTENSIVE CARE UNIT	9,127	16,674	9,127	104,010	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	13,881	0	46,248	40.00
41.00	04100	SUBPROVIDER - IRF	7,999	17,172	7,999	60,216	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,730	0	1,730	21,713	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,101	11,541	16,101	0	50.00
51.00	05100	RECOVERY ROOM	4,144	9,965	4,144	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	0	5,263	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,475	15,074	7,475	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	0	490	0	54.01
54.02	05404	ULTRASOUND	452	0	452	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	29,030	55.00
57.00	05700	CT SCAN	575	0	575	0	57.00
58.00	05800	MRI	1,192	0	1,192	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	3,972	3,475	0	59.00
60.00	06000	LABORATORY	6,731	0	6,731	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	63,207	64.00
65.00	06500	RESPIRATORY THERAPY	1,252	677	1,252	0	65.00
66.00	06600	PHYSICAL THERAPY	18,324	4,708	18,324	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	1,416	2,782	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	1,832	0	1,832	0	76.00
76.01	03950	OP PSY/CDU	11,730	0	11,730	0	76.01
76.02	03957	RIMMS	3,951	454	3,951	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	494	0	494	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	259	1,508	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	5,813	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	8,685	19,763	8,685	4,047	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4,755	0	4,755	0	92.01
93.00	04951	INFUSION	0	1,217	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	6,064	1,476	6,064	0	95.00
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
			7.00	8.00	9.00	10.00	11.00	
101.00	10100	HOME HEALTH AGENCY	2,848	0	2,848	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	236,111	246,748	227,870	985,153	1,870,493	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	1,284	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,908	5,729	0	0	217,687	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	622	0	622	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,051,742	1,040,749	4,555,396	3,127,267	2,997,856	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.517785	4.122154	19.825378	3.174397	1.435631	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,151,686	158,156	220,616	628,556	826,596	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.372703	0.626417	0.960135	0.638029	0.395845	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: 14-0186

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,754,955					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	29,271	39,961,580				14.00
15.00	01500	PHARMACY	0	0	28,506,495			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,214,446,412		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	9,560	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	57,581	0	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	448,200	0	0	66,593,623	5,685	30.00
31.00	03100	INTENSIVE CARE UNIT	93,090	0	0	9,288,302	378	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	46,248	0	0	3,867,972	0	40.00
41.00	04100	SUBPROVIDER - IRF	84,561	0	0	7,725,020	3,284	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	21,713	0	0	1,931,252	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	96,521	0	0	137,137,677	173	50.00
51.00	05100	RECOVERY ROOM	58,695	0	0	13,815,870	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,514	0	0	1,673,252	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	115,411,158	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	7,002,778	0	54.01
54.02	05404	ULTRASOUND	0	0	0	16,644,992	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	95,531,069	0	55.00
57.00	05700	CT SCAN	0	0	0	94,376,382	0	57.00
58.00	05800	MRI	0	0	0	23,270,617	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,255	0	0	86,164,761	0	59.00
60.00	06000	LABORATORY	0	0	0	169,499,607	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	63,207	0	0	1,016,191	0	64.00
65.00	06500	RESPIRATORY THERAPY	40,607	0	0	19,196,001	0	65.00
66.00	06600	PHYSICAL THERAPY	120,175	0	0	40,241,364	0	66.00
69.00	06900	ELECTROCARDIOLOGY	40,230	0	0	29,001,223	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	39,961,580	0	9,176,612	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,361,052	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	28,506,495	57,184,098	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	1	0	0	1,542,698	0	75.01
76.00	03956	CARDIAC REHAB	11,047	0	0	1,160,458	0	76.00
76.01	03950	OP PSY/CDU	32,153	0	0	2,601,115	0	76.01
76.02	03957	RIMMS	0	0	0	1,542,605	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	2,545,266	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,383,075	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	280,466	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	138,920	0	0	78,266,637	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	17,468	0	0	336,899	0	92.01
93.00	04951	INFUSION	0	0	0	61,162,130	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	7,869,021	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	176,229	0	0	9,687,709	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	4,957,460	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,668,686	39,961,580	28,506,495	1,214,446,412	9,520	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
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	86,269	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	40	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	949,479	2,287,709	1,905,675	3,435,672	2,250,780	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.541028	0.057248	0.066851	0.002829	235.437238	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	144,716	431,898	507,973	386,383	112,762	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.082461	0.010808	0.017820	0.000318	11.795188	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: 14-0186

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM (ASSIGNED TIME)	
			SERVICES-SALAR	SERVICES-OTHER		
			Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)		
			21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00591	PURCHASING				5.03
5.05	00590	BUSINESS OFFICE				5.05
5.06	00592	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,845			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		7,845		22.00
23.00	02301	PARAMED EDUCATION PROGRAM			4,020	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,226	1,226	3,000	30.00
31.00	03100	INTENSIVE CARE UNIT	1,152	1,152	1,020	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	262	262	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	175	175	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	123	123	0	54.01
54.02	05404	ULTRASOUND	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	122	122	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	640	640	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	274	274	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	0	76.01
76.02	03957	RIMMS	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	09100	EMERGENCY	140	140	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04951	INFUSION	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:41 pm

