

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: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/28/2021 4:36 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/28/2021	Time: 4:36 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 ADVOCATE CHRIST HOSPITAL (14-0208) 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) DAVE STRIEPLING

Officer or Administrator of Provider(s)

DIRECTOR-REIMBURSEMENT

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	-3,083,576	3,421,651	0	0	1.00
2.00	Subprovider - IPF	0	56,945	600		0	2.00
3.00	Subprovider - IRF	0	71,083	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
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	-2,955,548	3,422,251	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: 14-0208		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/28/2021 4:36 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 4440 WEST 95TH STREET			PO Box:				1.00	
2.00	City: OAK LAWN			State: IL		Zip Code: 60453-		County: COOK 2.00	
		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			ADVOCATE CHRIST HOSPITAL	140208	16974	1	07/01/1966	N P O
4.00	Subprovider - IPF			ADVOCATE CHRIST HOSPITAL - PSYCH	14S208	16974	4	01/01/1984	N P O
5.00	Subprovider - IRF			ADVOCATE CHRIST HOSPITAL - REHAB	14T208	16974	5	01/01/1984	N P O
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
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	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
7/28/2021 4:36 pm

MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/28/2021 4:36 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	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.03	
		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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					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)	INTERNAL MEDICINE	1400	13.74	62.47	0.180291	65.00
65.01		PEDIATRICS	2000	8.19	39.00	0.173554	65.01
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	1.72	20.18	0.078539	67.00
67.01		INTERNAL MEDICINE	1400	5.21	61.27	0.078369	67.01
67.02		OBSTETRICS	1750	0.99	11.66	0.078261	67.02
67.03		PEDIATRICS	2000	3.11	36.52	0.078476	67.03

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			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

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				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.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	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.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,379,673		4,945,650		16,195,812118.01	
				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.	Y				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.	02/02/2012				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.	01/18/2013				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.	07/19/2017				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: 14-0208		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/28/2021 4:36 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)	Y		14H036		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: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
						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	
						FTE/Campus	
						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: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/28/2021 4:36 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: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/28/2021 4:36 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/15/2021	Y 06/15/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/28/2021 4:36 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
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		Y	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.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	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.		N	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		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	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.		N	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.		N	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.		N	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.		N	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		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.	ROBERT	LEPPERT	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630 929-5765	ROBERT.LEPPERT@AAH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/28/2021 4:36 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.	SENIOR REIMBURSEMENT SPECIALIST	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: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/28/2021 4:36 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
1.00	30.00	523	191,418	0.00	0	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)						
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)		523	191,418	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	127	46,482	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	61	22,326	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		711	260,226	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,444		0	16.00
17.00 SUBPROVIDER - IRF	41.00	37	13,542		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						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)		782				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)		24	8,760			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: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/28/2021 4:36 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)	42,724	9,769	161,002			1.00
2.00	HMO and other (see instructions)	43,981	41,503				2.00
3.00	HMO IPF Subprovider	850	0				3.00
4.00	HMO IRF Subprovider	1,363	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	42,724	9,769	161,002			7.00
8.00	INTENSIVE CARE UNIT	8,903	3,819	35,301			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	1,332	8,109			8.01
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,239	14,787			13.00
14.00	Total (see instructions)	51,627	16,159	219,199	241.62	4,481.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,096	317	5,875	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	2,521	393	8,584	0.00	0.00	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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			987			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	0	0	0	0.00	0.00	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)				241.62	4,481.00	27.00
28.00	Observation Bed Days		0	11,443			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	802	2,465			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: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/28/2021 4:36 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	7,990	1,877	38,806	1.00
2.00 HMO and other (see instructions)			6,854	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
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
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	7,990	1,877	38,806	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	117	62	730	16.00
17.00 SUBPROVIDER - IRF	0.00	0	194	25	477	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						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: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/28/2021 4:36 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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	392,990,565	0	392,990,565	9,319,960.00	42.17
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	17,000,057	6,586	17,006,643	382,366.00	44.48
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,051,884	2,990,843	13,042,727	369,304.00	35.32
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,643,829	0	6,643,829	79,943.00	83.11
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		308,883	0	308,883	1,518.00	203.48
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		59,065,678	0	59,065,678	847,276.00	69.71
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		88,856,033	0	88,856,033		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,503,670	0	3,503,670		
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		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		4,033,012	0	4,033,012		
25.50	Home office wage-related (core)		10,280,847	0	10,280,847		
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: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/28/2021 4:36 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	2,886,080	-2,134,403	751,677	12,022.00	62.53	26.00
27.00	Administrative & General	5.00	52,758,220	1,038,715	53,796,935	600,018.00	89.66	27.00
28.00	Administrative & General under contract (see inst.)		2,445,457	0	2,445,457	14,500.00	168.65	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	6,292	6,292	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,475,810	0	1,475,810	31,574.00	46.74	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	15,310,340	-371,535	14,938,805	287,643.00	51.94	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	2,880,438	9,715	2,890,153	72,467.00	39.88	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/28/2021 4:36 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)	378,435,965	-6,586	378,429,379	8,952,094.00	42.27	1.00
2.00	Excluded area salaries (see instructions)	10,051,884	2,990,843	13,042,727	369,304.00	35.32	2.00
3.00	Subtotal salaries (line 1 minus line 2)	368,384,081	-2,997,429	365,386,652	8,582,790.00	42.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	66,018,390	0	66,018,390	928,737.00	71.08	4.00
5.00	Subtotal wage-related costs (see inst.)	99,136,880	0	99,136,880	0.00	27.13	5.00
6.00	Total (sum of lines 3 thru 5)	533,539,351	-2,997,429	530,541,922	9,511,527.00	55.78	6.00
7.00	Total overhead cost (see instructions)	77,756,345	-1,451,216	76,305,129	1,018,224.00	74.94	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
7/28/2021 4:36 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	20,582,689	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,267,146	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	301,946	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)	24,614,156	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	8,019,412	9.00
10.00	Dental, Hearing and Vision Plan	722,817	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	276,381	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)	3,478,980	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	5,184,603	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	-130,300	16.00
TAXES			
17.00	FICA-Employers Portion Only	28,174,849	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	819,329	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))	85,783	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	2,213,343	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	95,611,134	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: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/28/2021 4:36 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	6,643,829	88,856,033	1.00
2.00	Hospital	6,643,829	86,896,445	2.00
3.00	Subprovider - IPF	0	815,544	3.00
4.00	Subprovider - IRF	0	1,144,044	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	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	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/28/2021 4:36 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)			0.282349	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			236,199,058	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			862,722,212	6.00
7.00	Medicaid cost (line 1 times line 6)			243,588,754	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			7,389,696	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)			7,389,696	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)	55,394,294	2,692,291	58,086,585	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	15,640,524	2,692,291	18,332,815	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)	15,640,524	2,692,291	18,332,815	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)			50,765,480	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			2,076,026	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			3,193,885	27.01
28.00	Non-Medicare bad debt expense (see instructions)			47,571,595	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			14,549,651	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			32,882,466	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			40,272,162	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A

Date/Time Prepared:
7/28/2021 4:36 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	NEW CAP REL COSTS-BLDG & FIXT		0	0	31,895,977	31,895,977	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	20,271,281	20,271,281	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,886,080	65,546,324	68,432,404	-2,134,403	66,298,001	4.00
5.01	00540	NONPATIENT TELEPHONES	500,439	2,353,135	2,853,574	-67	2,853,507	5.01
5.02	00550	DATA PROCESSING	983,779	1,904,222	2,888,001	-945,019	1,942,982	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	5,938,305	5,938,305	-4,115	5,934,190	5.03
5.04	00570	ADMITTING	0	50,492	50,492	-50,492	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,501	78,636,953	78,638,454	-3,018	78,635,436	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	51,272,501	201,056,356	252,328,857	-32,446,563	219,882,294	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	26,846,143	26,846,143	-200,119	26,646,024	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,919,360	3,919,360	-23,305	3,896,055	8.00
9.00	00900	HOUSEKEEPING	0	12,107,052	12,107,052	-52,854	12,054,198	9.00
10.00	01000	DIETARY	0	13,989,718	13,989,718	-316,090	13,673,628	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,475,810	621,501	2,097,311	-455,567	1,641,744	13.00
15.00	01500	PHARMACY	15,310,340	61,180,315	76,490,655	-53,123,978	23,366,677	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	94,308	94,308	-4,286	90,022	16.00
17.00	01700	SOCIAL SERVICE	2,880,438	1,061,990	3,942,428	9,698	3,952,126	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	17,000,057	12,375,209	29,375,266	6,586	29,381,852	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	-3,576	-3,576	22.00
23.00	02300	ER PARAMEDIC TRNG	0	0	0	713,817	713,817	23.00
23.01	02301	PASTORAL CARE	0	0	0	249,791	249,791	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	440,358	440,358	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	108,893,700	33,700,543	142,594,243	-17,158,385	125,435,858	30.00
31.00	03100	INTENSIVE CARE UNIT	37,439,489	22,591,873	60,031,362	-10,832,718	49,198,644	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	15,222,282	4,752,074	19,974,356	-13,567,248	6,407,108	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,508,680	569,655	4,078,335	-118,941	3,959,394	40.00
41.00	04100	SUBPROVIDER - IRF	4,010,856	1,097,794	5,108,650	-362,832	4,745,818	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	13,408,561	13,408,561	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,648,904	103,160,917	136,809,821	-83,495,067	53,314,754	50.00
51.00	05100	RECOVERY ROOM	7,585,260	2,423,805	10,009,065	-1,628,731	8,380,334	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,012,973	1,247,843	7,260,816	-599,272	6,661,544	52.00
53.00	05300	ANESTHESIOLOGY	912,562	1,461,919	2,374,481	-1,098,339	1,276,142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,932,810	27,097,854	48,030,664	-23,705,707	24,324,957	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	40,924,650	40,924,650	-7,106,556	33,818,094	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,486,546	5,486,546	-1,000,886	4,485,660	62.00
65.00	06500	RESPIRATORY THERAPY	15,013,979	12,149,677	27,163,656	-9,061,571	18,102,085	65.00
66.00	06600	PHYSICAL THERAPY	13,522,242	16,488,344	30,010,586	-14,969,951	15,040,635	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,737,270	840,389	4,577,659	-465,388	4,112,271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	280,459	93,044	373,503	-69,935	303,568	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	93,604,519	93,604,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	61,444,762	61,444,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	51,875,305	51,875,305	73.00
74.00	07400	RENAL DIALYSIS	2,388,707	1,160,231	3,548,938	-525,020	3,023,918	74.00
76.00	03020	DEV EVALUATION	40,603	58,427	99,030	-21,661	77,369	76.00
76.97	07697	CARDIAC REHABILITATION	697,724	96,283	794,007	-25,833	768,174	76.97
	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
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	5,920,216	14,322,582	20,242,798	3,091,039	23,333,837	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	18,378,556	9,540,084	27,918,640	-6,350,442	21,568,198	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A

Date/Time Prepared:
7/28/2021 4:36 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	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,496,618	1,533,160	3,029,778	-987,652	2,042,126	105.00
106.00	10600	HEART ACQUISITION	0	0	0	4,474,050	4,474,050	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	391,954,835	788,479,077	1,180,433,912	-1,429,843	1,179,004,069	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	480	480	0	480	190.00
190.01	19001	OTHER NONREIMB	1,035,730	733,737	1,769,467	1,429,843	3,199,310	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		TOTAL (SUM OF LINES 118 through 199)	392,990,565	789,213,294	1,182,203,859	0	1,182,203,859	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A

Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	7,135,516	39,031,493	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	6,316,061	26,587,342	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,367,705	82,665,706	4.00
5.01	00540	NONPATIENT TELEPHONES	-8,619	2,844,888	5.01
5.02	00550	DATA PROCESSING	55,711,175	57,654,157	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-72	5,934,118	5.03
5.04	00570	ADMITTING	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-39,823,046	38,812,390	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-117,752,313	102,129,981	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	26,646,024	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,896,055	8.00
9.00	00900	HOUSEKEEPING	0	12,054,198	9.00
10.00	01000	DIETARY	-2,439,164	11,234,464	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-6,655	1,635,089	13.00
15.00	01500	PHARMACY	-6,448	23,360,229	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	90,022	16.00
17.00	01700	SOCIAL SERVICE	-477,016	3,475,110	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-607,668	28,774,184	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-384,140	-387,716	22.00
23.00	02300	ER PARAMEDIC TRNG	0	713,817	23.00
23.01	02301	PASTORAL CARE	0	249,791	23.01
23.02	02302	PHARMACY RESIDENCY	0	440,358	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-11,375,623	114,060,235	30.00
31.00	03100	INTENSIVE CARE UNIT	-175,974	49,022,670	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	-42,727	6,364,381	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-3,221	3,956,173	40.00
41.00	04100	SUBPROVIDER - IRF	-38,034	4,707,784	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	13,408,561	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,882,346	47,432,408	50.00
51.00	05100	RECOVERY ROOM	-7,364	8,372,970	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-22,884	6,638,660	52.00
53.00	05300	ANESTHESIOLOGY	-10,659	1,265,483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-57,043	24,267,914	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-670,378	33,147,716	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,485,660	62.00
65.00	06500	RESPIRATORY THERAPY	-1,510,506	16,591,579	65.00
66.00	06600	PHYSICAL THERAPY	-34,562	15,006,073	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-7,152	4,105,119	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-186	303,382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	93,604,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	61,444,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,875,305	73.00
74.00	07400	RENAL DIALYSIS	0	3,023,918	74.00
76.00	03020	DEV EVALUATION	-4,345	73,024	76.00
76.97	07697	CARDIAC REHABILITATION	-466	767,708	76.97
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
90.00	09000	CLINIC	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	-4,484	23,329,353	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	-522,879	21,045,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-883,714	1,158,412	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A

Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
106.00	10600	HEART ACQUISITION	0	4,474,050	106.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-97,229,231	1,081,774,838	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	480	190.00
190.01	19001	OTHER NONREIMB	-134,220	3,065,090	190.01
190.02	19002	OTHER	0	0	190.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-97,363,451	1,084,840,408	200.00

RECLASSIFICATIONS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/28/2021 4:36 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	61,444,762		1.00
	0		0	61,444,762		
	B - RECLASS CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	51,875,305		1.00
	0		0	51,875,305		
	C - RECLASS MEDICAL SUPPLIES COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	155,049,281		1.00
2.00	OTHER NONREIMB	190.01	0	250		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
	0		0	155,049,531		
	D - RECLASS HOMEBOUND NURSERY					
1.00	NURSERY	43.00	9,570,799	1,393,846		1.00
	0		9,570,799	1,393,846		
	E - RECLASS NURSERY					
1.00	NURSERY	43.00	2,210,650	233,266		1.00
	0		2,210,650	233,266		
	F - RECLASS PARAMEDICAL EDUCATION					
1.00	ER PARAMEDIC TRNG	23.00	513,826	199,991		1.00
	0		513,826	199,991		
	G - RECLASS PASTORAL CARE					
1.00	PASTORAL CARE	23.01	204,874	44,917		1.00
	0		204,874	44,917		
	H - RECLASS BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	30,002,375		1.00
	0		0	30,002,375		
	I - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	20,223,390		1.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
7/28/2021 4:36 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
37.00		0.00	0	0		37.00
	0		0	20,223,390		
	J - RECLASS LAND IMP. DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,444,725		1.00
	0		0	1,444,725		
	K - RECLASS LEASEHOLD IMP. DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	375,968		1.00
	0		0	375,968		
	L - RECLASS CAPITAL INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	29,076		1.00
	0		0	29,076		
	M - RECLASS REMEDIATION COST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	43,833		1.00
	0		0	43,833		
	N - RECLASS VEHICLE DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	47,891		1.00
	0		0	47,891		
	P - RECLASS PHARMACY RESIDENCY					
1.00	PHARMACY RESIDENCY	23.02	420,790	19,568		1.00
	0		420,790	19,568		
	Q - RECLASS KIDNEY TRANSP REL COST					
1.00	OPERATING ROOM	50.00	411,935	607,116		1.00
	0		411,935	607,116		
	R - HEART TRANSPL ACQUIS COST					
1.00	HEART ACQUISITION	106.00	1,538,870	2,833,464		1.00
	0		1,538,870	2,833,464		
	S - ADDITIONAL TRANSPLANT SALARY					
1.00	KIDNEY ACQUISITION	105.00	44,300	0		1.00
2.00	HEART ACQUISITION	106.00	72,943	0		2.00
	0		117,243	0		
	T - TRANSPLANT DIRECTOR HEART SALARY					
1.00	HEART ACQUISITION	106.00	28,773	0		1.00
	0		28,773	0		
	U - RECLASS BONUS PAY					
1.00		0.00	0	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	8,361	0		2.00
6.00	ADMINISTRATIVE AND GENERAL	5.06	1,328,100	0		6.00
9.00	DIETARY	10.00	6,292	0		9.00
11.00	PHARMACY	15.00	73,626	0		11.00
13.00	SOCIAL SERVICE	17.00	9,715	0		13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	6,586	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	317,757	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	58,761	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	11,241	0		17.00
18.00	SUBPROVIDER - IPF	40.00	21,740	0		18.00
19.00	SUBPROVIDER - IRF	41.00	21,815	0		19.00
20.00	OPERATING ROOM	50.00	69,425	0		20.00
21.00	RECOVERY ROOM	51.00	9,213	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	8,312	0		22.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	51,817	0		24.00
26.00	RESPIRATORY THERAPY	65.00	30,740	0		26.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
7/28/2021 4:36 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
29.00	ELECTROCARDIOLOGY	69.00	9,956	0		29.00
31.00	RENAL DIALYSIS	74.00	8,803	0		31.00
32.00	DEV EVALUATION	76.00	11,210	0		32.00
34.00	AMBULATORY CARE	90.03	5,495	0		34.00
35.00	EMERGENCY	91.00	30,196	0		35.00
36.00	KIDNEY ACQUISITION	105.00	16,451	0		36.00
37.00	OTHER_NONREIMB	190.01	18,791	0		37.00
			2,134,403	0		
	V - PAIN CENTER					
1.00	AMBULATORY CARE	90.03	2,410,144	983,473		1.00
			2,410,144	983,473		
	Z - MOVE SPA RESEARCH COSTS					
1.00	OTHER_NONREIMB	190.01	528,378	885,310		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
			528,378	885,310		
500.00	Grand Total: Increases		20,090,685	327,737,807		500.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
7/28/2021 4:36 pm

Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS IMPLANT COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	61,444,762	0		1.00
	0		0	61,444,762			
	B - RECLASS CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	51,875,305	0		1.00
	0		0	51,875,305			
	C - RECLASS MEDICAL SUPPLIES COST						
1.00	NONPATIENT TELEPHONES	5.01	0	8,428	0		1.00
2.00	DATA PROCESSING	5.02	0	113	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,543	0		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.06	0	200,991	0		4.00
11.00	NURSING ADMINISTRATION	13.00	0	286	0		11.00
12.00	PHARMACY	15.00	0	295,448	0		12.00
13.00	SOCIAL SERVICE	17.00	0	17	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	877	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	9,053,282	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	9,010,949	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,516,632	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	96,742	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	291,942	0		19.00
20.00	OPERATING ROOM	50.00	0	75,907,361	0		20.00
21.00	RECOVERY ROOM	51.00	0	1,402,971	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	474,774	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,055,952	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,636,573	0		24.00
25.00	LABORATORY	60.00	0	7,105,044	0		25.00
26.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,000,886	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	8,562,048	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	14,172,710	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	272,542	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,388	0		30.00
31.00	RENAL DIALYSIS	74.00	0	487,525	0		31.00
32.00	DEV EVALUATION	76.00	0	15,453	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	7,583	0		33.00
34.00	AMBULATORY CARE	90.00	0	265,851	0		34.00
35.00	EMERGENCY	91.00	0	4,174,041	0		35.00
36.00	KIDNEY ACQUISITION	105.00	0	579	0		36.00
	0		0	155,049,531			
	D - RECLASS HOMEBOUND NURSERY						
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	9,570,799	1,393,846	0		1.00
	0		9,570,799	1,393,846			
	E - RECLASS NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	2,210,650	233,266	0		1.00
	0		2,210,650	233,266			
	F - RECLASS PARAMEDICAL EDUCATION						
1.00	EMERGENCY	91.00	513,826	199,991	0		1.00
	0		513,826	199,991			
	G - RECLASS PASTORAL CARE						
1.00	ADMINISTRATIVE AND GENERAL	5.06	204,874	44,917	0		1.00
	0		204,874	44,917			
	H - RECLASS BUILDING DEPRECIATION						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	30,002,375	9		1.00
	0		0	30,002,375			
	I - RECLASS EQUIPMENT DEPRECIATION						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	23,305	9		1.00
3.00	DATA PROCESSING	5.02	0	944,906	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	4,115	9		4.00
5.00	ADMITTING	5.04	0	50,492	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,475	9		6.00
7.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,287,141	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	200,119	9		8.00
9.00	HOUSEKEEPING	9.00	0	52,854	9		9.00
10.00	DIETARY	10.00	0	322,382	9		10.00
11.00	NURSING ADMINISTRATION	13.00	0	455,281	9		11.00
12.00	PHARMACY	15.00	0	562,122	9		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,286	9		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,699	9		14.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
15.00	ADULTS & PEDIATRICS	30.00	0	1,871,171	9	15.00
16.00	INTENSIVE CARE UNIT	31.00	0	1,880,530	9	16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,097,212	9	17.00
18.00	SUBPROVIDER - IPF	40.00	0	43,939	9	18.00
19.00	SUBPROVIDER - IRF	41.00	0	35,587	9	19.00
20.00	OPERATING ROOM	50.00	0	4,303,848	9	20.00
21.00	RECOVERY ROOM	51.00	0	234,973	9	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	132,810	9	22.00
23.00	ANESTHESIOLOGY	53.00	0	42,387	9	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,120,951	9	24.00
25.00	LABORATORY	60.00	0	1,512	9	25.00
26.00	RESPIRATORY THERAPY	65.00	0	530,263	9	26.00
27.00	PHYSICAL THERAPY	66.00	0	797,241	9	27.00
29.00	ELECTROCARDIOLOGY	69.00	0	202,802	9	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	39,547	9	30.00
31.00	RENAL DIALYSIS	74.00	0	46,298	9	31.00
32.00	DEV EVALUATION	76.00	0	17,418	9	32.00
33.00	CARDIAC REHABILITATION	76.97	0	18,250	9	33.00
34.00	AMBULATORY CARE	90.03	0	42,222	9	34.00
35.00	EMERGENCY	91.00	0	850,366	9	35.00
37.00	OTHER NONREIMB	190.01	0	2,886	9	37.00
			0	20,223,390		
J - RECLASS LAND IMP. DEPRECIATION						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,444,725	9	1.00
			0	1,444,725		
K - RECLASS LEASEHOLD IMP. DEPRECIATION						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	375,968	11	1.00
			0	375,968		
L - RECLASS CAPITAL INTEREST						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	29,076	11	1.00
			0	29,076		
M - RECLASS REMEDIATION COST						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	43,833	11	1.00
			0	43,833		
N - RECLASS VEHICLE DEPRECIATION						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	47,891	9	1.00
			0	47,891		
P - RECLASS PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	420,790	19,568	0	1.00
			420,790	19,568		
Q - RECLASS KIDNEY TRANSP REL COST						
1.00	KIDNEY ACQUISITION	105.00	411,935	607,116	0	1.00
			411,935	607,116		
R - HEART TRANSPL ACQUIS COST						
1.00	OPERATING ROOM	50.00	1,538,870	2,833,464	0	1.00
			1,538,870	2,833,464		
S - ADDITIONAL TRANSPLANT SALARY						
1.00	ADMINISTRATIVE AND GENERAL	5.06	92,872	0	0	1.00
2.00	PHARMACY	15.00	24,371	0	0	2.00
			117,243	0		
T - TRANSPLANT DIRECTOR HEART SALARY						
1.00	KIDNEY ACQUISITION	105.00	28,773	0	0	1.00
			28,773	0		
U - RECLASS BONUS PAY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,134,403	0	0	1.00
2.00		0.00	0	0	0	2.00
6.00		0.00	0	0	0	6.00
9.00		0.00	0	0	0	9.00
11.00		0.00	0	0	0	11.00
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
24.00		0.00	0	0	0	24.00
26.00		0.00	0	0	0	26.00
29.00		0.00	0	0	0	29.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
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
0			2,134,403	0		
V - PAIN CENTER						
1.00	ADULTS & PEDIATRICS	30.00	2,410,144	983,473	0	1.00
0			2,410,144	983,473		
Z - MOVE SPA RESEARCH COSTS						
1.00	ADULTS & PEDIATRICS	30.00	528,378	185,778	0	1.00
2.00	SUBPROVIDER - IRF	41.00	0	57,118	0	2.00
3.00	EMERGENCY	91.00	0	642,414	0	3.00
0			528,378	885,310		
500.00	Grand Total: Decreases		20,090,685	327,737,807		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/28/2021 4:36 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	10,246,009	0	0	0	0	1.00	
2.00	Land Improvements	30,736,431	0	0	0	1,942,744	2.00	
3.00	Buildings and Fixtures	688,508,790	11,321,003	0	11,321,003	16,147,727	3.00	
4.00	Building Improvements	6,101,758	0	0	0	1,191,745	4.00	
5.00	Fixed Equipment	223,476,673	11,815,490	0	11,815,490	10,564,580	5.00	
6.00	Movable Equipment	312,577	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	959,382,238	23,136,493	0	23,136,493	29,846,796	8.00	
9.00	Reconciling Items	-133,959,234	-4,815,494	0	-4,815,494	0	9.00	
10.00	Total (line 8 minus line 9)	1,093,341,472	27,951,987	0	27,951,987	29,846,796	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	10,246,009	0					1.00
2.00	Land Improvements	28,793,687	6,956,282					
3.00	Buildings and Fixtures	683,682,066	135,287,983					
4.00	Building Improvements	4,910,013	3,191,559					4.00
5.00	Fixed Equipment	224,727,583	84,273,581					
6.00	Movable Equipment	312,577	121,014					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	952,671,935	229,830,419					
9.00	Reconciling Items	-138,774,728	0					
10.00	Total (line 8 minus line 9)	1,091,446,663	229,830,419					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,091,134,086	0	1,091,134,086	0.999714	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	312,577	0	312,577	0.000286	0	2.00
3.00	Total (sum of lines 1-2)	1,091,446,663	0	1,091,446,663	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	38,582,616	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	26,587,342	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	65,169,958	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	NEW CAP REL COSTS-BLDG & FIXT	448,877	0	0	0	39,031,493	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	26,587,342	2.00
3.00	Total (sum of lines 1-2)	448,877	0	0	0	65,618,835	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0208

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-19,358,081			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	24,089,673			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	A		0 MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	5,806,906	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-499,752	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		-731,436	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0208

Period:
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Worksheet A-8

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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A		Wkst. A-7 Ref.	
				To/From Which the Amount is to be Adjusted			
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.00
33.01	(3)		0				
33.01	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.01
33.02	(3)		0				
33.02	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.02
33.03	(3)		0				
33.03	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.03
33.04	(3)		0				
33.04	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.04
33.05	(3)		0				
33.05	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.05
33.06	(3)		0				
33.06	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.06
33.07	(3)		0				
33.07	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.07
33.08	(3)		0				
33.08	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.08
34.00	MISC REV		0		0.00	0	34.00
35.00	MISC REV	B	-150	NONPATIENT TELEPHONES	5.01	0	35.00
38.00	MISC REV	B	-72	PURCHASING RECEIVING AND STORES	5.03	0	38.00
39.00	MISC REV	B	-1,066,757	ADMINISTRATIVE AND GENERAL	5.06	0	39.00
41.00	MISC REV		0		0.00	0	41.00
42.00	MISC REV	B	-2,438,405	DIETARY	10.00	0	42.00
43.00	MISC REV	B	10	NURSING ADMINISTRATION	13.00	0	43.00
44.00	MISC REV		0		0.00	0	44.00
45.00	MISC REV	B	-196,285	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.00
45.01	MISC REV		0		0.00	0	45.01
45.02	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.02
45.03	(3)		0				
45.03	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.03
45.04	(3)		0				
45.04	MISC REV	B	-193,857	ADULTS & PEDIATRICS	30.00	0	45.04
45.05	MISC REV	B	80	INTENSIVE CARE UNIT	31.00	0	45.05
45.06	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.06
45.07	(3)		0				
45.07	MISC REV	B	-23,863	NEONATAL INTENSIVE CARE UNIT	31.01	0	45.07
45.08	MISC REV		0		0.00	0	45.08
45.09	MISC REV	B	-19,884	OPERATING ROOM	50.00	0	45.09
45.10	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.10
45.11	(3)		0				
45.11	MISC REV	B	-33,871	RADIOLOGY-DIAGNOSTIC	54.00	0	45.11
45.12	MISC REV	B	-670,110	LABORATORY	60.00	0	45.12
45.13	MISC REV	B	-3,420	RESPIRATORY THERAPY	65.00	0	45.13
45.14	MISC REV	B	-3,872	AMBULATORY CARE	90.03	0	45.14
45.15	MISC REV		0		0.00	0	45.15
45.16	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.16
45.17	(3)		0				
45.17	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.17
45.18	(3)		0				
45.18	LOBBYING	A	-11,757	ADMINISTRATIVE AND GENERAL	5.06	0	45.18
45.19	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.19
45.20	(3)		0				
45.20	MISC REV	B	0	HEART ACQUISITION	106.00	0	45.20
45.21	MISC REV	B	0	KIDNEY ACQUISITION	105.00	0	45.21
45.22	MISC REV	B	-124,824	EMERGENCY	91.00	0	45.22
45.23	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.23
45.24	(3)		0				
45.24	NONALLOWABLE COSTS	A	-54,436	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.24
45.25	NON ALLOWABLE COST	A	-8,469	NONPATIENT TELEPHONES	5.01	0	45.25
45.26	NONALLOWABLE COSTS	A	-2,278	DATA PROCESSING	5.02	0	45.26
45.27	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.27
45.28	(3)		0				
45.28	NONALLOWABLE COSTS	A	0	PURCHASING RECEIVING AND STORES	5.03	0	45.28

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0208

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
45.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.29
45.30	NONALLOWABLE COSTS		0		0.00	0	45.30
45.31	NONALLOWABLE COST	A	-39,823,046	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	45.31
45.32	NONALLOWABLE COST	A	-8,812,558	ADMINISTRATIVE AND GENERAL	5.06	0	45.32
45.33	NONALLOWABLE COSTS	A	0	MAINTENANCE & REPAIRS	6.00	0	45.33
45.34	NONALLOWABLE COSTS	A	0	HOUSEKEEPING	9.00	0	45.34
45.35	NONALLOWABLE COSTS	A	-759	DIETARY	10.00	0	45.35
45.36	NONALLOWABLE COSTS	A	-6,665	NURSING ADMINISTRATION	13.00	0	45.36
45.37	NONALLOWABLE COSTS	A	-6,448	PHARMACY	15.00	0	45.37
45.38	NONALLOWABLE COSTS		0		0.00	0	45.38
45.39	NONALLOWABLE COSTS	A	-477,016	SOCIAL SERVICE	17.00	0	45.39
45.40	NONALLOWABLE COSTS	A	-187,855	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.40
45.41	NONALLOWABLE COSTS		0		0.00	0	45.41
45.42	NONALLOWABLE COSTS	A	-613,794	ADULTS & PEDIATRICS	30.00	0	45.42
45.43	NONALLOWABLE COSTS	A	-112,378	INTENSIVE CARE UNIT	31.00	0	45.43
45.44	NONALLOWABLE COSTS	A	-18,864	NEONATAL INTENSIVE CARE UNIT	31.01	0	45.44
45.45	NONALLOWABLE COSTS	A	-3,221	SUBPROVIDER - IPF	40.00	0	45.45
45.46	NONALLOWABLE COSTS	A	-3,430	SUBPROVIDER - IRF	41.00	0	45.46
45.47	NONALLOWABLE COSTS	A	-334,595	OPERATING ROOM	50.00	0	45.47
45.48	NONALLOWABLE COSTS	A	-7,364	RECOVERY ROOM	51.00	0	45.48
45.49	NONALLOWABLE COSTS	A	-22,884	DELIVERY ROOM & LABOR ROOM	52.00	0	45.49
45.50	NONALLOWABLE COSTS	A	-10,659	ANESTHESIOLOGY	53.00	0	45.50
45.51	NONALLOWABLE COSTS	A	-7,914	RADIOLOGY-DIAGNOSTIC	54.00	0	45.51
45.52	NONALLOWABLE COSTS	A	-268	LABORATORY	60.00	0	45.52
45.53	NONALLOWABLE COSTS	A	-7,152	ELECTROCARDIOLOGY	69.00	0	45.53
45.54	NONALLOWABLE COSTS	A	-66,567	RESPIRATORY THERAPY	65.00	0	45.54
45.55	NONALLOWABLE COSTS	A	-15,719	PHYSICAL THERAPY	66.00	0	45.55
45.56	NONALLOWABLE COSTS	A	-186	ELECTROENCEPHALOGRAPHY	70.00	0	45.56
45.57	NONALLOWABLE COSTS		0		0.00	0	45.57
45.58	NONALLOWABLE COSTS	A	0		0.00	0	45.58
45.59	NONALLOWABLE COSTS	A	-4,345	DEV EVALUATION	76.00	0	45.59
45.60	NONALLOWABLE COSTS	A	-466	CARDIAC REHABILITATION	76.97	0	45.60
45.61	NONALLOWABLE COST	A	1,138	AMBULATORY CARE	90.03	0	45.61
45.62	NONALLOWABLE COSTS	A	-272,906	EMERGENCY	91.00	0	45.62
45.63	NONALLOWABLE COSTS	A	-10,654	KIDNEY ACQUISITION	105.00	0	45.63
45.64	NONALLOWABLE COSTS	A	-134,220	OTHER NONREIMB	190.01	0	45.64
45.65	PUBLIC RELATIONS	A	-1,645	ADMINISTRATIVE AND GENERAL	5.06	0	45.65
45.66	INTEREST OFFSET	A	-11,213,755	ADMINISTRATIVE AND GENERAL	5.06	0	45.66
45.67	ELIMINATE MEDICAID ASSESSMENT	A	-39,822,846	ADMINISTRATIVE AND GENERAL	5.06	0	45.67
45.71	PENSION NON OPERATING COST	A	180,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.71
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-97,363,451				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0208

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

Worksheet A-8-1

Date/Time Prepared:
7/28/2021 4:36 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	16,241,641	0 1.00
2.00		5.02	DATA PROCESSING	DATA PROCESSING	55,713,453	0 2.00
3.00		5.06	ADMINISTRATIVE AND GENERAL	A&G	42,255,257	98,265,101 3.00
4.00		1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAP.-B&F	1,328,610	0 4.00
4.01		2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAP.-M.E.	6,815,813	0 4.01
4.02		0.00			0	0 4.02
4.03		0.00			0	0 4.03
5.00	0				122,354,774	98,265,101 5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
	1.00	2.00	3.00	4.00	5.00	

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

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

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

6.00	B		0.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0208

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

Worksheet A-8-1

Date/Time Prepared:
7/28/2021 4:36 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	16,241,641	0		1.00
2.00	55,713,453	0		2.00
3.00	-56,009,844	0		3.00
4.00	1,328,610	9		4.00
4.01	6,815,813	9		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	24,089,673			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