	Cost Center Description	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM (ASSIGNED TIME)		
		SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		21.00	22.00	23.00		
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,114	4,114	4,020	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,731	3,731	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,668,294	1,521,726	398,135	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	212.656979	193.973996	99.038557	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	12,984	58,349	25,724	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.655067	7.437731	6.399005	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
					Total Costs	RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	34,971,634			34,971,634	0	34,971,634	30.00
31.00	03100	INTENSIVE CARE UNIT	8,009,816			8,009,816	0	8,009,816	31.00
32.00	03200	CORONARY CARE UNIT	0			0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	2,198,314			2,198,314	0	2,198,314	40.00
41.00	04100	SUBPROVIDER - IRF	6,813,832			6,813,832	0	6,813,832	41.00
42.00	04200	SUBPROVIDER	0			0	0	0	42.00
43.00	04300	NURSERY	2,064,577			2,064,577	0	2,064,577	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,780,530			21,780,530	0	21,780,530	50.00
51.00	05100	RECOVERY ROOM	4,345,391			4,345,391	0	4,345,391	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,360,308			3,360,308	0	3,360,308	52.00
53.00	05300	ANESTHESIOLOGY	0			0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,400,695			14,400,695	0	14,400,695	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,064,870			1,064,870	0	1,064,870	54.01
54.02	05404	ULTRASOUND	2,069,225			2,069,225	0	2,069,225	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	6,466,785			6,466,785	0	6,466,785	55.00
57.00	05700	CT SCAN	3,499,156			3,499,156	0	3,499,156	57.00
58.00	05800	MRI	1,283,242			1,283,242	0	1,283,242	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,052,759			12,052,759	0	12,052,759	59.00
60.00	06000	LABORATORY	18,854,807			18,854,807	0	18,854,807	60.00
60.01	06001	BLOOD LABORATORY	0			0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	3,627,260			3,627,260	0	3,627,260	64.00
65.00	06500	RESPIRATORY THERAPY	3,930,426	0		3,930,426	0	3,930,426	65.00
66.00	06600	PHYSICAL THERAPY	10,373,025	0		10,373,025	0	10,373,025	66.00
69.00	06900	ELECTROCARDIOLOGY	3,916,368			3,916,368	0	3,916,368	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,478,643			3,478,643	0	3,478,643	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,648,619			13,648,619	0	13,648,619	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,925,092			32,925,092	0	32,925,092	73.00
75.01	03955	RENAL DIALYSIS (IP)	1,094,560			1,094,560	0	1,094,560	75.01
76.00	03956	CARDIAC REHAB	975,167			975,167	0	975,167	76.00
76.01	03950	OP PSY/CDU	2,585,215			2,585,215	0	2,585,215	76.01
76.02	03957	RIMMS	1,605,901			1,605,901	0	1,605,901	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0			0	0	0	76.03
76.04	03952	PAIN CLINIC	0			0	0	0	76.04
76.05	03953	DIABETES	1,926,287			1,926,287	0	1,926,287	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,619,575			1,619,575	0	1,619,575	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	594,362			594,362	0	594,362	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	0	0	89.00
91.00	09100	EMERGENCY	10,557,850			10,557,850	0	10,557,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,517,256			1,517,256	0	1,517,256	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	1,529,544			1,529,544	0	1,529,544	92.01
93.00	04951	INFUSION	2,022,449			2,022,449	0	2,022,449	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	1,255,746			1,255,746	0	1,255,746	93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	7,815,664			7,815,664	0	7,815,664	95.00
99.10	09910	CORF	0			0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	5,682,382			5,682,382	0	5,682,382	101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0			0	0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	255,917,332	0		255,917,332	0	255,917,332	200.00
201.00		Less Observation Beds	1,517,256			1,517,256	0	1,517,256	201.00
202.00		Total (see instructions)	254,400,076	0		254,400,076	0	254,400,076	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,762,298		54,762,298			30.00
31.00	03100	INTENSIVE CARE UNIT	9,288,302		9,288,302			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
40.00	04000	SUBPROVIDER - IPF	3,867,972		3,867,972			40.00
41.00	04100	SUBPROVIDER - IRF	7,725,020		7,725,020			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,931,252		1,931,252			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,457,280	79,680,397	137,137,677	0.158822	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,006,680	9,809,190	13,815,870	0.314522	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	422,980	1,250,272	1,673,252	2.008250	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,669,789	108,741,369	115,411,158	0.124777	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,035,176	5,967,602	7,002,778	0.152064	0.000000	54.01
54.02	05404	ULTRASOUND	4,136,260	12,508,732	16,644,992	0.124315	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	510,092	95,020,977	95,531,069	0.067693	0.000000	55.00
57.00	05700	CT SCAN	34,861,968	59,514,414	94,376,382	0.037077	0.000000	57.00
58.00	05800	MRI	6,525,996	16,744,621	23,270,617	0.055144	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,770,655	59,394,106	86,164,761	0.139880	0.000000	59.00
60.00	06000	LABORATORY	46,690,349	122,809,258	169,499,607	0.111238	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	749,226	266,965	1,016,191	3.569467	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,310,952	4,885,049	19,196,001	0.204752	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	18,766,100	21,475,264	40,241,364	0.257770	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	8,591,638	20,409,585	29,001,223	0.135041	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,083,008	6,093,604	9,176,612	0.379077	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,631,585	16,729,467	30,361,052	0.449544	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,745,067	12,439,031	57,184,098	0.575774	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)	1,474,451	68,247	1,542,698	0.709510	0.000000	75.01
76.00	03956	CARDIAC REHAB	222,657	937,801	1,160,458	0.840329	0.000000	76.00
76.01	03950	OP PSY/CDU	2,895	2,598,220	2,601,115	0.993887	0.000000	76.01
76.02	03957	RIMMS	0	1,542,605	1,542,605	1.041032	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	0.000000	76.04
76.05	03953	DIABETES	1,266	2,544,000	2,545,266	0.756812	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,418,599	4,964,476	6,383,075	0.253730	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	280,466	280,466			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
91.00	09100	EMERGENCY	24,918,326	53,348,311	78,266,637	0.134896	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,834,049	7,997,276	11,831,325	0.128241	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	9,242	327,657	336,899	4.540067	0.000000	92.01
93.00	04951	INFUSION	75,341	61,086,789	61,162,130	0.033067	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	7,869,021	7,869,021	0.159581	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	199,746	9,487,963	9,687,709	0.806761	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	4,957,460	4,957,460			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	402,696,217	811,750,195	1,214,446,412			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	402,696,217	811,750,195	1,214,446,412			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158822		50.00
51.00	05100	RECOVERY ROOM	0.314522		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2.008250		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124777		54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.152064		54.01
54.02	05404	ULTRASOUND	0.124315		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.067693		55.00
57.00	05700	CT SCAN	0.037077		57.00
58.00	05800	MRI	0.055144		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139880		59.00
60.00	06000	LABORATORY	0.111238		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	3.569467		64.00
65.00	06500	RESPIRATORY THERAPY	0.204752		65.00
66.00	06600	PHYSICAL THERAPY	0.257770		66.00
69.00	06900	ELECTROCARDIOLOGY	0.135041		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.379077		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449544		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.575774		73.00
75.01	03955	RENAL DIALYSIS (IP)	0.709510		75.01
76.00	03956	CARDIAC REHAB	0.840329		76.00
76.01	03950	OP PSY/CDU	0.993887		76.01
76.02	03957	RIMMS	1.041032		76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03952	PAIN CLINIC	0.000000		76.04
76.05	03953	DIABETES	0.756812		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.253730		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100	EMERGENCY	0.134896		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.128241		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4.540067		92.01
93.00	04951	INFUSION	0.033067		93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.159581		93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.806761		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,971,634		34,971,634	0	34,971,634	30.00
31.00	03100	INTENSIVE CARE UNIT	8,009,816		8,009,816	0	8,009,816	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	2,198,314		2,198,314	0	2,198,314	40.00
41.00	04100	SUBPROVIDER - IRF	6,813,832		6,813,832	0	6,813,832	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,064,577		2,064,577	0	2,064,577	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,780,530		21,780,530	0	21,780,530	50.00
51.00	05100	RECOVERY ROOM	4,345,391		4,345,391	0	4,345,391	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,360,308		3,360,308	0	3,360,308	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,400,695		14,400,695	0	14,400,695	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,064,870		1,064,870	0	1,064,870	54.01
54.02	05404	ULTRASOUND	2,069,225		2,069,225	0	2,069,225	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	6,466,785		6,466,785	0	6,466,785	55.00
57.00	05700	CT SCAN	3,499,156		3,499,156	0	3,499,156	57.00
58.00	05800	MRI	1,283,242		1,283,242	0	1,283,242	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,052,759		12,052,759	0	12,052,759	59.00
60.00	06000	LABORATORY	18,854,807		18,854,807	0	18,854,807	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	3,627,260		3,627,260	0	3,627,260	64.00
65.00	06500	RESPIRATORY THERAPY	3,930,426	0	3,930,426	0	3,930,426	65.00
66.00	06600	PHYSICAL THERAPY	10,373,025	0	10,373,025	0	10,373,025	66.00
69.00	06900	ELECTROCARDIOLOGY	3,916,368		3,916,368	0	3,916,368	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,478,643		3,478,643	0	3,478,643	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,648,619		13,648,619	0	13,648,619	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,925,092		32,925,092	0	32,925,092	73.00
75.01	03955	RENAL DIALYSIS (IP)	1,094,560		1,094,560	0	1,094,560	75.01
76.00	03956	CARDIAC REHAB	975,167		975,167	0	975,167	76.00
76.01	03950	OP PSY/CDU	2,585,215		2,585,215	0	2,585,215	76.01
76.02	03957	RIMMS	1,605,901		1,605,901	0	1,605,901	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0		0	0	0	76.03
76.04	03952	PAIN CLINIC	0		0	0	0	76.04
76.05	03953	DIABETES	1,926,287		1,926,287	0	1,926,287	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,619,575		1,619,575	0	1,619,575	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	594,362		594,362	0	594,362	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100	EMERGENCY	10,557,850		10,557,850	0	10,557,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,517,256		1,517,256	0	1,517,256	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	1,529,544		1,529,544	0	1,529,544	92.01
93.00	04951	INFUSION	2,022,449		2,022,449	0	2,022,449	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	1,255,746		1,255,746	0	1,255,746	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,815,664		7,815,664	0	7,815,664	95.00
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	5,682,382		5,682,382	0	5,682,382	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	255,917,332	0	255,917,332	0	255,917,332	200.00
201.00		Less Observation Beds	1,517,256		1,517,256		1,517,256	201.00
202.00		Total (see instructions)	254,400,076	0	254,400,076	0	254,400,076	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,762,298		54,762,298		30.00
31.00	03100	INTENSIVE CARE UNIT	9,288,302		9,288,302		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	3,867,972		3,867,972		40.00
41.00	04100	SUBPROVIDER - IRF	7,725,020		7,725,020		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,931,252		1,931,252		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	57,457,280	79,680,397	137,137,677	0.158822	0.000000
51.00	05100	RECOVERY ROOM	4,006,680	9,809,190	13,815,870	0.314522	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	422,980	1,250,272	1,673,252	2.008250	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,669,789	108,741,369	115,411,158	0.124777	0.000000
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,035,176	5,967,602	7,002,778	0.152064	0.000000
54.02	05404	ULTRASOUND	4,136,260	12,508,732	16,644,992	0.124315	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	510,092	95,020,977	95,531,069	0.067693	0.000000
57.00	05700	CT SCAN	34,861,968	59,514,414	94,376,382	0.037077	0.000000
58.00	05800	MRI	6,525,996	16,744,621	23,270,617	0.055144	0.000000
59.00	05900	CARDIAC CATHETERIZATION	26,770,655	59,394,106	86,164,761	0.139880	0.000000
60.00	06000	LABORATORY	46,690,349	122,809,258	169,499,607	0.111238	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	749,226	266,965	1,016,191	3.569467	0.000000
65.00	06500	RESPIRATORY THERAPY	14,310,952	4,885,049	19,196,001	0.204752	0.000000
66.00	06600	PHYSICAL THERAPY	18,766,100	21,475,264	40,241,364	0.257770	0.000000
69.00	06900	ELECTROCARDIOLOGY	8,591,638	20,409,585	29,001,223	0.135041	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,083,008	6,093,604	9,176,612	0.379077	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,631,585	16,729,467	30,361,052	0.449544	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	44,745,067	12,439,031	57,184,098	0.575774	0.000000
75.01	03955	RENAL DIALYSIS (IP)	1,474,451	68,247	1,542,698	0.709510	0.000000
76.00	03956	CARDIAC REHAB	222,657	937,801	1,160,458	0.840329	0.000000
76.01	03950	OP PSY/CDU	2,895	2,598,220	2,601,115	0.993887	0.000000
76.02	03957	RIMMS	0	1,542,605	1,542,605	1.041032	0.000000
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000
76.04	03952	PAIN CLINIC	0	0	0	0.000000	0.000000
76.05	03953	DIABETES	1,266	2,544,000	2,545,266	0.756812	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,418,599	4,964,476	6,383,075	0.253730	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	280,466	280,466	2.119194	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	24,918,326	53,348,311	78,266,637	0.134896	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,834,049	7,997,276	11,831,325	0.128241	0.000000
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	9,242	327,657	336,899	4.540067	0.000000
93.00	04951	INFUSION	75,341	61,086,789	61,162,130	0.033067	0.000000
93.01	04950	COMMUNITY HEALTH CENTERS	0	7,869,021	7,869,021	0.159581	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	199,746	9,487,963	9,687,709	0.806761	0.000000
99.10	09910	CORF	0	0	0		
101.00	10100	HOME HEALTH AGENCY	0	4,957,460	4,957,460		
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		
110.00	11000	INTESTINAL ACQUISITION	0	0	0		
111.00	11100	ISLET ACQUISITION	0	0	0		
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	402,696,217	811,750,195	1,214,446,412		
201.00		Less Observation Beds					
202.00		Total (see instructions)	402,696,217	811,750,195	1,214,446,412		