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

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0208

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

Worksheet A-8-2

Date/Time Prepared:
7/28/2021 4:36 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	ADMINISTRATIVE AND GENERAL	813,151	813,151	0	177,200	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	607,668	607,668	0	177,200	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	9,836,536	9,836,536	0	177,200	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	63,676	63,676	0	177,200	0	4.00
5.00	41.00	SUBPROVIDER - IRF	34,604	34,604	0	177,200	0	5.00
6.00	50.00	OPERATING ROOM	5,527,867	5,527,867	0	208,000	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	15,258	15,258	0	208,000	0	7.00
8.00	65.00	RESPIRATORY THERAPY	1,440,519	1,440,519	0	225,300	0	8.00
9.00	66.00	PHYSICAL THERAPY	18,843	18,843	0	177,200	0	9.00
10.00	91.00	EMERGENCY	125,149	125,149	0	208,000	0	10.00
11.00	90.03	AMBULATORY CARE	1,750	1,750	0	177,200	0	11.00
12.00	105.00	KIDNEY ACQUISITION	873,060	873,060	0	177,200	0	12.00
13.00	106.00	HEART ACQUISITION	328,800	0	328,800	177,200	6,576	13.00
200.00			19,686,881	19,358,081	328,800		6,576	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	90.03	AMBULATORY CARE	0	0	0	0	0	11.00
12.00	105.00	KIDNEY ACQUISITION	0	0	0	0	0	12.00
13.00	106.00	HEART ACQUISITION	560,225	28,011	0	0	0	13.00
200.00			560,225	28,011	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	813,151		1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	607,668		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	9,836,536		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	63,676		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	34,604		5.00
6.00	50.00	OPERATING ROOM	0	0	0	5,527,867		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	15,258		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	1,440,519		8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	18,843		9.00
10.00	91.00	EMERGENCY	0	0	0	125,149		10.00
11.00	90.03	AMBULATORY CARE	0	0	0	1,750		11.00
12.00	105.00	KIDNEY ACQUISITION	0	0	0	873,060		12.00
13.00	106.00	HEART ACQUISITION	0	560,225	0	0		13.00
200.00			0	560,225	0	19,358,081		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	39,031,493	39,031,493			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	26,587,342	26,587,342			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	82,665,706	13,475	0	82,679,181	4.00
5.01	00540	NONPATIENT TELEPHONES	2,844,888	0	0	107,249	5.01
5.02	00550	DATA PROCESSING	57,654,157	61,519	1,242,253	207,369	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,934,118	1,090	5,410	0	5.03
5.04	00570	ADMITTING	0	1,749	66,381	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	38,812,390	0	1,939	316	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	102,129,981	20,125,703	1,690,485	11,024,814	5.06
6.00	00600	MAINTENANCE & REPAIRS	26,646,024	4,438,483	263,093	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,896,055	0	30,639	0	8.00
9.00	00900	HOUSEKEEPING	12,054,198	452	69,486	0	9.00
10.00	01000	DIETARY	11,234,464	83,059	423,830	1,326	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,635,089	874,602	598,550	311,083	13.00
15.00	01500	PHARMACY	23,360,229	402,537	733,630	3,148,921	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	90,022	5,072	5,635	0	16.00
17.00	01700	SOCIAL SERVICE	3,475,110	0	0	609,210	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	28,774,184	0	0	3,584,796	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-387,716	0	3,548	0	22.00
23.00	02300	ER PARAMEDIC TRNG	713,817	15,705	5,351	108,308	23.00
23.01	02301	PASTORAL CARE	249,791	2,349	1,697	43,185	23.01
23.02	02302	PHARMACY RESIDENCY	440,358	2,959	5,382	88,697	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	114,060,235	1,788,798	2,189,815	21,935,012	30.00
31.00	03100	INTENSIVE CARE UNIT	49,022,670	761,771	2,472,301	7,904,181	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	6,364,381	687,697	423,064	1,193,634	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,956,173	9,575	57,766	744,170	40.00
41.00	04100	SUBPROVIDER - IRF	4,707,784	3,477	46,786	850,039	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	13,408,561	1,718,250	1,229,882	2,483,388	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,432,408	1,699,965	5,652,417	6,869,875	50.00
51.00	05100	RECOVERY ROOM	8,372,970	28,377	308,915	1,600,824	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,638,660	43,239	174,603	1,269,215	52.00
53.00	05300	ANESTHESIOLOGY	1,265,483	0	55,725	192,357	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,267,914	2,786,500	5,417,744	4,423,308	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	33,147,716	264,560	1,988	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,485,660	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	16,591,579	29	697,128	3,171,246	65.00
66.00	06600	PHYSICAL THERAPY	15,006,073	227,578	1,048,119	2,850,326	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,105,119	668	266,620	789,870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	303,382	33,870	51,992	59,117	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	93,604,519	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	61,444,762	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,875,305	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,023,918	227,171	60,867	505,366	74.00
76.00	03020	DEV EVALUATION	73,024	11,968	22,899	10,922	76.00
76.97	07697	CARDIAC REHABILITATION	767,708	0	23,993	147,072	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	23,329,353	16,731	115,231	1,757,098	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	21,045,319	2,655,247	1,112,611	3,772,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,158,412	37,057	0	235,379	1,461
106.00	10600	HEART ACQUISITION	4,474,050	0	5,773	345,816	5,843
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,081,774,838	39,031,282	26,583,548	82,345,525	2,918,540
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	480	0	0	0	0
190.01	19001	OTHER NONREIMB	3,065,090	211	3,794	333,656	33,597
190.02	19002	OTHER	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,084,840,408	39,031,493	26,587,342	82,679,181	2,952,137