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/27/2021 12:41 pm
				Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		30.00		
31.00	03100	INTENSIVE CARE UNIT		31.00		
32.00	03200	CORONARY CARE UNIT		32.00		
40.00	04000	SUBPROVIDER - IPF		40.00		
41.00	04100	SUBPROVIDER - IRF		41.00		
42.00	04200	SUBPROVIDER		42.00		
43.00	04300	NURSERY		43.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	50.00		
51.00	05100	RECOVERY ROOM	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00		
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	54.01		
54.02	05404	ULTRASOUND	0.000000	54.02		
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00		
57.00	05700	CT SCAN	0.000000	57.00		
58.00	05800	MRI	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00		
60.00	06000	LABORATORY	0.000000	60.00		
60.01	06001	BLOOD LABORATORY	0.000000	60.01		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	62.00		
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		
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00		
75.01	03955	RENAL DIALYSIS (IP)	0.000000	75.01		
76.00	03956	CARDIAC REHAB	0.000000	76.00		
76.01	03950	OP PSY/CDU	0.000000	76.01		
76.02	03957	RIMMS	0.000000	76.02		
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	76.03		
76.04	03952	PAIN CLINIC	0.000000	76.04		
76.05	03953	DIABETES	0.000000	76.05		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98		
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	88.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00		
91.00	09100	EMERGENCY	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00		
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01		
93.00	04951	INFUSION	0.000000	93.00		
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000	93.01		
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000	95.00		
99.10	09910	CORF		99.10		
101.00	10100	HOME HEALTH AGENCY		101.00		
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION		109.00		
110.00	11000	INTESTINAL ACQUISITION		110.00		
111.00	11100	ISLET ACQUISITION		111.00		
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: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,645,133	0	4,645,133	41,120	112.97	30.00	
31.00	INTENSIVE CARE UNIT	907,136		907,136	3,850	235.62	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
40.00	SUBPROVIDER - IPF	67,601	0	67,601	3,009	22.47	40.00	
41.00	SUBPROVIDER - IRF	659,323	0	659,323	8,524	77.35	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	160,345		160,345	1,818	88.20	43.00	
200.00	Total (lines 30 through 199)	6,439,538		6,439,538	58,321		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	13,431	1,517,300					30.00
31.00	INTENSIVE CARE UNIT	1,477	348,011					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
40.00	SUBPROVIDER - IPF	2,094	47,052					40.00
41.00	SUBPROVIDER - IRF	6,220	481,117					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	23,222	2,393,480					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,060,713	137,137,677	0.022319	21,652,055	483,252	50.00
51.00	05100	RECOVERY ROOM	405,699	13,815,870	0.029365	2,367,778	69,530	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	397,801	1,673,252	0.237741	10,643	2,530	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,500,469	115,411,158	0.013001	3,340,105	43,425	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	78,276	7,002,778	0.011178	552,501	6,176	54.01
54.02	05404	ULTRASOUND	244,137	16,644,992	0.014667	1,755,645	25,750	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	607,930	95,531,069	0.006364	412,605	2,626	55.00
57.00	05700	CT SCAN	587,449	94,376,382	0.006225	15,481,952	96,375	57.00
58.00	05800	MRI	178,389	23,270,617	0.007666	2,676,118	20,515	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,046,393	86,164,761	0.012144	14,782,115	179,514	59.00
60.00	06000	LABORATORY	1,223,209	169,499,607	0.007217	18,474,515	133,331	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	157,010	1,016,191	0.154508	339,462	52,450	64.00
65.00	06500	RESPIRATORY THERAPY	314,257	19,196,001	0.016371	6,090,756	99,712	65.00
66.00	06600	PHYSICAL THERAPY	1,310,016	40,241,364	0.032554	2,033,810	66,209	66.00
69.00	06900	ELECTROCARDIOLOGY	505,539	29,001,223	0.017432	4,008,839	69,882	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	448,897	9,176,612	0.048918	1,763,598	86,272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	131,458	30,361,052	0.004330	6,686,785	28,954	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	798,746	57,184,098	0.013968	17,075,706	238,513	73.00
75.01	03955	RENAL DIALYSIS (IP)	16,262	1,542,698	0.010541	677,665	7,143	75.01
76.00	03956	CARDIAC REHAB	163,679	1,160,458	0.141047	108,552	15,311	76.00
76.01	03950	OP PSY/CDU	675,348	2,601,115	0.259638	1,669	433	76.01
76.02	03957	RIMMS	243,435	1,542,605	0.157808	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	54,886	2,545,266	0.021564	1,231	27	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	122,415	6,383,075	0.019178	598,790	11,484	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	310,117	280,466	1.105720	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	929,177	78,266,637	0.011872	10,880,837	129,177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	201,531	11,831,325	0.017034	1,877,246	31,977	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	288,683	336,899	0.856883	6,097	5,224	92.01
93.00	04951	INFUSION	95,772	61,162,130	0.001566	61,474	96	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	991,957	7,869,021	0.126059	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	17,089,650	1,122,226,399		133,718,549	1,905,888	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0186		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/27/2021 12:41 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	297,116	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	101,019	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	398,135	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	297,116	41,120	7.23	13,431	30.00		
31.00	03100	INTENSIVE CARE UNIT		101,019	3,850	26.24	1,477	31.00		
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	3,009	0.00	2,094	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	8,524	0.00	6,220	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY		0	1,818	0.00	0	43.00		
200.00		Total (lines 30 through 199)		398,135	58,321		23,222	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	97,106						30.00	
31.00	03100	INTENSIVE CARE UNIT	38,756						31.00	
32.00	03200	CORONARY CARE UNIT	0						32.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
42.00	04200	SUBPROVIDER	0						42.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	135,862						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0186		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:41 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957	RIMMS	0	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	12,891	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	INFUSION	0	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	12,891	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0186		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:41 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	137,137,677	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	13,815,870	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	1,673,252	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	115,411,158	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC		0	0	0	7,002,778	0.000000	54.01
54.02	05404	ULTRASOUND		0	0	0	16,644,992	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	95,531,069	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	94,376,382	0.000000	57.00
58.00	05800	MRI		0	0	0	23,270,617	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	86,164,761	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	169,499,607	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	1,016,191	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	19,196,001	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	40,241,364	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	29,001,223	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	9,176,612	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	30,361,052	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	57,184,098	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)		0	0	0	1,542,698	0.000000	75.01
76.00	03956	CARDIAC REHAB		0	0	0	1,160,458	0.000000	76.00
76.01	03950	OP PSY/CDU		0	0	0	2,601,115	0.000000	76.01
76.02	03957	RIMMS		0	0	0	1,542,605	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS		0	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC		0	0	0	0	0.000000	76.04
76.05	03953	DIABETES		0	0	0	2,545,266	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	6,383,075	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	280,466	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY		0	0	0	78,266,637	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	12,891	12,891	11,831,325	0.001090	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	336,899	0.000000	92.01
93.00	04951	INFUSION		0	0	0	61,162,130	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS		0	0	0	7,869,021	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	12,891	12,891	1,122,226,399		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0186		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:41 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		21,652,055	0	22,049,116	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		2,367,778	0	2,849,632	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		10,643	0	4,513	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		3,340,105	0	41,387,655	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		552,501	0	2,748,547	0	54.01
54.02	05404	ULTRASOUND	0.000000		1,755,645	0	2,904,113	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		412,605	0	41,696,967	0	55.00
57.00	05700	CT SCAN	0.000000		15,481,952	0	16,509,348	0	57.00
58.00	05800	MRI	0.000000		2,676,118	0	5,452,190	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		14,782,115	0	32,886,522	0	59.00
60.00	06000	LABORATORY	0.000000		18,474,515	0	10,893,322	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000		0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		339,462	0	121,125	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		6,090,756	0	1,775,775	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		2,033,810	0	43,797	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		4,008,839	0	7,967,937	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		1,763,598	0	2,832,043	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		6,686,785	0	8,141,567	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		17,075,706	0	3,961,619	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.000000		677,665	0	31,778	0	75.01
76.00	03956	CARDIAC REHAB	0.000000		108,552	0	458,353	0	76.00
76.01	03950	OP PSY/CDU	0.000000		1,669	0	117,445	0	76.01
76.02	03957	RIMMS	0.000000		0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000		0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000		0	0	0	0	76.04
76.05	03953	DIABETES	0.000000		1,231	0	351,226	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		598,790	0	3,052,170	0	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
91.00	09100	EMERGENCY	0.000000		10,880,837	0	11,205,655	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.001090		1,877,246	2,046	2,663,999	2,904	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000		6,097	0	193,134	0	92.01
93.00	04951	INFUSION	0.000000		61,474	0	33,360,785	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000		0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			133,718,549	2,046	255,660,333	2,904	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 12:41 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.158822	22,049,116	0	0	3,501,885	50.00
51.00	05100	RECOVERY ROOM	0.314522	2,849,632	0	0	896,272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2.008250	4,513	0	0	9,063	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124777	41,387,655	0	0	5,164,227	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.152064	2,748,547	0	0	417,955	54.01
54.02	05404	ULTRASOUND	0.124315	2,904,113	0	0	361,025	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.067693	41,696,967	0	0	2,822,593	55.00
57.00	05700	CT SCAN	0.037077	16,509,348	0	0	612,117	57.00
58.00	05800	MRI	0.055144	5,452,190	0	0	300,656	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139880	32,886,522	0	0	4,600,167	59.00
60.00	06000	LABORATORY	0.111238	10,893,322	0	0	1,211,751	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	3.569467	121,125	0	0	432,352	64.00
65.00	06500	RESPIRATORY THERAPY	0.204752	1,775,775	0	0	363,593	65.00
66.00	06600	PHYSICAL THERAPY	0.257770	43,797	0	0	11,290	66.00
69.00	06900	ELECTROCARDIOLOGY	0.135041	7,967,937	0	0	1,075,998	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.379077	2,832,043	0	0	1,073,562	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449544	8,141,567	0	0	3,659,993	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.575774	3,961,619	1,556	24,530	2,280,997	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.709510	31,778	0	0	22,547	75.01
76.00	03956	CARDIAC REHAB	0.840329	458,353	0	0	385,167	76.00
76.01	03950	OP PSY/CDU	0.993887	117,445	0	0	116,727	76.01
76.02	03957	RIMMS	1.041032	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05	03953	DIABETES	0.756812	351,226	0	0	265,812	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.253730	3,052,170	0	0	774,427	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
91.00	09100	EMERGENCY	0.134896	11,205,655	0	258	1,511,598	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.128241	2,663,999	0	0	341,634	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4.540067	193,134	0	0	876,841	92.01
93.00	04951	INFUSION	0.033067	33,360,785	0	0	1,103,141	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.159581	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.806761		0			95.00
200.00		Subtotal (see instructions)		255,660,333	1,556	24,788	34,193,390	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		255,660,333	1,556	24,788	34,193,390	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0186		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/27/2021 12:41 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02	05404	ULTRASOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	896	14,124		73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0		75.01
76.00	03956	CARDIAC REHAB	0	0		76.00
76.01	03950	OP PSY/CDU	0	0		76.01
76.02	03957	RIMMS	0	0		76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04	03952	PAIN CLINIC	0	0		76.04
76.05	03953	DIABETES	0	0		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
91.00	09100	EMERGENCY	0	35		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04951	INFUSION	0	0		93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0		93.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	896	14,159		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	896	14,159		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0186