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	59,197,434					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	5,972,754				5.03
5.04	00570	ADMITTING	0	329	93,291			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	59	0	38,978,306		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	7,743	0	0	135,241,658	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	31,496,595	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,926,694	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	12,143,126	9.00
10.00	01000	DIETARY	0	0	0	0	11,806,951	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	11	0	0	3,458,775	13.00
15.00	01500	PHARMACY	0	11,298	0	0	27,704,819	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	176,687	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	0	4,110,614	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	32,358,980	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	34	0	0	-300,872	22.00
23.00	02300	ER PARAMEDIC TRNG	0	4,350	0	0	865,060	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	304,326	23.01
23.02	02302	PHARMACY RESIDENCY	0	83	0	0	537,479	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,693,469	325,671	17,243	5,723,870	155,239,522	30.00
31.00	03100	INTENSIVE CARE UNIT	3,508,065	347,120	8,098	2,309,746	66,389,460	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	239,011	17,059	552	157,367	9,135,351	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	285,337	3,727	659	187,869	5,353,370	40.00
41.00	04100	SUBPROVIDER - IRF	865,262	11,246	1,997	569,697	7,089,885	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	924,304	57,407	2,134	608,571	20,480,701	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,297,266	2,923,455	5,888	2,829,364	71,897,612	50.00
51.00	05100	RECOVERY ROOM	549,991	54,045	468	362,120	11,289,396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	819,029	18,289	1,667	539,257	9,540,477	52.00
53.00	05300	ANESTHESIOLOGY	977,969	40,677	1,378	643,905	3,177,494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,801,708	756,440	7,024	4,478,314	49,168,287	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,372,577	273,701	7,155	2,878,949	41,079,573	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	743,407	38,556	1,357	489,467	5,770,133	62.00
65.00	06500	RESPIRATORY THERAPY	2,472,751	329,827	5,534	1,628,085	24,934,158	65.00
66.00	06600	PHYSICAL THERAPY	2,059,083	545,961	2,469	1,355,721	23,196,120	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,004,076	10,499	1,391	661,094	6,893,384	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	67,193	1,171	138	44,241	568,408	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,708,160	0	4,954	1,783,080	98,100,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,027,134	0	5,110	1,993,096	66,470,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,224,546	0	14,109	6,075,644	67,189,604	73.00
74.00	07400	RENAL DIALYSIS	254,144	18,780	557	167,331	4,258,134	74.00
76.00	03020	DEV EVALUATION	94,283	595	106	62,077	310,932	76.00
76.97	07697	CARDIAC REHABILITATION	39,438	292	28	25,967	1,004,498	76.97
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
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	1,364,344	17,278	3	898,298	27,569,912	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,769,336	156,311	3,190	2,481,770	35,141,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	17,519	14	40	11,534	1,461,416	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
106.00	10600	HEART ACQUISITION	18,032	603	42	11,872	4,862,031	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,197,434	5,972,632	93,291	38,978,306	1,081,403,458	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	480	190.00
190.01	19001	OTHER NONREIMB	0	122	0	0	3,436,470	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	59,197,434	5,972,754	93,291	38,978,306	1,084,840,408	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	135,241,658					5.06
6.00	00600	MAINTENANCE & REPAIRS	4,484,328	35,980,923				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	559,063	137,812	4,623,569			8.00
9.00	00900	HOUSEKEEPING	1,728,878	561,702	0	14,433,706		9.00
10.00	01000	DIETARY	1,681,015	1,453,585	0	594,665	15,536,216	10.00
11.00	01100	CAFETERIA	0	0	0	0	5,917,210	11.00
13.00	01300	NURSING ADMINISTRATION	492,443	121,414	0	49,671	0	13.00
15.00	01500	PHARMACY	3,944,474	513,942	0	210,255	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,156	181,028	0	74,059	0	16.00
17.00	01700	SOCIAL SERVICE	585,249	31,908	0	13,054	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,607,110	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	589,681	0	241,240	0	22.00
23.00	02300	ER PARAMEDIC TRNG	123,163	9,839	9,648	4,025	0	23.00
23.01	02301	PASTORAL CARE	43,328	29,790	0	12,187	0	23.01
23.02	02302	PHARMACY RESIDENCY	76,524	2,835	0	1,160	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,101,923	10,595,092	2,346,049	4,334,473	7,347,991	30.00
31.00	03100	INTENSIVE CARE UNIT	9,452,199	2,913,696	531,166	1,192,000	1,611,112	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,300,646	396,901	35,930	162,373	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	762,186	542,195	67,872	221,813	268,132	40.00
41.00	04100	SUBPROVIDER - IRF	1,009,422	675,873	90,935	276,501	391,771	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,915,940	1,076,908	69,313	440,566	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,236,423	5,100,479	133,307	2,086,618	0	50.00
51.00	05100	RECOVERY ROOM	1,607,328	836,403	0	342,175	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,358,325	2,023,179	103,926	827,687	0	52.00
53.00	05300	ANESTHESIOLOGY	452,396	97,090	0	39,720	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,000,335	3,334,613	606,513	1,364,198	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	5,848,704	791,240	32,253	323,698	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	821,523	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	3,550,001	186,835	0	76,435	0	65.00
66.00	06600	PHYSICAL THERAPY	3,302,548	520,160	109,557	212,799	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	981,446	310,265	44,878	126,930	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	80,927	50,322	35,355	20,587	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,967,089	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,463,681	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,566,120	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	606,252	114,616	0	46,890	0	74.00
76.00	03020	DEV EVALUATION	44,269	287,683	0	117,692	0	76.00
76.97	07697	CARDIAC REHABILITATION	143,015	129,852	0	53,123	0	76.97
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
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	3,925,266	653,668	33,936	267,417	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	5,003,327	1,456,694	310,175	595,937	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	208,069	54,284	0	22,208	0	105.00
106.00	10600	HEART ACQUISITION	692,232	50,253	0	20,559	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	134,752,323	35,831,837	4,560,813	14,372,715	15,536,216	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	68	70,922	0	29,014	0	190.00
190.01	19001	OTHER NONREIMB	489,267	78,164	62,756	31,977	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	135,241,658	35,980,923	4,623,569	14,433,706	15,536,216	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	5,917,210					11.00
13.00	01300	NURSING ADMINISTRATION	21,512	4,143,815				13.00
15.00	01500	PHARMACY	195,974	0	32,569,464			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	456,930		16.00
17.00	01700	SOCIAL SERVICE	49,373	28,587	0	0	4,818,785	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,880	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	247,841	0	8,769	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	8,063	1,435	43,171	0	0	23.00
23.01	02301	PASTORAL CARE	8,177	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	6,632	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,996,965	1,780,003	1,980,647	67,257	3,795,425	30.00
31.00	03100	INTENSIVE CARE UNIT	643,090	628,871	3,431,385	27,140	832,197	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	89,392	85,125	44,717	1,849	191,163	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	66,633	6,615	82,818	2,207	0	40.00
41.00	04100	SUBPROVIDER - IRF	77,021	72,967	37,548	6,694	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	200,891	199,370	120,749	7,151	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	567,430	406,799	572,851	33,246	0	50.00
51.00	05100	RECOVERY ROOM	134,882	133,754	145,760	4,255	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	99,666	98,805	217,665	6,336	0	52.00
53.00	05300	ANESTHESIOLOGY	22,192	10,760	252,116	7,566	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	356,506	154,842	253,193	52,621	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	468	0	244	33,828	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	5,751	0	62.00
65.00	06500	RESPIRATORY THERAPY	278,791	3,257	3,064	19,130	0	65.00
66.00	06600	PHYSICAL THERAPY	220,278	17,802	313	15,930	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	67,994	57,520	16,335	7,768	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,405	0	0	520	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,952	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,419	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,318	0	73.00
74.00	07400	RENAL DIALYSIS	35,315	35,169	5,077	1,966	0	74.00
76.00	03020	DEV EVALUATION	2,707	0	0	729	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,181	11,257	0	305	0	76.97
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
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	109,161	54,652	24,137,258	10,555	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	338,735	333,472	1,206,535	29,161	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,424	5,843	0	136	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
106.00	10600	HEART ACQUISITION	17,416	15,030	0	140	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,890,115	4,143,815	32,560,215	456,930	4,818,785	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	27,095	0	9,249	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	5,917,210	4,143,815	32,569,464	456,930	4,818,785	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
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 APPRVD	36,967,970				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		786,659			22.00
23.00	02300	ER PARAMEDIC TRNG			1,064,404		23.00
23.01	02301	PASTORAL CARE			397,808		23.01
23.02	02302	PHARMACY RESIDENCY			624,630	398,199	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,046,579	384,023	230,015,949	226,010	30.00
31.00	03100	INTENSIVE CARE UNIT	3,873,032	82,416	91,607,764	89,959	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	2,091,596	44,508	13,579,551	13,335	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	7,373,841	7,241	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	9,728,617	9,554	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	25,511,589	25,052	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,796,028	123,336	96,954,129	95,209	50.00
51.00	05100	RECOVERY ROOM	0	0	14,493,953	14,233	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	14,276,066	14,019	52.00
53.00	05300	ANESTHESIOLOGY	203,593	4,332	4,267,259	4,190	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	62,291,108	61,170	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	48,110,008	47,244	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	6,597,407	6,479	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	29,051,671	28,529	65.00
66.00	06600	PHYSICAL THERAPY	0	0	27,595,507	27,099	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,506,520	8,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	762,524	749	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	112,088,754	110,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	75,957,202	74,590	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	76,826,042	75,443	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,103,419	5,012	74.00
76.00	03020	DEV EVALUATION	0	0	764,012	750	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,353,231	1,329	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	56,761,825	55,740	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	6,957,142	148,044	51,521,115	50,594	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE	
			SERVICES-SALAR	SERVICES-OTHER				
			Y & FRINGES	PRGM COSTS				
			21.00	22.00	22A	23.00	23.01	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,761,380	1,730	0	105.00
106.00	10600	HEART ACQUISITION	0	0	5,657,661	5,556	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,967,970	786,659	1,080,604,946	1,060,244	398,199	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	100,484	99	0	190.00
190.01	19001	OTHER NONREIMB	0	0	4,134,978	4,061	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	36,967,970	786,659	1,084,840,408	1,064,404	398,199	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
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 APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	ER PARAMEDIC TRNG					23.00
23.01	02301	PASTORAL CARE					23.01
23.02	02302	PHARMACY RESIDENCY	625,243				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,084	230,554,422	-18,430,602	212,123,820	30.00
31.00	03100	INTENSIVE CARE UNIT	65,979	91,823,862	-3,955,448	87,868,414	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	860	13,607,565	-2,136,104	11,471,461	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,592	7,392,686	0	7,392,686	40.00
41.00	04100	SUBPROVIDER - IRF	722	9,753,522	0	9,753,522	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,322	25,564,163	0	25,564,163	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,015	97,060,353	-5,919,364	91,140,989	50.00
51.00	05100	RECOVERY ROOM	2,803	14,510,989	0	14,510,989	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,185	14,294,270	0	14,294,270	52.00
53.00	05300	ANESTHESIOLOGY	4,848	4,276,297	-207,925	4,068,372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,868	62,357,146	0	62,357,146	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	5	48,157,257	0	48,157,257	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,603,886	0	6,603,886	62.00
65.00	06500	RESPIRATORY THERAPY	59	29,080,259	0	29,080,259	65.00
66.00	06600	PHYSICAL THERAPY	6	27,622,612	0	27,622,612	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	314	8,515,187	0	8,515,187	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	763,273	0	763,273	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	112,198,825	0	112,198,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	76,031,792	0	76,031,792	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	76,901,485	0	76,901,485	73.00
74.00	07400	RENAL DIALYSIS	98	5,108,529	0	5,108,529	74.00
76.00	03020	DEV EVALUATION	0	764,762	0	764,762	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,354,560	0	1,354,560	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	464,106	57,281,671	0	57,281,671	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	23,199	51,594,908	-7,105,186	44,489,722	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,763,110	0	1,763,110		105.00
106.00	10600	HEART ACQUISITION	0	5,663,217	0	5,663,217		106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	625,065	1,080,600,608	-37,754,629	1,042,845,979		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	100,583	0	100,583		190.00
190.01	19001	OTHER NONREIMB	178	4,139,217	0	4,139,217		190.01
190.02	19002	OTHER	0	0	0	0		190.02
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	625,243	1,084,840,408	-37,754,629	1,047,085,779		202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,475	0	13,475	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	17	5.01
5.02	00550	DATA PROCESSING	0	61,519	1,242,253	1,303,772	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,090	5,410	6,500	5.03
5.04	00570	ADMITTING	0	1,749	66,381	68,130	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,939	1,939	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	20,125,703	1,690,485	21,816,188	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,438,483	263,093	4,701,576	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	30,639	30,639	8.00
9.00	00900	HOUSEKEEPING	0	452	69,486	69,938	9.00
10.00	01000	DIETARY	0	83,059	423,830	506,889	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	874,602	598,550	1,473,152	13.00
15.00	01500	PHARMACY	0	402,537	733,630	1,136,167	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,072	5,635	10,707	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	578	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,548	3,548	22.00
23.00	02300	ER PARAMEDIC TRNG	0	15,705	5,351	21,056	23.00
23.01	02301	PASTORAL CARE	0	2,349	1,697	4,046	23.01
23.02	02302	PHARMACY RESIDENCY	0	2,959	5,382	8,341	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,788,798	2,189,815	3,978,613	30.00
31.00	03100	INTENSIVE CARE UNIT	0	761,771	2,472,301	3,234,072	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	687,697	423,064	1,110,761	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	9,575	57,766	67,341	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,477	46,786	50,263	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,718,250	1,229,882	2,948,132	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,699,965	5,652,417	7,352,382	50.00
51.00	05100	RECOVERY ROOM	0	28,377	308,915	337,292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,239	174,603	217,842	52.00
53.00	05300	ANESTHESIOLOGY	0	0	55,725	55,725	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,786,500	5,417,744	8,204,244	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	264,560	1,988	266,548	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	29	697,128	697,157	65.00
66.00	06600	PHYSICAL THERAPY	0	227,578	1,048,119	1,275,697	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	668	266,620	267,288	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,870	51,992	85,862	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	227,171	60,867	288,038	74.00
76.00	03020	DEV EVALUATION	0	11,968	22,899	34,867	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	23,993	23,993	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	16,731	115,231	131,962	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	2,655,247	1,112,611	3,767,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
Directly Assigned New Capital Related Costs							
0			1.00	2.00	2A	4.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	37,057	37,057	38	105.00
106.00	10600	HEART ACQUISITION	0	0	5,773	56	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	39,031,282	26,583,548	13,421	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	0	211	3,794	54	190.01
190.02	19002	OTHER	0	0	0	0	190.02
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	39,031,493	26,587,342	13,475	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	17					5.01
5.02	00550	DATA PROCESSING	0	1,303,805				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	6,500			5.03
5.04	00570	ADMITTING	0	0	0	68,130		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1	0	0	0	1,940	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	2	0	8	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1	0	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
15.00	01500	PHARMACY	0	0	12	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	0	0	5	0	0	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7	191,465	355	12,635	542	30.00
31.00	03100	INTENSIVE CARE UNIT	0	77,261	378	5,910	219	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	5,264	19	403	15	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1	6,284	4	481	18	40.00
41.00	04100	SUBPROVIDER - IRF	0	19,056	12	1,458	54	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	20,357	63	1,557	58	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1	94,643	3,178	4,296	268	50.00
51.00	05100	RECOVERY ROOM	0	12,113	59	342	34	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,038	20	1,216	51	52.00
53.00	05300	ANESTHESIOLOGY	0	21,539	44	1,006	61	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1	149,801	825	5,126	424	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1	96,301	298	5,221	273	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,373	42	990	46	62.00
65.00	06500	RESPIRATORY THERAPY	0	54,460	360	4,038	154	65.00
66.00	06600	PHYSICAL THERAPY	1	45,349	595	1,802	128	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,114	11	1,015	63	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,480	1	101	4	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	59,644	0	3,615	169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	66,669	0	3,729	189	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	203,205	0	10,296	-1,176	73.00
74.00	07400	RENAL DIALYSIS	0	5,597	20	407	16	74.00
76.00	03020	DEV EVALUATION	0	2,076	1	77	6	76.00
76.97	07697	CARDIAC REHABILITATION	0	869	0	20	2	76.97
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
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	30,048	19	2	85	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1	83,016	170	2,327	235	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	386	0	30	1	105.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
106.00	10600	HEART ACQUISITION	0	397	1	30	1	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17	1,303,805	6,500	68,130	1,940	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	0	0	0	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	17	1,303,805	6,500	68,130	1,940	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	21,817,976					5.06
6.00	00600	MAINTENANCE & REPAIRS	723,445	5,425,022				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	90,192	20,779	141,610			8.00
9.00	00900	HOUSEKEEPING	278,915	84,691	0	433,544		9.00
10.00	01000	DIETARY	271,194	219,164	0	17,862	1,015,109	10.00
11.00	01100	CAFETERIA	0	0	0	0	386,620	11.00
13.00	01300	NURSING ADMINISTRATION	79,445	18,306	0	1,492	0	13.00
15.00	01500	PHARMACY	636,352	77,490	0	6,315	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,058	27,294	0	2,224	0	16.00
17.00	01700	SOCIAL SERVICE	94,417	4,811	0	392	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	743,253	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	88,909	0	7,246	0	22.00
23.00	02300	ER PARAMEDIC TRNG	19,870	1,483	296	121	0	23.00
23.01	02301	PASTORAL CARE	6,990	4,492	0	366	0	23.01
23.02	02302	PHARMACY RESIDENCY	12,345	428	0	35	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,565,429	1,597,475	71,853	130,196	480,105	30.00
31.00	03100	INTENSIVE CARE UNIT	1,524,900	439,312	16,269	35,804	105,267	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	209,830	59,843	1,100	4,877	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	122,962	81,749	2,079	6,663	17,519	40.00
41.00	04100	SUBPROVIDER - IRF	162,848	101,905	2,785	8,305	25,598	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	470,421	162,371	2,123	13,233	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,651,416	769,024	4,083	62,676	0	50.00
51.00	05100	RECOVERY ROOM	259,306	126,109	0	10,278	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	219,135	305,045	3,183	24,861	0	52.00
53.00	05300	ANESTHESIOLOGY	72,984	14,639	0	1,193	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,129,346	502,776	18,576	40,976	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	943,557	119,299	988	9,723	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	132,534	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	572,713	28,170	0	2,296	0	65.00
66.00	06600	PHYSICAL THERAPY	532,792	78,427	3,356	6,392	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	158,334	46,780	1,375	3,813	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,056	7,587	1,083	618	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,253,275	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,526,752	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,543,278	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	97,805	17,281	0	1,408	0	74.00
76.00	03020	DEV EVALUATION	7,142	43,375	0	3,535	0	76.00
76.97	07697	CARDIAC REHABILITATION	23,072	19,578	0	1,596	0	76.97
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
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	633,253	98,557	1,039	8,032	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	807,174	219,633	9,500	17,900	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	33,567	8,185	0	667	0	105.00
106.00	10600	HEART ACQUISITION	111,676	7,577	0	618	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,739,033	5,402,544	139,688	431,713	1,015,109	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11	10,693	0	871	0	190.00
190.01	19001	OTHER NONREIMB	78,932	11,785	1,922	960	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	21,817,976	5,425,022	141,610	433,544	1,015,109	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	386,620					11.00
13.00	01300	NURSING ADMINISTRATION	1,406	1,573,851				13.00
15.00	01500	PHARMACY	12,805	0	1,869,649			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	44,283		16.00
17.00	01700	SOCIAL SERVICE	3,226	10,857	0	0	113,801	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	714	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,193	0	503	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	527	545	2,478	0	0	23.00
23.01	02301	PASTORAL CARE	534	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	433	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	130,477	676,060	113,699	6,509	89,633	30.00
31.00	03100	INTENSIVE CARE UNIT	42,018	238,849	196,978	2,626	19,653	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	5,841	32,331	2,567	179	4,515	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	4,354	2,512	4,754	214	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,032	27,713	2,155	648	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	13,126	75,722	6,932	692	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,075	154,505	32,884	3,217	0	50.00
51.00	05100	RECOVERY ROOM	8,813	50,801	8,367	412	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,512	37,527	12,495	613	0	52.00
53.00	05300	ANESTHESIOLOGY	1,450	4,087	14,473	732	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,293	58,810	14,535	5,092	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	31	0	14	3,274	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	557	0	62.00
65.00	06500	RESPIRATORY THERAPY	18,216	1,237	176	1,851	0	65.00
66.00	06600	PHYSICAL THERAPY	14,393	6,761	18	1,542	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,443	21,847	938	752	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	419	0	0	50	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,028	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,266	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,868	0	73.00
74.00	07400	RENAL DIALYSIS	2,307	13,358	291	190	0	74.00
76.00	03020	DEV EVALUATION	177	0	0	71	0	76.00
76.97	07697	CARDIAC REHABILITATION	731	4,276	0	30	0	76.97
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
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	7,132	20,757	1,385,600	1,021	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	22,132	126,655	69,261	2,822	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	616	2,219	0	13	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
106.00	10600	HEART ACQUISITION	1,138	5,708	0	14	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	384,850	1,573,851	1,869,118	44,283	113,801	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	1,770	0	531	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	386,620	1,573,851	1,869,649	44,283	113,801	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
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Cost Center Description			INTERNS & RESIDENTS		ER PARAMEDIC TRNG	PASTORAL CARE	PHARMACY RESIDENCY	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
			21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
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 APPRVD	744,545					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		77,970				22.00
23.00	02300	ER PARAMEDIC TRNG			46,398			23.00
23.01	02301	PASTORAL CARE				16,435		23.01
23.02	02302	PHARMACY RESIDENCY					21,596	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
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						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	BLOOD LABORATORY						60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	DEV EVALUATION						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	FAMILY PRACTICES						90.01
90.02	09002	WOMEN'S HEALTH CENTER						90.02
90.03	09003	AMBULATORY CARE						90.03
90.04	09004	OTHER						90.04
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF						99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
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To 12/31/2020Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		ER PARAMEDIC TRNG	PASTORAL CARE	PHARMACY RESIDENCY	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	OTHER NONREIMB						190.01
190.02	19002	OTHER						190.02
200.00		Cross Foot Adjustments	744,545	77,970	46,398	16,435	21,596	200.00
201.00		Negative Cost Centers	0	38,429	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	744,545	116,399	46,398	16,435	21,596	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
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To 12/31/2020Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
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 APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	ER PARAMEDIC TRNG				23.00
23.01	02301	PASTORAL CARE				23.01
23.02	02302	PHARMACY RESIDENCY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,048,731	0	11,048,731	30.00
31.00	03100	INTENSIVE CARE UNIT	5,940,791	0	5,940,791	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,437,738	0	1,437,738	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	317,055	0	317,055	40.00
41.00	04100	SUBPROVIDER - IRF	407,969	0	407,969	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,715,188	0	3,715,188	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,170,756	0	10,170,756	50.00
51.00	05100	RECOVERY ROOM	814,184	0	814,184	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	846,743	0	846,743	52.00
53.00	05300	ANESTHESIOLOGY	187,964	0	187,964	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,154,538	0	10,154,538	54.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	1,445,528	0	1,445,528	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	150,542	0	150,542	62.00
65.00	06500	RESPIRATORY THERAPY	1,381,340	0	1,381,340	65.00
66.00	06600	PHYSICAL THERAPY	1,967,713	0	1,967,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	528,900	0	528,900	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	110,271	0	110,271	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,318,731	0	2,318,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,599,605	0	1,599,605	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,762,471	0	1,762,471	73.00
74.00	07400	RENAL DIALYSIS	426,800	0	426,800	74.00
76.00	03020	DEV EVALUATION	91,329	0	91,329	76.00
76.97	07697	CARDIAC REHABILITATION	74,191	0	74,191	76.97
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
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003	AMBULATORY CARE	2,317,790	0	2,317,790	90.03
90.04	09004	OTHER	0	0	0	90.04
91.00	09100	EMERGENCY	5,129,292	0	5,129,292	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
	SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	82,779	0	82,779	105.00
106.00	10600	HEART ACQUISITION	132,989	0	132,989	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,561,928	0	64,561,928	118.00
	NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,575	0	11,575	190.00
190.01	19001	OTHER NONREIMB	99,959	0	99,959	190.01
190.02	19002	OTHER	0	0	0	190.02
200.00		Cross Foot Adjustments	906,944	0	906,944	200.00
201.00		Negative Cost Centers	38,429	0	38,429	201.00
202.00		TOTAL (sum lines 118 through 201)	65,618,835	0	65,618,835	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
		NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	36,948,057				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		20,223,391			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,756	0	392,238,888		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	508,800	2,021	5.01
5.02	00550	DATA PROCESSING	58,235	944,907	983,779	22	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,032	4,115	0	22	5.03
5.04	00570	ADMITTING	1,656	50,492	0	17	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,475	1,501	112	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	19,051,425	1,285,850	52,302,855	180	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,201,565	200,119	0	102	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,305	0	0	8.00
9.00	00900	HOUSEKEEPING	428	52,854	0	13	9.00
10.00	01000	DIETARY	78,625	322,382	6,292	44	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	827,917	455,281	1,475,810	27	13.00
15.00	01500	PHARMACY	381,050	558,028	14,938,805	33	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,801	4,286	0	52	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,890,153	18	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	17,006,643	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,699	0	57	22.00
23.00	02300	ER PARAMEDIC TRNG	14,867	4,070	513,826	12	23.00
23.01	02301	PASTORAL CARE	2,224	1,291	204,874	5	23.01
23.02	02302	PHARMACY RESIDENCY	2,801	4,094	420,790	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,693,315	1,665,660	104,062,285	346	30.00
31.00	03100	INTENSIVE CARE UNIT	721,109	1,880,530	37,498,250	38	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	650,989	321,799	5,662,724	36	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,064	43,939	3,530,420	74	40.00
41.00	04100	SUBPROVIDER - IRF	3,291	35,587	4,032,671	23	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,626,533	935,497	11,781,449	33	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,609,224	4,299,457	32,591,394	128	50.00
51.00	05100	RECOVERY ROOM	26,862	234,973	7,594,473	8	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,931	132,810	6,021,285	25	52.00
53.00	05300	ANESTHESIOLOGY	0	42,387	912,562	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,637,762	4,120,951	20,984,627	157	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	250,438	1,512	0	91	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	8	62.00
65.00	06500	RESPIRATORY THERAPY	27	530,263	15,044,719	26	65.00
66.00	06600	PHYSICAL THERAPY	215,430	797,241	13,522,242	69	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	632	202,802	3,747,226	37	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,062	39,547	280,459	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	215,045	46,298	2,397,510	0	74.00
76.00	03020	DEV EVALUATION	11,329	17,418	51,813	24	76.00
76.97	07697	CARDIAC REHABILITATION	0	18,250	697,724	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	15,838	87,649	8,335,855	49	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,513,515	846,296	17,894,926	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 4:36 pm

	Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
			NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)				
			1.00	2.00				
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	35,079	0	1,116,661	1	1,093,000	105.00
106.00	10600	HEART ACQUISITION	0	4,391	1,640,586	4	1,125,000	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,947,857	20,220,505	390,655,989	1,998	3,693,470,490	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	200	2,886	1,582,899	23	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	39,031,493	26,587,342	82,679,181	2,952,137	59,197,434	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.056388	1.314683	0.210788	1,460.730826	0.016028	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			13,475	17	1,303,805	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000034	0.008412	0.000353	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: 14-0208

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	155,049,281					5.03
5.04	00570	ADMITTING	8,541	2,554,646,868				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,543	0	3,693,470,490			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	200,991	0	0	-135,241,658	949,899,622	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	31,496,595	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,926,694	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	12,143,126	9.00
10.00	01000	DIETARY	0	0	0	0	11,806,951	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	286	0	0	0	3,458,775	13.00
15.00	01500	PHARMACY	293,292	0	0	0	27,704,819	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	176,687	16.00
17.00	01700	SOCIAL SERVICE	17	0	0	0	4,110,614	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	32,358,980	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	877	0	0	300,872	0	22.00
23.00	02300	ER PARAMEDIC TRNG	112,924	0	0	0	865,060	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	304,326	23.01
23.02	02302	PHARMACY RESIDENCY	2,156	0	0	0	537,479	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,454,154	499,289,134	542,392,641	0	155,239,522	30.00
31.00	03100	INTENSIVE CARE UNIT	9,010,949	218,871,026	218,871,026	0	66,389,460	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	442,845	14,912,077	14,912,077	0	9,135,351	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	96,742	17,802,391	17,802,391	0	5,353,370	40.00
41.00	04100	SUBPROVIDER - IRF	291,942	53,984,411	53,984,411	0	7,089,885	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,490,232	57,668,060	57,668,060	0	20,480,701	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,891,932	159,124,624	268,109,959	0	71,897,612	50.00
51.00	05100	RECOVERY ROOM	1,402,971	12,657,229	34,314,390	0	11,289,396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	474,774	45,052,655	51,099,863	0	9,540,477	52.00
53.00	05300	ANESTHESIOLOGY	1,055,952	37,256,111	61,016,307	0	3,177,494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,636,573	189,848,297	424,364,101	0	49,168,287	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,105,044	193,380,510	272,808,622	0	41,079,573	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,000,886	36,681,653	46,381,798	0	5,770,133	62.00
65.00	06500	RESPIRATORY THERAPY	8,562,048	149,565,818	154,276,970	0	24,934,158	65.00
66.00	06600	PHYSICAL THERAPY	14,172,710	66,726,482	128,467,869	0	23,196,120	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	272,542	37,604,955	62,645,094	0	6,893,384	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,388	3,731,033	4,192,225	0	568,408	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	133,887,465	168,964,321	0	98,100,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	138,096,633	188,865,355	0	66,470,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	381,329,739	575,621,270	0	67,189,604	73.00
74.00	07400	RENAL DIALYSIS	487,525	15,065,505	15,856,239	0	4,258,134	74.00
76.00	03020	DEV EVALUATION	15,453	2,855,532	5,882,405	0	310,932	76.00
76.97	07697	CARDIAC REHABILITATION	7,583	746,536	2,460,580	0	1,004,498	76.97
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
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	448,534	87,959	85,122,542	0	27,569,912	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	4,057,707	86,203,033	235,171,974	0	35,141,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	363	1,093,000	1,093,000	0	1,461,416	105.00
106.00	10600	HEART ACQUISITION	15,645	1,125,000	1,125,000	0	4,862,031	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	155,046,121	2,554,646,868	3,693,470,490	-134,940,786	946,462,672	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	480	190.00
190.01	19001	OTHER NONREIMB	3,160	0	0	0	3,436,470	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,972,754	93,291	38,978,306		135,241,658	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.038522	0.000037	0.010553		0.142375	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,500	68,130	1,940		21,817,976	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000042	0.000027	0.000001		0.022969	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: 14-0208

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,053,225				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,034	4,646,040			8.00
9.00	00900	HOUSEKEEPING	16,442	0	1,032,749		9.00
10.00	01000	DIETARY	42,549	0	42,549	1,352,955	10.00
11.00	01100	CAFETERIA	0	0	515,294	417,551	11.00
13.00	01300	NURSING ADMINISTRATION	3,554	0	3,554	0	13.00
15.00	01500	PHARMACY	15,044	0	15,044	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,299	0	5,299	0	16.00
17.00	01700	SOCIAL SERVICE	934	0	934	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,261	0	17,261	0	22.00
23.00	02300	ER PARAMEDIC TRNG	288	9,695	288	0	23.00
23.01	02301	PASTORAL CARE	872	0	872	0	23.01
23.02	02302	PHARMACY RESIDENCY	83	0	83	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	310,137	2,357,448	310,137	639,892	30.00
31.00	03100	INTENSIVE CARE UNIT	85,289	533,748	85,289	140,302	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,618	36,105	11,618	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	15,871	68,202	15,871	23,350	40.00
41.00	04100	SUBPROVIDER - IRF	19,784	91,377	19,784	34,117	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	31,523	69,650	31,523	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	149,300	133,955	149,300	0	50.00
51.00	05100	RECOVERY ROOM	24,483	0	24,483	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,222	104,431	59,222	0	52.00
53.00	05300	ANESTHESIOLOGY	2,842	0	2,842	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,610	609,461	97,610	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	23,161	32,410	23,161	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,469	0	5,469	0	65.00
66.00	06600	PHYSICAL THERAPY	15,226	110,090	15,226	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,082	45,096	9,082	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,473	35,527	1,473	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,355	0	3,355	0	74.00
76.00	03020	DEV EVALUATION	8,421	0	8,421	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,801	0	3,801	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	19,134	34,101	19,134	7,703	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	42,640	311,683	42,640	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
			6.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,589	0	1,589	0	665	105.00
106.00	10600	HEART ACQUISITION	1,471	0	1,471	0	1,229	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,048,861	4,582,979	1,028,385	1,352,955	415,639	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,076	0	2,076	0	0	190.00
190.01	19001	OTHER NONREIMB	2,288	63,061	2,288	0	1,912	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	35,980,923	4,623,569	14,433,706	15,536,216	5,917,210	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.162618	0.995163	13.976006	11.483173	14.171227	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,425,022	141,610	433,544	1,015,109	386,620	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.150867	0.030480	0.419796	0.750290	0.925923	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: 14-0208