Period:

Worksheet D

Component CCN: 14-S186

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/27/2021 12:41 pm

				Title XVIII	Subprovider - IPF	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,060,713	137,137,677	0.022319	15,986	357	50.00
51.00	05100	RECOVERY ROOM	405,699	13,815,870	0.029365	93,108	2,734	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	397,801	1,673,252	0.237741	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,500,469	115,411,158	0.013001	24,342	316	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	78,276	7,002,778	0.011178	0	0	54.01
54.02	05404	ULTRASOUND	244,137	16,644,992	0.014667	11,251	165	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	607,930	95,531,069	0.006364	0	0	55.00
57.00	05700	CT SCAN	587,449	94,376,382	0.006225	170,805	1,063	57.00
58.00	05800	MRI	178,389	23,270,617	0.007666	24,125	185	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,046,393	86,164,761	0.012144	0	0	59.00
60.00	06000	LABORATORY	1,223,209	169,499,607	0.007217	650,448	4,694	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	157,010	1,016,191	0.154508	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	314,257	19,196,001	0.016371	60,342	988	65.00
66.00	06600	PHYSICAL THERAPY	1,310,016	40,241,364	0.032554	76,181	2,480	66.00
69.00	06900	ELECTROCARDIOLOGY	505,539	29,001,223	0.017432	71,380	1,244	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	448,897	9,176,612	0.048918	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	131,458	30,361,052	0.004330	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	798,746	57,184,098	0.013968	356,818	4,984	73.00
75.01	03955	RENAL DIALYSIS (IP)	16,262	1,542,698	0.010541	6,984	74	75.01
76.00	03956	CARDIAC REHAB	163,679	1,160,458	0.141047	0	0	76.00
76.01	03950	OP PSY/CDU	675,348	2,601,115	0.259638	0	0	76.01
76.02	03957	RIMMS	243,435	1,542,605	0.157808	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	54,886	2,545,266	0.021564	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	122,415	6,383,075	0.019178	25,523	489	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	310,117	280,466	1.105720	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	929,177	78,266,637	0.011872	226,509	2,689	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,831,325	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	288,683	336,899	0.856883	0	0	92.01
93.00	04951	INFUSION	95,772	61,162,130	0.001566	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	991,957	7,869,021	0.126059	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	16,888,119	1,122,226,399		1,813,802	22,462	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:41 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC		0	0	0	0	0	54.01
54.02	05404	ULTRASOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
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
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)		0	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB		0	0	0	0	0	76.00
76.01	03950	OP PSY/CDU		0	0	0	0	0	76.01
76.02	03957	RIMMS		0	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS		0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC		0	0	0	0	0	76.04
76.05	03953	DIABETES		0	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
93.00	04951	INFUSION		0	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS		0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:41 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	137,137,677	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,815,870	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,673,252	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	115,411,158	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	7,002,778	0.000000	54.01
54.02	05404	ULTRASOUND	0	0	0	16,644,992	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	95,531,069	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	94,376,382	0.000000	57.00
58.00	05800	MRI	0	0	0	23,270,617	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	86,164,761	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	169,499,607	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,016,191	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,196,001	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	40,241,364	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,001,223	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,176,612	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,361,052	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	57,184,098	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	1,542,698	0.000000	75.01
76.00	03956	CARDIAC REHAB	0	0	0	1,160,458	0.000000	76.00
76.01	03950	OP PSY/CDU	0	0	0	2,601,115	0.000000	76.01
76.02	03957	RIMMS	0	0	0	1,542,605	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0.000000	76.04
76.05	03953	DIABETES	0	0	0	2,545,266	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,383,075	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	280,466	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	0	0	0	78,266,637	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,831,325	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	336,899	0.000000	92.01
93.00	04951	INFUSION	0	0	0	61,162,130	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	7,869,021	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
200.00		Total (lines 50 through 199)	0	0	0	1,122,226,399		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:41 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		15,986	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		93,108	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		24,342	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		0	0	0	0	54.01
54.02	05404	ULTRASOUND	0.000000		11,251	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000		170,805	0	2,645	0	57.00
58.00	05800	MRI	0.000000		24,125	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		650,448	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000		0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		60,342	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		76,181	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		71,380	0	208	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		356,818	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.000000		6,984	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0.000000		0	0	0	0	76.00
76.01	03950	OP PSY/CDU	0.000000		0	0	0	0	76.01
76.02	03957	RIMMS	0.000000		0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000		0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000		0	0	0	0	76.04
76.05	03953	DIABETES	0.000000		0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		25,523	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
91.00	09100	EMERGENCY	0.000000		226,509	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000		0	0	0	0	92.01
93.00	04951	INFUSION	0.000000		0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000		0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,813,802	0	2,853	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0186

Period:

Worksheet D

Component CCN: 14-S186

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/27/2021 12:41 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.158822	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.314522	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2.008250	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124777	0	0	0	0 54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.152064	0	0	0	0 54.01
54.02	05404 ULTRASOUND	0.124315	0	0	0	0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.067693	0	0	0	0 55.00
57.00	05700 CT SCAN	0.037077	2,645	0	0	98 57.00
58.00	05800 MRI	0.055144	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139880	0	0	0	0 59.00
60.00	06000 LABORATORY	0.111238	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0 62.00
64.00	06400 INTRAVENOUS THERAPY	3.569467	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.204752	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.257770	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.135041	208	0	0	28 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.379077	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.449544	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.575774	0	0	0	0 73.00
75.01	03955 RENAL DIALYSIS (IP)	0.709510	0	0	0	0 75.01
76.00	03956 CARDIAC REHAB	0.840329	0	0	0	0 76.00
76.01	03950 OP PSY/CDU	0.993887	0	0	0	0 76.01
76.02	03957 RIMMS	1.041032	0	0	0	0 76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0 76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	0	0 76.04
76.05	03953 DIABETES	0.756812	0	0	0	0 76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.253730	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
91.00	09100 EMERGENCY	0.134896	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.128241	0	0	0	0 92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	4.540067	0	0	0	0 92.01
93.00	04951 INFUSION	0.033067	0	0	0	0 93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.159581	0	0	0	0 93.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.806761		0		95.00
200.00	Subtotal (see instructions)		2,853	0	0	126 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		2,853	0	0	126 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/27/2021 12:41 pm		
			Title XVIII		Subprovider - IPF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0					54.01
54.02	05404	ULTRASOUND	0	0					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0					75.01
76.00	03956	CARDIAC REHAB	0	0					76.00
76.01	03950	OP PSY/CDU	0	0					76.01
76.02	03957	RIMMS	0	0					76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0					76.03
76.04	03952	PAIN CLINIC	0	0					76.04
76.05	03953	DIABETES	0	0					76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0					92.01
93.00	04951	INFUSION	0	0					93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0					93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/27/2021 12:41 pm		
				Component CCN: 14-T186				
				Title XVIII		Subprovider - IRF	PPS	
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,060,713	137,137,677	0.022319	537,394	11,994	50.00
51.00	05100	RECOVERY ROOM	405,699	13,815,870	0.029365	50,364	1,479	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	397,801	1,673,252	0.237741	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,500,469	115,411,158	0.013001	203,764	2,649	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	78,276	7,002,778	0.011178	23,197	259	54.01
54.02	05404	ULTRASOUND	244,137	16,644,992	0.014667	173,184	2,540	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	607,930	95,531,069	0.006364	8,754	56	55.00
57.00	05700	CT SCAN	587,449	94,376,382	0.006225	731,039	4,551	57.00
58.00	05800	MRI	178,389	23,270,617	0.007666	212,191	1,627	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,046,393	86,164,761	0.012144	74,209	901	59.00
60.00	06000	LABORATORY	1,223,209	169,499,607	0.007217	1,559,725	11,257	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	157,010	1,016,191	0.154508	20,101	3,106	64.00
65.00	06500	RESPIRATORY THERAPY	314,257	19,196,001	0.016371	698,158	11,430	65.00
66.00	06600	PHYSICAL THERAPY	1,310,016	40,241,364	0.032554	9,778,807	318,339	66.00
69.00	06900	ELECTROCARDIOLOGY	505,539	29,001,223	0.017432	124,070	2,163	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	448,897	9,176,612	0.048918	4,304	211	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	131,458	30,361,052	0.004330	118,871	515	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	798,746	57,184,098	0.013968	2,011,469	28,096	73.00
75.01	03955	RENAL DIALYSIS (IP)	16,262	1,542,698	0.010541	120,618	1,271	75.01
76.00	03956	CARDIAC REHAB	163,679	1,160,458	0.141047	202	28	76.00
76.01	03950	OP PSY/CDU	675,348	2,601,115	0.259638	0	0	76.01
76.02	03957	RIMMS	243,435	1,542,605	0.157808	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	54,886	2,545,266	0.021564	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	122,415	6,383,075	0.019178	248,628	4,768	76.98
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	310,117	280,466	1.105720	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	929,177	78,266,637	0.011872	673,249	7,993	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,831,325	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	288,683	336,899	0.856883	0	0	92.01
93.00	04951	INFUSION	95,772	61,162,130	0.001566	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	991,957	7,869,021	0.126059	0	0	93.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	16,888,119	1,122,226,399		17,372,298	415,233	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:41 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC		0	0	0	0	0	54.01
54.02	05404	ULTRASOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
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
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)		0	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB		0	0	0	0	0	76.00
76.01	03950	OP PSY/CDU		0	0	0	0	0	76.01
76.02	03957	RIMMS		0	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS		0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC		0	0	0	0	0	76.04
76.05	03953	DIABETES		0	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
93.00	04951	INFUSION		0	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS		0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:41 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	137,137,677	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,815,870	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,673,252	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	115,411,158	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	7,002,778	0.000000	54.01
54.02	05404	ULTRASOUND	0	0	0	16,644,992	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	95,531,069	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	94,376,382	0.000000	57.00
58.00	05800	MRI	0	0	0	23,270,617	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	86,164,761	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	169,499,607	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,016,191	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,196,001	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	40,241,364	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,001,223	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,176,612	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,361,052	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	57,184,098	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	1,542,698	0.000000	75.01
76.00	03956	CARDIAC REHAB	0	0	0	1,160,458	0.000000	76.00
76.01	03950	OP PSY/CDU	0	0	0	2,601,115	0.000000	76.01
76.02	03957	RIMMS	0	0	0	1,542,605	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0.000000	76.04
76.05	03953	DIABETES	0	0	0	2,545,266	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,383,075	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	280,466	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	0	0	0	78,266,637	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,831,325	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	336,899	0.000000	92.01
93.00	04951	INFUSION	0	0	0	61,162,130	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	7,869,021	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
200.00		Total (lines 50 through 199)	0	0	0	1,122,226,399		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:41 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		537,394		0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		50,364		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0		0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		0		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		203,764		0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		23,197		0	0	54.01
54.02	05404	ULTRASOUND	0.000000		173,184		0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		8,754		0	0	55.00
57.00	05700	CT SCAN	0.000000		731,039		0	0	57.00
58.00	05800	MRI	0.000000		212,191		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		74,209		0	0	59.00
60.00	06000	LABORATORY	0.000000		1,559,725		0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000		0		0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		0		0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		20,101		0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		698,158		0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		9,778,807		0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		124,070		0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		4,304		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		118,871		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		2,011,469		0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.000000		120,618		0	0	75.01
76.00	03956	CARDIAC REHAB	0.000000		202		0	0	76.00
76.01	03950	OP PSY/CDU	0.000000		0		0	0	76.01
76.02	03957	RIMMS	0.000000		0		0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000		0		0	0	76.03
76.04	03952	PAIN CLINIC	0.000000		0		0	0	76.04
76.05	03953	DIABETES	0.000000		0		0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		248,628		0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0		0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0		0	0	89.00
91.00	09100	EMERGENCY	0.000000		673,249		0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0		0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000		0		0	0	92.01
93.00	04951	INFUSION	0.000000		0		0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000		0		0	0	93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			17,372,298		0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:41 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		41,120	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,120	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		39,336	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)		13,431	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		34,971,634	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		34,971,634	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		34,971,634	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)		850.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,422,797	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,422,797	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0186

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

Worksheet D-1

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		Title XVIII			Hospital	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	8,009,816	3,850	2,080.47	1,477	3,072,854
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
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)					29,291,750
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,787,401
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,001,173
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,907,934
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,909,107
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,878,294
	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)					1,784
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					850.48
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,517,256

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0186

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

Worksheet D-1

Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,645,133	34,971,634	0.132826	1,517,256	201,531
91.00	Nursing School cost	0	34,971,634	0.000000	1,517,256	0
92.00	Allied health cost	297,116	34,971,634	0.008496	1,517,256	12,891
93.00	All other Medical Education	0	34,971,634	0.000000	1,517,256	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:41 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,009	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,009	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,009	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)		2,094	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,198,314	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,198,314	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,198,314	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)		730.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,529,835	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,529,835	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/27/2021 12:41 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					405,342	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,935,177	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)					47,052	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					22,462	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					69,514	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,865,663	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:41 pm	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	67,601	2,198,314	0.030751	0	0 90.00
91.00	Nursing School cost	0	2,198,314	0.000000	0	0 91.00
92.00	Allied health cost	0	2,198,314	0.000000	0	0 92.00
93.00	All other Medical Education	0	2,198,314	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:41 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,524	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,524	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,524	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)		6,220	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,813,832	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,813,832	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,813,832	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)		799.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,972,081	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)		4,972,081	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/27/2021 12:41 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					4,579,964	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,552,045	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)					481,117	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					415,233	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					896,350	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,655,695	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:41 pm	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	659,323	6,813,832	0.096762	0	0 90.00
91.00	Nursing School cost	0	6,813,832	0.000000	0	0 91.00
92.00	Allied health cost	0	6,813,832	0.000000	0	0 92.00
93.00	All other Medical Education	0	6,813,832	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 12:41 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		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	13,177,623		30.00
31.00	03100	INTENSIVE CARE UNIT	3,541,948		31.00
32.00	03200	CORONARY CARE UNIT	0		32.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	21,652,055	3,438,823	50.00
51.00	05100	RECOVERY ROOM	2,367,778	744,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,643	21,374	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,340,105	416,768	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	552,501	84,016	54.01
54.02	05404	ULTRASOUND	1,755,645	218,253	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	412,605	27,930	55.00
57.00	05700	CT SCAN	15,481,952	574,024	57.00
58.00	05800	MRI	2,676,118	147,572	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,782,115	2,067,722	59.00
60.00	06000	LABORATORY	18,474,515	2,055,068	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	339,462	1,211,698	64.00
65.00	06500	RESPIRATORY THERAPY	6,090,756	1,247,094	65.00
66.00	06600	PHYSICAL THERAPY	2,033,810	524,255	66.00
69.00	06900	ELECTROCARDIOLOGY	4,008,839	541,358	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,763,598	668,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,686,785	3,006,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,075,706	9,831,748	73.00
75.01	03955	RENAL DIALYSIS (IP)	677,665	480,810	75.01
76.00	03956	CARDIAC REHAB	108,552	91,219	76.00
76.01	03950	OP PSY/CDU	1,669	1,659	76.01
76.02	03957	RIMMS	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	76.04
76.05	03953	DIABETES	1,231	932	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	598,790	151,931	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	10,880,837	1,467,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,877,246	240,740	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	6,097	27,681	92.01
93.00	04951	INFUSION	61,474	2,033	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)	133,718,549	29,291,750	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)	133,718,549		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 12:41 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		2,672,140		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.158822	15,986	2,539	50.00
51.00	05100 RECOVERY ROOM	0.314522	93,108	29,285	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2.008250	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124777	24,342	3,037	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.152064	0	0	54.01
54.02	05404 ULTRASOUND	0.124315	11,251	1,399	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.067693	0	0	55.00
57.00	05700 CT SCAN	0.037077	170,805	6,333	57.00
58.00	05800 MRI	0.055144	24,125	1,330	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139880	0	0	59.00
60.00	06000 LABORATORY	0.111238	650,448	72,355	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	3.569467	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.204752	60,342	12,355	65.00
66.00	06600 PHYSICAL THERAPY	0.257770	76,181	19,637	66.00
69.00	06900 ELECTROCARDIOLOGY	0.135041	71,380	9,639	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.379077	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.449544	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.575774	356,818	205,447	73.00
75.01	03955 RENAL DIALYSIS (IP)	0.709510	6,984	4,955	75.01
76.00	03956 CARDIAC REHAB	0.840329	0	0	76.00
76.01	03950 OP PSY/CDU	0.993887	0	0	76.01
76.02	03957 RIMMS	1.041032	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	76.04
76.05	03953 DIABETES	0.756812	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.253730	25,523	6,476	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	09100 EMERGENCY	0.134896	226,509	30,555	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.128241	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	4.540067	0	0	92.01
93.00	04951 INFUSION	0.033067	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.159581	0	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,813,802	405,342	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)		1,813,802		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 12:41 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		5,615,455		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.158822	537,394	85,350	50.00
51.00	05100 RECOVERY ROOM	0.314522	50,364	15,841	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2.008250	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124777	203,764	25,425	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.152064	23,197	3,527	54.01
54.02	05404 ULTRASOUND	0.124315	173,184	21,529	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.067693	8,754	593	55.00
57.00	05700 CT SCAN	0.037077	731,039	27,105	57.00
58.00	05800 MRI	0.055144	212,191	11,701	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139880	74,209	10,380	59.00
60.00	06000 LABORATORY	0.111238	1,559,725	173,501	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	3.569467	20,101	71,750	64.00
65.00	06500 RESPIRATORY THERAPY	0.204752	698,158	142,949	65.00
66.00	06600 PHYSICAL THERAPY	0.257770	9,778,807	2,520,683	66.00
69.00	06900 ELECTROCARDIOLOGY	0.135041	124,070	16,755	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.379077	4,304	1,632	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.449544	118,871	53,438	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.575774	2,011,469	1,158,152	73.00
75.01	03955 RENAL DIALYSIS (IP)	0.709510	120,618	85,580	75.01
76.00	03956 CARDIAC REHAB	0.840329	202	170	76.00
76.01	03950 OP PSY/CDU	0.993887	0	0	76.01
76.02	03957 RIMMS	1.041032	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	76.04
76.05	03953 DIABETES	0.756812	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.253730	248,628	63,084	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	09100 EMERGENCY	0.134896	673,249	90,819	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.128241	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	4.540067	0	0	92.01
93.00	04951 INFUSION	0.033067	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.159581	0	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		17,372,298	4,579,964	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		17,372,298		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 12:41 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		26,192,970	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,902,623	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)		136,939	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		6,663	2.04
3.00	Managed Care Simulated Payments		11,984,412	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		251.13	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)		18.42	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)		1.00	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)		19.42	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		21.43	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)		19.42	12.00
13.00	Total allowable FTE count for the prior year.		19.42	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.		19.42	14.00
15.00	Sum of lines 12 through 14 divided by 3.		19.42	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		19.42	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.077330	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.078373	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.077330	21.00
22.00	IME payment adjustment (see instructions)		1,533,717	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		495,496	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)		2.01	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,533,717	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		495,496	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.47	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.91	31.00
32.00	Sum of lines 30 and 31		35.38	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.40	33.00
34.00	Disproportionate share adjustment (see instructions)		1,706,398	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 12:41 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521
35.01	Factor 3 (see instructions)		0.000202956	0.000185120
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,694,803	1,534,650
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,268,787	386,816
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,655,603	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		42,134,913	
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)		42,630,409	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,254,978	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).		580,873	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		105,755	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).		135,862	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		2,046	58.00
59.00	Total (sum of amounts on lines 49 through 58)		46,709,923	59.00
60.00	Primary payer payments		32,260	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		46,677,663	61.00
62.00	Deductibles billed to program beneficiaries		3,324,024	62.00
63.00	Coinurance billed to program beneficiaries		84,480	63.00
64.00	Allowable bad debts (see instructions)		944,268	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		613,774	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		580,889	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		43,882,933	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)		10,370	70.93
70.94	HRR adjustment amount (see instructions)		-600,554	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 12:41 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		43,292,749	71.00
71.01	Sequestration adjustment (see instructions)		285,732	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		42,597,770	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)		409,247	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		5,214,952	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/27/2021 12:41 pm

					Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,192,970	0	26,192,970		26,192,970	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,902,623	0		10,902,623	10,902,623	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00						2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	136,939	0	136,939		136,939	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	6,663	0		6,663	6,663	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	11,984,412	0	8,477,559	3,506,853	11,984,412	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.077330	0.077330	0.077330	0.077330		5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,533,717	0	1,082,948	450,769	1,533,717	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	495,496	0	350,505	144,991	495,496	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,533,717	0	1,082,948	450,769	1,533,717	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	495,496	0	350,505	144,991	495,496	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1840	0.1840	0.1840	0.1840		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,706,398	0	1,204,877	501,521	1,706,398	11.00	
11.01	Uncompensated care payments	36.00	1,655,603	0	1,268,787	386,816	1,655,603	11.01	
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	42,134,913	0	29,886,521	12,248,392	42,134,913	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,630,409	0	30,237,026	12,393,383	42,630,409	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,254,978	0	2,341,933	913,045	3,254,978	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/27/2021 12:41 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	105,755	0	54,741	51,015	105,756	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	32,633,700	13,357,443	45,991,143	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	2,884,606	0	2,071,979	812,627	2,884,606	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	21,046	0	19,037	2,009	21,046	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	0.0469	0.0469	0.0469	0.0469		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	135,288	0	97,176	38,112	135,288	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0742	0.0742	0.0742	0.0742		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	214,038	0	153,741	60,297	214,038	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,254,978	0	2,341,933	913,045	3,254,978	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.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/27/2021 12:41 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,192,970	26,192,970		26,192,970	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,902,623		10,902,623	10,902,623	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	136,939	136,939		136,939	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	6,663		6,663	6,663	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	11,984,412	8,477,560	3,506,853	11,984,413	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.077330	0.077330	0.077330		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,533,717	1,082,948	450,769	1,533,717	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	495,496	350,505	144,991	495,496	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,533,717	1,082,948	450,769	1,533,717	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	495,496	350,505	144,991	495,496	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1840	0.1840	0.1840		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,706,398	1,204,877	501,521	1,706,398	11.00
11.01	Uncompensated care payments	36.00	1,655,603	1,268,787	386,816	1,655,603	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	42,134,913	29,886,521	12,248,392	42,134,913	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	42,630,409	30,237,026	12,393,383	42,630,409	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,254,978	2,341,933	913,045	3,254,978	16.00
17.00	Special add-on payments for new technologies	54.00	105,755	54,740	51,015	105,755	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			32,633,699	13,357,443	45,991,142	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/27/2021 12:41 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,884,606	2,071,979	812,627	2,884,606	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	21,046	19,037	2,009	21,046	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	0.0469	0.0469	0.0469		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	135,288	97,176	38,112	135,288	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0742	0.0742	0.0742		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	214,038	153,741	60,297	214,038	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,254,978	2,341,933	913,045	3,254,978	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	10,370	16,871	-6,501	10,370	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	-600,554	-372,718	-227,836	-600,554	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: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/27/2021 12:41 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,055	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,190,486	2.00
3.00	OPPS payments		38,888,416	3.00
4.00	Outlier payment (see instructions)		10,587	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		2,904	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,055	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		26,344	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)		26,344	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)		26,344	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,289	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)		15,055	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)		38,901,907	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)		6,715,180	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)		32,201,782	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		359,886	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)		32,561,668	30.00
31.00	Primary payer payments		3,347	31.00
32.00	Subtotal (line 30 minus line 31)		32,558,321	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)		1,057,239	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		687,205	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		589,442	36.00
37.00	Subtotal (see instructions)		33,245,526	37.00
38.00	MSP-LCC reconciliation amount from PS&R		270	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		33,245,256	40.00
40.01	Sequestration adjustment (see instructions)		219,419	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		33,140,841	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-115,004	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		708,626	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/27/2021 12:41 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		126	2.00
3.00	OPPS payments		108	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		108	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)		22	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)		86	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)		86	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		86	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)		86	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		86	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		86	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)		-1	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/27/2021 12:41 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		42,314,975		33,141,300	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	09/17/2020	282,795		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	09/17/2020	459	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)		282,795		-459	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)		42,597,770		33,140,841	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		409,247		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		115,004	6.02
7.00	Total Medicare program liability (see instructions)		43,007,017		33,025,837	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: 14-0186
 Component CCN: 14-S186

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 7/27/2021 12:41 pm

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,806,695		86		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)		1,806,695		86		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		31,920		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		1		6.02
7.00	Total Medicare program liability (see instructions)		1,838,615		85		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2020 To 12/31/2020		Worksheet E-1 Part I Date/Time Prepared: 7/27/2021 12:41 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		11,691,470			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	09/17/2020	12,967			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)		-12,967			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)		11,678,503			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		97,182			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		11,775,685			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 7/27/2021 12:41 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,931,829	1.00
2.00	Net IPF PPS Outlier Payments		5,566	2.00
3.00	Net IPF PPS ECT Payments		10,528	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		8.221311	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,947,923	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,947,923	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,947,923	18.00
19.00	Deductibles		118,228	19.00
20.00	Subtotal (line 18 minus line 19)		1,829,695	20.00
21.00	Coinurance		11,968	21.00
22.00	Subtotal (line 20 minus line 21)		1,817,727	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		50,927	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		33,103	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		29,225	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,850,830	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,850,830	31.00
31.01	Sequestration adjustment (see instructions)		12,215	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,806,695	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		31,920	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,849	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		5,566	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/27/2021 12:41 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		11,508,805	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0192	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		319,945	3.00
4.00	Outlier Payments		177,391	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		23.289617	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		12,006,141	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		12,006,141	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		12,006,141	19.00
20.00	Deductibles		158,840	20.00
21.00	Subtotal (line 19 minus line 20)		11,847,301	21.00
22.00	Coinsurance		13,728	22.00
23.00	Subtotal (line 21 minus line 22)		11,833,573	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		31,304	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		20,348	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		17,402	26.00
27.00	Subtotal (sum of lines 23 and 25)		11,853,921	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		11,853,921	32.00
32.01	Sequestration adjustment (see instructions)		78,236	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		11,678,503	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		97,182	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,697	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		177,391	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/27/2021 12:41 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			18.42	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			1.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			19.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			21.43	6.00
7.00	Enter the lesser of line 5 or line 6			19.42	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	14.77	4.37	19.14	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	13.38	3.96	17.34	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	13.38	3.96		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	13.29	3.98		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	13.03	4.13		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	13.23	4.02		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	13.23	4.02		17.00
18.00	Per resident amount	106,861.63	106,861.63		18.00
19.00	Approved amount for resident costs	1,413,779	429,584	1,843,363	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			2.01	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,843,363	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	23,222	5,386		26.00
27.00	Total Inpatient Days (see instructions)	55,317	55,317		27.00
28.00	Ratio of inpatient days to total inpatient days	0.419799	0.097366		28.00
29.00	Program direct GME amount	773,842	179,481	953,323	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		12,564	12,564	30.00
31.00	Net Program direct GME amount			940,759	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/27/2021 12:41 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			55,274,623	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			32,260	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			55,242,363	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			34,229,372	42.00
43.00	Primary payer payments (see instructions)			3,347	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			34,226,025	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			89,468,388	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.617451	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.382549	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			940,759	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			580,873	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			359,886	50.00

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

Provider CCN: 14-0186

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

Worksheet G

Date/Time Prepared:
7/27/2021 12:41 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	144,867,497	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	32,667,368	0	0	0	4.00
5.00	Other receivable	1,700,370	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,134,899	0	0	0	7.00
8.00	Prepaid expenses	8,229,197	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	32,312,296	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	227,911,627	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,108,094	0	0	0	12.00
13.00	Land improvements	3,909,360	0	0	0	13.00
14.00	Accumulated depreciation	-2,010,817	0	0	0	14.00
15.00	Buildings	280,218,624	0	0	0	15.00
16.00	Accumulated depreciation	-130,791,808	0	0	0	16.00
17.00	Leasehold improvements	17,194,713	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	187,916,174	0	0	0	23.00
24.00	Accumulated depreciation	-117,764,282	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)	246,780,058	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	302,033,809	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	11,242,563	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	313,276,372	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	787,968,057	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,879,948	0	0	0	37.00
38.00	Salaries, wages, and fees payable	38,906,819	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,372,085	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	48,348,453	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	97,507,305	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	121,924,929	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	70,483,287	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	192,408,216	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	289,915,521	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	498,052,536				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	498,052,536	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	787,968,057	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0186

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

Worksheet G-1

Date/Time Prepared:
7/27/2021 12:41 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		478,188,238		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		18,413,565				2.00
3.00	Total (sum of line 1 and line 2)		496,601,803		0		3.00
4.00	INCREASE IN NET ASSETS WITHOUT RESTR	893,212		0		0	4.00
5.00	INCREASE IN PERMANENTLY RESTRICTED N	557,521		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)		1,450,733		0		10.00
11.00	Subtotal (line 3 plus line 10)		498,052,536		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		498,052,536		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	INCREASE IN NET ASSETS WITHOUT RESTR		0				4.00
5.00	INCREASE IN PERMANENTLY RESTRICTED N		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			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: 14-0186

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/27/2021 12:41 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	55,096,398		55,096,398	1.00
2.00	SUBPROVIDER - IPF	3,867,972		3,867,972	2.00
3.00	SUBPROVIDER - IRF	7,725,020		7,725,020	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	66,689,390		66,689,390	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,288,302		9,288,302	11.00
12.00	CORONARY CARE UNIT	0		0	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)	9,288,302		9,288,302	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	75,977,692		75,977,692	17.00
18.00	Ancillary services	298,015,921	666,395,252	964,411,173	18.00
19.00	Outpatient services	28,836,958	130,629,054	159,466,012	19.00
20.00	RURAL HEALTH CLINIC	0	280,466	280,466	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		4,957,460	4,957,460	22.00
23.00	AMBULANCE SERVICES	199,746	9,487,963	9,687,709	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	91,628,949	91,628,949	27.00
27.01	JOINT VENTURE REVENUE	0	10,794,422	10,794,422	27.01
27.02	CARE-A-VAN	0	10	10	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	403,030,317	914,173,576	1,317,203,893	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		367,906,946		29.00
30.00	MISCELLANEOUS	2,686,990			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)		2,686,990		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)		370,593,936		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0186