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description		NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (IR TIME)	
		(NURSING HOURS)					
		13.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
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	6,143,238				13.00
15.00	01500	PHARMACY	0	17,378,306			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,693,470,490		16.00
17.00	01700	SOCIAL SERVICE	42,380	0	0	71,842	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,787	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,679	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	2,128	23,035	0	0	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,638,868	1,056,827	542,392,641	56,585	30.00
31.00	03100	INTENSIVE CARE UNIT	932,306	1,830,907	218,871,026	12,407	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	126,198	23,860	14,912,077	2,850	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,807	44,190	17,802,391	0	40.00
41.00	04100	SUBPROVIDER - IRF	108,174	20,035	53,984,411	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	295,567	64,429	57,668,060	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	603,082	305,660	268,109,959	0	50.00
51.00	05100	RECOVERY ROOM	198,292	77,774	34,314,390	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	146,479	116,141	51,099,863	0	52.00
53.00	05300	ANESTHESIOLOGY	15,952	134,523	61,016,307	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	229,555	135,098	424,364,101	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	130	272,808,622	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	46,381,798	0	62.00
65.00	06500	RESPIRATORY THERAPY	4,828	1,635	154,276,970	0	65.00
66.00	06600	PHYSICAL THERAPY	26,391	167	128,467,869	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	85,274	8,716	62,645,094	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,192,225	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	168,964,321	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	188,865,355	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	575,621,270	0	73.00
74.00	07400	RENAL DIALYSIS	52,139	2,709	15,856,239	0	74.00
76.00	03020	DEV EVALUATION	0	0	5,882,405	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,689	0	2,460,580	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	81,022	12,879,077	85,122,542	0	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	494,375	643,779	235,171,974	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				4,374	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description		NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (IR TIME)	
		(NURSING HOURS)					
		13.00	15.00	16.00	17.00	21.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	8,663	0	1,093,000	0	0	105.00
106.00	10600 HEART ACQUISITION	22,282	0	1,125,000	0	0	106.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,143,238	17,373,371	3,693,470,490	71,842	23,242	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	0	4,935	0	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,143,815	32,569,464	456,930	4,818,785	36,967,970	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.674533	1.874145	0.000124	67.074761	1,590.567507	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,573,851	1,869,649	44,283	113,801	744,545	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.256192	0.107585	0.000012	1.584046	32.034463	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: 14-0208

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (IR TIME)	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	PHARMACY RESIDENCY (DRUGS)	
			22.00	23A	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
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 APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	23,242					22.00
23.00	02300	ER PARAMEDIC TRNG		-1,064,404	1,083,776,004			23.00
23.01	02301	PASTORAL CARE		0		233,658		23.01
23.02	02302	PHARMACY RESIDENCY		0			17,350,592	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,346	0	230,015,949	161,002	1,056,827	30.00
31.00	03100	INTENSIVE CARE UNIT	2,435	0	91,607,764	35,301	1,830,907	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,315	0	13,579,551	8,109	23,860	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	7,373,841	5,875	44,190	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	9,728,617	8,584	20,035	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	25,511,589	14,787	64,429	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,644	0	96,954,129	0	305,660	50.00
51.00	05100	RECOVERY ROOM	0	0	14,493,953	0	77,774	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	14,276,066	0	116,141	52.00
53.00	05300	ANESTHESIOLOGY	128	0	4,267,259	0	134,523	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	62,291,108	0	135,098	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	48,110,008	0	130	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	6,597,407	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	29,051,671	0	1,635	65.00
66.00	06600	PHYSICAL THERAPY	0	0	27,595,507	0	167	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,506,520	0	8,716	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	762,524	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	112,088,754	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	75,957,202	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	76,826,042	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,103,419	0	2,709	74.00
76.00	03020	DEV EVALUATION	0	0	764,012	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,353,231	0	0	76.97
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
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	56,761,825	0	12,879,077	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	4,374	0	51,521,115	0	643,779	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description			INTERNS & RESIDENTS	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	PHARMACY RESIDENCY (DRUGS)	
			SERVICES-OTHER PRGM COSTS (IR TIME)					
			22.00					
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,761,380	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	5,657,661	0	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		23,242	-1,064,404	1,079,540,542	233,658	17,345,657	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	100,484	0	0	190.00
190.01	19001	OTHER NONREIMB	0	0	4,134,978	0	4,935	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)		786,659		1,064,404	398,199	625,243	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		33.846442		0.000982	1.704196	0.036036	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		116,399		46,398	16,435	21,596	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		3.354703		0.000043	0.070338	0.001245	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/28/2021 4:36 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	212,123,820		212,123,820	0	212,123,820	30.00
31.00	03100	INTENSIVE CARE UNIT	87,868,414		87,868,414	0	87,868,414	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,471,461		11,471,461	0	11,471,461	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	7,392,686		7,392,686	0	7,392,686	40.00
41.00	04100	SUBPROVIDER - IRF	9,753,522		9,753,522	0	9,753,522	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	25,564,163		25,564,163	0	25,564,163	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	91,140,989		91,140,989	0	91,140,989	50.00
51.00	05100	RECOVERY ROOM	14,510,989		14,510,989	0	14,510,989	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,294,270		14,294,270	0	14,294,270	52.00
53.00	05300	ANESTHESIOLOGY	4,068,372		4,068,372	0	4,068,372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,357,146		62,357,146	0	62,357,146	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	48,157,257		48,157,257	0	48,157,257	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,603,886		6,603,886	0	6,603,886	62.00
65.00	06500	RESPIRATORY THERAPY	29,080,259	0	29,080,259	0	29,080,259	65.00
66.00	06600	PHYSICAL THERAPY	27,622,612	0	27,622,612	0	27,622,612	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,515,187		8,515,187	0	8,515,187	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	763,273		763,273	0	763,273	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	112,198,825		112,198,825	0	112,198,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	76,031,792		76,031,792	0	76,031,792	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,901,485		76,901,485	0	76,901,485	73.00
74.00	07400	RENAL DIALYSIS	5,108,529		5,108,529	0	5,108,529	74.00
76.00	03020	DEV EVALUATION	764,762		764,762	0	764,762	76.00
76.97	07697	CARDIAC REHABILITATION	1,354,560		1,354,560	0	1,354,560	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0		0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0	90.02
90.03	09003	AMBULATORY CARE	57,281,671		57,281,671	0	57,281,671	90.03
90.04	09004	OTHER	0		0	0	0	90.04
91.00	09100	EMERGENCY	44,489,722		44,489,722	0	44,489,722	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,076,034		14,076,034	0	14,076,034	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,763,110		1,763,110	0	1,763,110	105.00
106.00	10600	HEART ACQUISITION	5,663,217		5,663,217	0	5,663,217	106.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
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
200.00		Subtotal (see instructions)	1,056,922,013	0	1,056,922,013	0	1,056,922,013	200.00
201.00		Less Observation Beds	14,076,034		14,076,034	0	14,076,034	201.00
202.00		Total (see instructions)	1,042,845,979	0	1,042,845,979	0	1,042,845,979	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/28/2021 4:36 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	489,774,064		489,774,064		30.00
31.00	03100	INTENSIVE CARE UNIT	218,871,026		218,871,026		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	14,912,077		14,912,077		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	17,802,391		17,802,391		40.00
41.00	04100	SUBPROVIDER - IRF	53,984,411		53,984,411		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	57,668,060		57,668,060		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	159,124,624	108,985,335	268,109,959	0.339939	0.000000
51.00	05100	RECOVERY ROOM	12,657,229	21,657,161	34,314,390	0.422883	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,052,655	6,047,208	51,099,863	0.279732	0.000000
53.00	05300	ANESTHESIOLOGY	37,256,111	23,760,196	61,016,307	0.066677	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	189,848,297	234,515,804	424,364,101	0.146943	0.000000
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	193,380,510	79,428,112	272,808,622	0.176524	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	36,681,653	9,700,145	46,381,798	0.142381	0.000000
65.00	06500	RESPIRATORY THERAPY	149,565,818	4,711,152	154,276,970	0.188494	0.000000
66.00	06600	PHYSICAL THERAPY	66,726,482	61,741,387	128,467,869	0.215016	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	37,604,955	25,040,139	62,645,094	0.135927	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	3,731,033	461,192	4,192,225	0.182069	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	133,887,465	35,076,856	168,964,321	0.664039	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	138,096,633	50,768,722	188,865,355	0.402571	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	381,329,739	194,291,531	575,621,270	0.133597	0.000000
74.00	07400	RENAL DIALYSIS	15,065,505	790,734	15,856,239	0.322178	0.000000
76.00	03020	DEV EVALUATION	2,855,532	3,026,873	5,882,405	0.130008	0.000000
76.97	07697	CARDIAC REHABILITATION	746,536	1,714,044	2,460,580	0.550504	0.000000
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
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	0.000000
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	0.000000
90.03	09003	AMBULATORY CARE	87,959	85,034,583	85,122,542	0.672932	0.000000
90.04	09004	OTHER	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	86,203,033	148,968,941	235,171,974	0.189180	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,515,070	43,103,507	52,618,577	0.267511	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,093,000	0	1,093,000		105.00
106.00	10600	HEART ACQUISITION	1,125,000	0	1,125,000		106.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
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
200.00		Subtotal (see instructions)	2,554,646,868	1,138,823,622	3,693,470,490		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,554,646,868	1,138,823,622	3,693,470,490		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/28/2021 4:36 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
31.01	03101	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
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	0.339939			50.00
51.00	05100	RECOVERY ROOM	0.422883			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.279732			52.00
53.00	05300	ANESTHESIOLOGY	0.066677			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146943			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.176524			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.142381			62.00
65.00	06500	RESPIRATORY THERAPY	0.188494			65.00
66.00	06600	PHYSICAL THERAPY	0.215016			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.135927			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182069			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.664039			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.402571			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.133597			73.00
74.00	07400	RENAL DIALYSIS	0.322178			74.00
76.00	03020	DEV EVALUATION	0.130008			76.00
76.97	07697	CARDIAC REHABILITATION	0.550504			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	FAMILY PRACTICES	0.000000			90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000			90.02
90.03	09003	AMBULATORY CARE	0.672932			90.03
90.04	09004	OTHER	0.000000			90.04
91.00	09100	EMERGENCY	0.189180			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267511			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/28/2021 4:36 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	212,123,820		212,123,820	0	212,123,820
31.00	03100	INTENSIVE CARE UNIT	87,868,414		87,868,414	0	87,868,414
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,471,461		11,471,461	0	11,471,461
32.00	03200	CORONARY CARE UNIT	0		0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	7,392,686		7,392,686	0	7,392,686
41.00	04100	SUBPROVIDER - IRF	9,753,522		9,753,522	0	9,753,522
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	25,564,163		25,564,163	0	25,564,163
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	91,140,989		91,140,989	0	91,140,989
51.00	05100	RECOVERY ROOM	14,510,989		14,510,989	0	14,510,989
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,294,270		14,294,270	0	14,294,270
53.00	05300	ANESTHESIOLOGY	4,068,372		4,068,372	0	4,068,372
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,357,146		62,357,146	0	62,357,146
57.00	05700	CT SCAN	0		0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	48,157,257		48,157,257	0	48,157,257
60.01	06001	BLOOD LABORATORY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,603,886		6,603,886	0	6,603,886
65.00	06500	RESPIRATORY THERAPY	29,080,259	0	29,080,259	0	29,080,259
66.00	06600	PHYSICAL THERAPY	27,622,612	0	27,622,612	0	27,622,612
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	8,515,187		8,515,187	0	8,515,187
70.00	07000	ELECTROENCEPHALOGRAPHY	763,273		763,273	0	763,273
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	112,198,825		112,198,825	0	112,198,825
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	76,031,792		76,031,792	0	76,031,792
73.00	07300	DRUGS CHARGED TO PATIENTS	76,901,485		76,901,485	0	76,901,485
74.00	07400	RENAL DIALYSIS	5,108,529		5,108,529	0	5,108,529
76.00	03020	DEV EVALUATION	764,762		764,762	0	764,762
76.97	07697	CARDIAC REHABILITATION	1,354,560		1,354,560	0	1,354,560
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	0		0	0	0
90.01	09001	FAMILY PRACTICES	0		0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0
90.03	09003	AMBULATORY CARE	57,281,671		57,281,671	0	57,281,671
90.04	09004	OTHER	0		0	0	0
91.00	09100	EMERGENCY	44,489,722		44,489,722	0	44,489,722
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,076,034		14,076,034	0	14,076,034
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,763,110		1,763,110		1,763,110
106.00	10600	HEART ACQUISITION	5,663,217		5,663,217		5,663,217
108.00	10800	LUNG ACQUISITION	0		0		0
109.00	10900	PANCREAS ACQUISITION	0		0		0
110.00	11000	INTESTINAL ACQUISITION	0		0		0
111.00	11100	ISLET ACQUISITION	0		0		0
200.00		Subtotal (see instructions)	1,056,922,013	0	1,056,922,013	0	1,056,922,013
201.00		Less Observation Beds	14,076,034		14,076,034		14,076,034
202.00		Total (see instructions)	1,042,845,979	0	1,042,845,979	0	1,042,845,979