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

Worksheet G-3

Date/Time Prepared:
7/27/2021 12:41 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,317,203,893	1.00
2.00	Less contractual allowances and discounts on patients' accounts	960,910,439	2.00
3.00	Net patient revenues (line 1 minus line 2)	356,293,454	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	370,593,936	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-14,300,482	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	3,945,422	24.00
24.01	NON OPERATING INCOME	17,552,849	24.01
24.50	COVID-19 PHE Funding	11,215,776	24.50
25.00	Total other income (sum of lines 6-24)	32,714,047	25.00
26.00	Total (line 5 plus line 25)	18,413,565	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,413,565	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0186

Period:

Worksheet H

HHA CCN: 14-7400

From 01/01/2020

Date/Time Prepared:

To 12/31/2020

7/27/2021 12:41 pm

Home Health

PPS

Agency I

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	883,484	0	0	0	241,293	1,124,777	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	1,173,475	0	0	0	0	1,173,475	6.00
7.00 Physical Therapy	865,595	0	0	0	0	865,595	7.00
8.00 Occupational Therapy	135,823	0	0	0	0	135,823	8.00
9.00 Speech Pathology	7,323	0	0	0	0	7,323	9.00
10.00 Medical Social Services	32,410	0	0	0	0	32,410	10.00
11.00 Home Health Aide	29,071	0	0	0	0	29,071	11.00
12.00 Supplies (see instructions)	0	0	0	0	111,978	111,978	12.00
13.00 Drugs	0	0	0	0	1,767	1,767	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	3,127,181	0	0	0	355,038	3,482,219	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00 Capital Related - Movable Equipment	0	0	0	0			2.00
3.00 Plant Operation & Maintenance	0	0	0	0			3.00
4.00 Transportation	0	0	0	0			4.00
5.00 Administrative and General	15,654	1,140,431	0	1,140,431			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	20,793	1,194,268	0	1,194,268			6.00
7.00 Physical Therapy	15,338	880,933	0	880,933			7.00
8.00 Occupational Therapy	2,407	138,230	0	138,230			8.00
9.00 Speech Pathology	130	7,453	0	7,453			9.00
10.00 Medical Social Services	574	32,984	0	32,984			10.00
11.00 Home Health Aide	515	29,586	0	29,586			11.00
12.00 Supplies (see instructions)	0	111,978	0	111,978			12.00
13.00 Drugs	0	1,767	0	1,767			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	0	0	0	0			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	0	0	0			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	55,411	3,537,630	0	3,537,630			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0186

Period:

Worksheet H-1

HHA CCN: 14-7400

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 12:41 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation		
			Bldgs & Fixtures	Movable Equipment			Subtotal (cols. 0-4)	
							0	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,140,431	0	0	0	0	1,140,431	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,194,268	0	0	0	0	1,194,268	6.00
7.00	Physical Therapy	880,933	0	0	0	0	880,933	7.00
8.00	Occupational Therapy	138,230	0	0	0	0	138,230	8.00
9.00	Speech Pathology	7,453	0	0	0	0	7,453	9.00
10.00	Medical Social Services	32,984	0	0	0	0	32,984	10.00
11.00	Home Health Aide	29,586	0	0	0	0	29,586	11.00
12.00	Supplies (see instructions)	111,978	0	0	0	0	111,978	12.00
13.00	Drugs	1,767	0	0	0	0	1,767	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,537,630	0	0	0	0	3,537,630	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,140,431						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	568,153	1,762,421					6.00
7.00	Physical Therapy	419,091	1,300,024					7.00
8.00	Occupational Therapy	65,761	203,991					8.00
9.00	Speech Pathology	3,546	10,999					9.00
10.00	Medical Social Services	15,692	48,676					10.00
11.00	Home Health Aide	14,075	43,661					11.00
12.00	Supplies (see instructions)	53,272	165,250					12.00
13.00	Drugs	841	2,608					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,537,630					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0186

Period:

Worksheet H-1

HHA CCN: 14-7400

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/27/2021 12:41 pmHome Health
Agency I

PPS

		Capital Related Costs			Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & General (ACCUM. COST)	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	344		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	344	0	-1,140,431	2,397,199	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	1,194,268	6.00	
7.00	Physical Therapy	0	0	0	0	0	880,933	7.00	
8.00	Occupational Therapy	0	0	0	0	0	138,230	8.00	
9.00	Speech Pathology	0	0	0	0	0	7,453	9.00	
10.00	Medical Social Services	0	0	0	0	0	32,984	10.00	
11.00	Home Health Aide	0	0	0	0	0	29,586	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	111,978	12.00	
13.00	Drugs	0	0	0		0	1,767	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	344	0	-1,140,431	2,397,199	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,140,431	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.475735	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0186

Period:

Worksheet H-2

HHA CCN: 14-7400

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 12:41 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
1.00	Administrative and General	0	93,431	8,414	758,206	16,751	481,378	1.00
2.00	Skilled Nursing Care	1,762,421	0	0	0	0	0	2.00
3.00	Physical Therapy	1,300,024	0	0	0	0	0	3.00
4.00	Occupational Therapy	203,991	0	0	0	0	0	4.00
5.00	Speech Pathology	10,999	0	0	0	0	0	5.00
6.00	Medical Social Services	48,676	0	0	0	0	0	6.00
7.00	Home Health Aide	43,661	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	165,250	0	0	0	0	0	8.00
9.00	Drugs	2,608	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,537,630	93,431	8,414	758,206	16,751	481,378	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.03	5.05	5A.05	5.06	6.00	7.00	
1.00	Administrative and General	11,683	53,362	1,423,225	163,998	3,877	75,523	1.00
2.00	Skilled Nursing Care	0	0	1,762,421	203,083	0	0	2.00
3.00	Physical Therapy	0	0	1,300,024	149,802	0	0	3.00
4.00	Occupational Therapy	0	0	203,991	23,506	0	0	4.00
5.00	Speech Pathology	0	0	10,999	1,267	0	0	5.00
6.00	Medical Social Services	0	0	48,676	5,609	0	0	6.00
7.00	Home Health Aide	0	0	43,661	5,031	0	0	7.00
8.00	Supplies (see instructions)	0	0	165,250	19,042	0	0	8.00
9.00	Drugs	0	0	2,608	301	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	11,683	53,362	4,960,855	571,639	3,877	75,523	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0186

Period:

Worksheet H-2

HHA CCN: 14-7400

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 12:41 pmHome Health
Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	56,463	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	56,463	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARIES & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED EDUCATION PROGRAM	
		15.00	16.00	17.00	21.00	22.00	23.00	
1.00	Administrative and General	0	14,025	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	14,025	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0186

Period:

Worksheet H-2

HHA CCN: 14-7400

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 12:41 pmHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	1,737,111	0	1,737,111				1.00
2.00	Skilled Nursing Care	1,965,504	0	1,965,504	865,416	2,830,920		2.00
3.00	Physical Therapy	1,449,826	0	1,449,826	638,361	2,088,187		3.00
4.00	Occupational Therapy	227,497	0	227,497	100,167	327,664		4.00
5.00	Speech Pathology	12,266	0	12,266	5,401	17,667		5.00
6.00	Medical Social Services	54,285	0	54,285	23,902	78,187		6.00
7.00	Home Health Aide	48,692	0	48,692	21,439	70,131		7.00
8.00	Supplies (see instructions)	184,292	0	184,292	81,144	265,436		8.00
9.00	Drugs	2,909	0	2,909	1,281	4,190		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	5,682,382	0	5,682,382	1,737,111	5,682,382		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.440302			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0186

Period:

Worksheet H-2

HHA CCN: 14-7400

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/27/2021 12:41 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BEN EFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	PURCHASING (REQS)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	2,848	8,394	530,118	19	35	132,180	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	2,848	8,394	530,118	19	35	132,180	20.00
21.00	Total cost to be allocated	93,431	8,414	758,206	16,751	481,378	11,683	21.00
22.00	Unit cost multiplier	32.805829	1.002383	1.430259	881.631579	13,753.657143	0.088387	22.00
Cost Center Description		BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	5A.06	5.06	6.00	7.00	8.00	
1.00	Administrative and General	4,957,460	0	1,423,225	2	2,848	0	1.00
2.00	Skilled Nursing Care	0	0	1,762,421	0	0	0	2.00
3.00	Physical Therapy	0	0	1,300,024	0	0	0	3.00
4.00	Occupational Therapy	0	0	203,991	0	0	0	4.00
5.00	Speech Pathology	0	0	10,999	0	0	0	5.00
6.00	Medical Social Services	0	0	48,676	0	0	0	6.00
7.00	Home Health Aide	0	0	43,661	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	165,250	0	0	0	8.00
9.00	Drugs	0	0	2,608	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,957,460		4,960,855	2	2,848	0	20.00
21.00	Total cost to be allocated	53,362		571,639	3,877	75,523	0	21.00
22.00	Unit cost multiplier	0.010764		0.115230	1,938.500000	26.517907	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0186

Period:

Worksheet H-2

HHA CCN: 14-7400

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/27/2021 12:41 pmHome Health
Agency I

PPS

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	2,848	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	2,848	0	0	0	0	0	20.00
21.00	Total cost to be allocated	56,463	0	0	0	0	0	21.00
22.00	Unit cost multiplier	19.825492	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED EDUCATION PROGRAM (ASSIGNED TIME)	
		16.00	17.00	21.00	22.00	23.00		
1.00	Administrative and General	4,957,460	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,957,460	0	0	0	0	0	20.00
21.00	Total cost to be allocated	14,025	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.002829	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0186

Period:

Worksheet H-3

HHA CCN: 14-7400

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Agency 1 Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,830,920		2,830,920	11,621	243.60	1.00
2.00	Physical Therapy	3.00	2,088,187	0	2,088,187	8,054	259.27	2.00
3.00	Occupational Therapy	4.00	327,664	0	327,664	1,048	312.66	3.00
4.00	Speech Pathology	5.00	17,667	0	17,667	94	187.95	4.00
5.00	Medical Social Services	6.00	78,187		78,187	3	26,062.33	5.00
6.00	Home Health Aide	7.00	70,131		70,131	1,000	70.13	6.00
7.00	Total (sum of lines 1-6)		5,412,756	0	5,412,756	21,820		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16580	0	51			8.00
8.01	Skilled Nursing Care		16974	0	692			8.01
8.02	Skilled Nursing Care		28100	0	5,740			8.02
8.03	Skilled Nursing Care		99914	0	986			8.03
9.00	Physical Therapy		16580	0	9			9.00
9.01	Physical Therapy		16974	0	497			9.01
9.02	Physical Therapy		28100	0	4,039			9.02
9.03	Physical Therapy		99914	0	806			9.03
10.00	Occupational Therapy		16580	0	0			10.00
10.01	Occupational Therapy		16974	0	63			10.01
10.02	Occupational Therapy		28100	0	510			10.02
10.03	Occupational Therapy		99914	0	113			10.03
11.00	Speech Pathology		16580	0	0			11.00
11.01	Speech Pathology		16974	0	9			11.01
11.02	Speech Pathology		28100	0	34			11.02
11.03	Speech Pathology		99914	0	25			11.03
12.00	Medical Social Services		16580	0	0			12.00
12.01	Medical Social Services		16974	0	0			12.01
12.02	Medical Social Services		28100	0	1			12.02
12.03	Medical Social Services		99914	0	2			12.03
13.00	Home Health Aide		16580	0	4			13.00
13.01	Home Health Aide		16974	0	89			13.01
13.02	Home Health Aide		28100	0	535			13.02
13.03	Home Health Aide		99914	0	81			13.03
14.00	Total (sum of lines 8-13)			0	14,286			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	265,436	0	265,436	0	0.000000	15.00
16.00	Cost of Drugs	9.00	4,190	0	4,190	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0186

Period:

Worksheet H-3

HHA CCN: 14-7400

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Visits		Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	7,469		0	1,819,448		1.00
2.00	Physical Therapy	0	5,351		0	1,387,354		2.00
3.00	Occupational Therapy	0	686		0	214,485		3.00
4.00	Speech Pathology	0	68		0	12,781		4.00
5.00	Medical Social Services	0	3		0	78,187		5.00
6.00	Home Health Aide	0	709		0	49,722		6.00
7.00	Total (sum of lines 1-6)	0	14,286		0	3,561,977		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges		Cost of Services				
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	43,619	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0186

Period:

Worksheet H-3

HHA CCN: 14-7400

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 12:41 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,819,448		1.00
2.00	Physical Therapy	1,387,354		2.00
3.00	Occupational Therapy	214,485		3.00
4.00	Speech Pathology	12,781		4.00
5.00	Medical Social Services	78,187		5.00
6.00	Home Health Aide	49,722		6.00
7.00	Total (sum of lines 1-6)	3,561,977		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0186

Period:

Worksheet H-3

HHA CCN: 14-7400

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/27/2021 12:41 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.257770	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.379077	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.575774	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2020 To 12/31/2020	Worksheet H-4 Part I-II Date/Time Prepared: 7/27/2021 12:41 pm	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,562,207	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	235,620	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	42,821	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	14,801	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	60,603	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	547	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,916,599	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	2,916,599	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	2,916,599	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,916,599	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	2,916,599	31.00
31.01	Sequestration adjustment (see instructions)		0	19,805	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	2,896,795	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0186
HHA CCN: 14-7400Period:
From 01/01/2020
To 12/31/2020

Worksheet H-5

Date/Time Prepared:
7/27/2021 12:41 pm

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,896,795	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,896,795	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		2,896,794	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0186	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/27/2021 12:41 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,884,606	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		21,046	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)		119.63	3.00
4.00	Number of interns & residents (see instructions)		19.42	4.00
5.00	Indirect medical education percentage (see instructions)		4.69	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)		135,288	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.47	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.91	8.00
9.00	Sum of lines 7 and 8		35.38	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.42	10.00
11.00	Disproportionate share adjustment (see instructions)		214,038	11.00
12.00	Total prospective capital payments (see instructions)		3,254,978	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0186

Period:

Worksheet M-1

Component CCN: 14-3976

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 12:41 pm

		RHC I		Cost	
	Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)
	1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS					
1.00 Physician	5,620	0	5,620	0	5,620
2.00 Physician Assistant	0	0	0	0	0
3.00 Nurse Practitioner	102,772	0	102,772	0	102,772
4.00 Visiting Nurse	0	0	0	0	0
5.00 Other Nurse	0	0	0	0	0
6.00 Clinical Psychologist	0	0	0	0	0
7.00 Clinical Social Worker	0	0	0	0	0
8.00 Laboratory Technician	0	0	0	0	0
9.00 Other Facility Health Care Staff Costs	60,656	0	60,656	972	61,628
10.00 Subtotal (sum of lines 1 through 9)	169,048	0	169,048	972	170,020
11.00 Physician Services Under Agreement	0	0	0	0	0
12.00 Physician Supervision Under Agreement	0	0	0	0	0
13.00 Other Costs Under Agreement	0	0	0	0	0
14.00 Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00 Medical Supplies	0	3,965	3,965	0	3,965
16.00 Transportation (Health Care Staff)	0	0	0	0	0
17.00 Depreciation-Medical Equipment	0	0	0	0	0
18.00 Professional Liability Insurance	0	0	0	0	0
19.00 Other Health Care Costs	0	11,033	11,033	0	11,033
20.00 Allowable GME Costs	0	0	0	0	0
21.00 Subtotal (sum of lines 15 through 20)	0	14,998	14,998	0	14,998
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	169,048	14,998	184,046	972	185,018
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00 Pharmacy	0	0	0	0	0
24.00 Dental	0	0	0	0	0
25.00 Optometry	0	0	0	0	0
25.01 Telehealth	0	0	0	0	0
25.02 Chronic Care Management	0	0	0	0	0
26.00 All other nonreimbursable costs	0	0	0	0	0
27.00 Nonallowable GME costs	0	0	0	0	0
28.00 Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0
FACILITY OVERHEAD					
29.00 Facility Costs	0	24,784	24,784	-18,592	6,192
30.00 Administrative Costs	0	33,209	33,209	4,390	37,599
31.00 Total Facility Overhead (sum of lines 29 and 30)	0	57,993	57,993	-14,202	43,791
32.00 Total facility costs (sum of lines 22, 28 and 31)	169,048	72,991	242,039	-13,230	228,809

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0186

Period:

Worksheet M-1

Component CCN: 14-3976

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 12:41 pm

RHC I

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	5,620	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	-102,772	0	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	61,628	9.00
10.00	Subtotal (sum of lines 1 through 9)	-102,772	67,248	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	3,965	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	11,033	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	0	14,998	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-102,772	82,246	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs			27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	6,192	29.00
30.00	Administrative Costs	0	37,599	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	43,791	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-102,772	126,037	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0186

Period:

Worksheet M-2

Component CCN: 14-3976

From 01/01/2020

To 12/31/2020

Date/Time Prepared:
7/27/2021 12:41 pm

				RHC I		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	0.00	0	4,200	0		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.81	1,485	2,100	1,701		3.00
4.00	Subtotal (sum of lines 1 through 3)	0.81	1,485		1,701	1,701	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.81	1,485			1,701	8.00
9.00	Physician Services Under Agreements		0			0	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					82,246	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					82,246	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					43,791	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					468,325	15.00
16.00	Total overhead (sum of lines 14 and 15)					512,116	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					512,116	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					512,116	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					594,362	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2020 To 12/31/2020	Worksheet M-3 Date/Time Prepared: 7/27/2021 12:41 pm		
		Title XVIII	RHC I	Cost		
				1.00		
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			594,362	1.00	
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			17,524	2.00	
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			576,838	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			1,701	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			1,701	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			339.12	7.00	
			Calculation of Limit (1)			
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
			1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)			84.70	86.31	8.00
9.00	Rate for Program covered visits (see instructions)			84.70	86.31	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)			0	241	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			0	20,801	11.00
12.00	Program covered visits for mental health services (from contractor records)			0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)			0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)			0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			0	20,801	16.00
16.01	Total program charges (see instructions)(from contractor's records)				46,055	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				9,698	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				4,380	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				9,285	16.04
16.05	Total program cost (see instructions)			0	13,665	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				4,815	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				6,223	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				13,665	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				13,573	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				27,238	22.00
23.00	Allowable bad debts (see instructions)				0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				27,238	26.00
26.01	Sequestration adjustment (see instructions)				180	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				13,141	27.00
28.00	Tentative settlement (for contractor use only)				0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				13,917	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2				0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2020 To 12/31/2020	Worksheet M-4 Date/Time Prepared: 7/27/2021 12:41 pm	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		67,248	67,248	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000169	0.000446	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		11	30	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		1,271	1,113	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		1,282	1,143	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		82,246	82,246	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		512,116	512,116	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.015587	0.013897	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		7,982	7,117	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		9,264	8,260	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		11	29	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		842.18	284.83	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		8	24	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		6,737	6,836	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			17,524	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			13,573	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2020 To 12/31/2020	Worksheet M-5 Date/Time Prepared: 7/27/2021 12:41 pm	
		RHC I	Cost		
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		13,141	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	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01			0		3.01
3.02			0		3.02
3.03			0		3.03
3.04			0		3.04
3.05			0		3.05
Provider to Program					
3.50			0		3.50
3.51			0		3.51
3.52			0		3.52
3.53			0		3.53
3.54			0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		13,141		4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01			0		5.01
5.02			0		5.02
5.03			0		5.03
Provider to Program					
5.50			0		5.50
5.51			0		5.51
5.52			0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER		13,917		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		27,058		7.00
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00	2.00	
8.00	Name of Contractor				8.00