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/28/2021 4:36 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	489,774,064		489,774,064			30.00
31.00	03100	INTENSIVE CARE UNIT	218,871,026		218,871,026			31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	14,912,077		14,912,077			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	17,802,391		17,802,391			40.00
41.00	04100	SUBPROVIDER - IRF	53,984,411		53,984,411			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	57,668,060		57,668,060			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	159,124,624	108,985,335	268,109,959	0.339939	0.000000	50.00
51.00	05100	RECOVERY ROOM	12,657,229	21,657,161	34,314,390	0.422883	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,052,655	6,047,208	51,099,863	0.279732	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	37,256,111	23,760,196	61,016,307	0.066677	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	189,848,297	234,515,804	424,364,101	0.146943	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	193,380,510	79,428,112	272,808,622	0.176524	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 CELLS	36,681,653	9,700,145	46,381,798	0.142381	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	149,565,818	4,711,152	154,276,970	0.188494	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	66,726,482	61,741,387	128,467,869	0.215016	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	37,604,955	25,040,139	62,645,094	0.135927	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,731,033	461,192	4,192,225	0.182069	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	133,887,465	35,076,856	168,964,321	0.664039	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	138,096,633	50,768,722	188,865,355	0.402571	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	381,329,739	194,291,531	575,621,270	0.133597	0.000000	73.00
74.00	07400	RENAL DIALYSIS	15,065,505	790,734	15,856,239	0.322178	0.000000	74.00
76.00	03020	DEV EVALUATION	2,855,532	3,026,873	5,882,405	0.130008	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	746,536	1,714,044	2,460,580	0.550504	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	0.000000	90.02
90.03	09003	AMBULATORY CARE	87,959	85,034,583	85,122,542	0.672932	0.000000	90.03
90.04	09004	OTHER	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	86,203,033	148,968,941	235,171,974	0.189180	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,515,070	43,103,507	52,618,577	0.267511	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,093,000	0	1,093,000			105.00
106.00	10600	HEART ACQUISITION	1,125,000	0	1,125,000			106.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
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
200.00		Subtotal (see instructions)	2,554,646,868	1,138,823,622	3,693,470,490			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,554,646,868	1,138,823,622	3,693,470,490			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	DEV EVALUATION	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
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
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	FAMILY PRACTICES	0.000000			90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000			90.02
90.03	09003	AMBULATORY CARE	0.000000			90.03
90.04	09004	OTHER	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/28/2021 4:36 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	11,048,731	0	11,048,731	172,445	64.07	30.00	
31.00	INTENSIVE CARE UNIT	5,940,791		5,940,791	35,301	168.29	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	1,437,738		1,437,738	8,109	177.30	31.01	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	317,055	0	317,055	5,875	53.97	40.00	
41.00	SUBPROVIDER - IRF	407,969	0	407,969	8,584	47.53	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	3,715,188		3,715,188	14,787	251.25	43.00	
200.00	Total (lines 30 through 199)	22,867,472		22,867,472	245,101		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	42,724	2,737,327					30.00
31.00	INTENSIVE CARE UNIT	8,903	1,498,286					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	1,096	59,151					40.00
41.00	SUBPROVIDER - IRF	2,521	119,823					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	55,244	4,414,587					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/28/2021 4:36 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	10,170,756	268,109,959	0.037935	36,392,243	1,380,540	50.00
51.00	05100	RECOVERY ROOM	814,184	34,314,390	0.023727	3,395,399	80,563	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	846,743	51,099,863	0.016570	53,536	887	52.00
53.00	05300	ANESTHESIOLOGY	187,964	61,016,307	0.003081	7,996,890	24,638	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,154,538	424,364,101	0.023929	57,510,452	1,376,168	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,445,528	272,808,622	0.005299	44,024,940	233,288	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	150,542	46,381,798	0.003246	6,383,331	20,720	62.00
65.00	06500	RESPIRATORY THERAPY	1,381,340	154,276,970	0.008954	28,223,382	252,712	65.00
66.00	06600	PHYSICAL THERAPY	1,967,713	128,467,869	0.015317	8,021,907	122,872	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	528,900	62,645,094	0.008443	10,090,172	85,191	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	110,271	4,192,225	0.026304	869,513	22,872	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,318,731	168,964,321	0.013723	29,704,285	407,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,599,605	188,865,355	0.008470	41,308,140	349,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,762,471	575,621,270	0.003062	87,989,441	269,424	73.00
74.00	07400	RENAL DIALYSIS	426,800	15,856,239	0.026917	5,686,912	153,075	74.00
76.00	03020	DEV EVALUATION	91,329	5,882,405	0.015526	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	74,191	2,460,580	0.030152	241,233	7,274	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	2,317,790	85,122,542	0.027229	28,540	777	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	5,129,292	235,171,974	0.021811	21,704,491	473,397	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	733,164	52,618,577	0.013934	0	0	92.00
200.00		Total (lines 50 through 199)	42,211,852	2,838,240,461		389,624,807	5,261,910	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0208		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/28/2021 4:36 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	538,473	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	216,098	0	31.00		
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0	0	28,014	0	31.01		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	18,845	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	24,905	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	52,574	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	878,909	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	538,473	172,445	3.12	42,724	30.00		
31.00	03100	INTENSIVE CARE UNIT		216,098	35,301	6.12	8,903	31.00		
31.01	03101	NEONATAL INTENSIVE CARE UNIT		28,014	8,109	3.45	0	31.01		
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	18,845	5,875	3.21	1,096	40.00		
41.00	04100	SUBPROVIDER - IRF	0	24,905	8,584	2.90	2,521	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY		52,574	14,787	3.56	0	43.00		
200.00		Total (lines 30 through 199)		878,909	245,101		55,244	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	133,299						30.00	
31.00	03100	INTENSIVE CARE UNIT	54,486						31.00	
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0						31.01	
32.00	03200	CORONARY CARE UNIT	0						32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00	
40.00	04000	SUBPROVIDER - IPF	3,518						40.00	
41.00	04100	SUBPROVIDER - IRF	7,311						41.00	
42.00	04200	SUBPROVIDER	0						42.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	198,614						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0208		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/28/2021 4:36 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	106,224	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	17,036	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	18,204	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	9,038	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	66,038	54.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	47,249	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	6,479	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	28,588	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	27,105	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	8,667	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	749	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	110,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	74,590	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	75,443	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	5,110	74.00
76.00	03020	DEV EVALUATION		0	0	0	0	750	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	1,329	76.97
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
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES		0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER		0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE		0	0	0	0	519,846	90.03
90.04	09004	OTHER		0	0	0	0	0	90.04
91.00	09100	EMERGENCY		0	0	0	0	73,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	35,725	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,232,034	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/28/2021 4:36 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	106,224	106,224	268,109,959	0.000396	50.00
51.00	05100	RECOVERY ROOM	0	17,036	17,036	34,314,390	0.000496	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,204	18,204	51,099,863	0.000356	52.00
53.00	05300	ANESTHESIOLOGY	0	9,038	9,038	61,016,307	0.000148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,038	66,038	424,364,101	0.000156	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	47,249	47,249	272,808,622	0.000173	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,479	6,479	46,381,798	0.000140	62.00
65.00	06500	RESPIRATORY THERAPY	0	28,588	28,588	154,276,970	0.000185	65.00
66.00	06600	PHYSICAL THERAPY	0	27,105	27,105	128,467,869	0.000211	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,667	8,667	62,645,094	0.000138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	749	749	4,192,225	0.000179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	110,071	110,071	168,964,321	0.000651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	74,590	74,590	188,865,355	0.000395	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	75,443	75,443	575,621,270	0.000131	73.00
74.00	07400	RENAL DIALYSIS	0	5,110	5,110	15,856,239	0.000322	74.00
76.00	03020	DEV EVALUATION	0	750	750	5,882,405	0.000127	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,329	1,329	2,460,580	0.000540	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0	519,846	519,846	85,122,542	0.006107	90.03
90.04	09004	OTHER	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	73,793	73,793	235,171,974	0.000314	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	35,725	35,725	52,618,577	0.000679	92.00
200.00		Total (lines 50 through 199)	0	1,232,034	1,232,034	2,838,240,461		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/28/2021 4:36 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	0.000396	36,392,243	14,411	17,862,563	7,074	50.00	
51.00	05100	RECOVERY ROOM	0.000496	3,395,399	1,684	4,474,959	2,220	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000356	53,536	19	386,345	138	52.00	
53.00	05300	ANESTHESIOLOGY	0.000148	7,996,890	1,184	3,515,952	520	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000156	57,510,452	8,972	52,177,568	8,140	54.00	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000173	44,024,940	7,616	12,130,349	2,099	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000140	6,383,331	894	563,827	79	62.00	
65.00	06500	RESPIRATORY THERAPY	0.000185	28,223,382	5,221	1,474,926	273	65.00	
66.00	06600	PHYSICAL THERAPY	0.000211	8,021,907	1,693	782,140	165	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000138	10,090,172	1,392	4,454,852	615	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000179	869,513	156	53,248	10	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000651	29,704,285	19,337	9,274,520	6,038	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000395	41,308,140	16,317	12,777,689	5,047	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000131	87,989,441	11,527	35,630,495	4,668	73.00	
74.00	07400	RENAL DIALYSIS	0.000322	5,686,912	1,831	274,909	89	74.00	
76.00	03020	DEV EVALUATION	0.000127	0	0	2,365	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000540	241,233	130	551,266	298	76.97	
	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	
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01	
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02	
90.03	09003	AMBULATORY CARE	0.006107	28,540	174	5,630,905	34,388	90.03	
90.04	09004	OTHER	0.000000	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0.000314	21,704,491	6,815	11,610,942	3,646	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000679	0	0	3,857,195	2,619	92.00	
200.00		Total (lines 50 through 199)		389,624,807	99,373	177,487,015	78,126	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/28/2021 4:36 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	0.339939	17,862,563	0	0	6,072,182	50.00
51.00	05100	RECOVERY ROOM	0.422883	4,474,959	0	0	1,892,384	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.279732	386,345	0	0	108,073	52.00
53.00	05300	ANESTHESIOLOGY	0.066677	3,515,952	0	0	234,433	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146943	52,177,568	0	17	7,667,128	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.176524	12,130,349	0	0	2,141,298	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.142381	563,827	0	0	80,278	62.00
65.00	06500	RESPIRATORY THERAPY	0.188494	1,474,926	0	0	278,015	65.00
66.00	06600	PHYSICAL THERAPY	0.215016	782,140	0	0	168,173	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135927	4,454,852	0	0	605,535	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182069	53,248	0	0	9,695	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.664039	9,274,520	0	0	6,158,643	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.402571	12,777,689	163,834	0	5,143,927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.133597	35,630,495	0	126,174	4,760,127	73.00
74.00	07400	RENAL DIALYSIS	0.322178	274,909	0	0	88,570	74.00
76.00	03020	DEV EVALUATION	0.130008	2,365	0	0	307	76.00
76.97	07697	CARDIAC REHABILITATION	0.550504	551,266	0	0	303,474	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.672932	5,630,905	0	50	3,789,216	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.189180	11,610,942	0	267	2,196,558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267511	3,857,195	0	0	1,031,842	92.00
200.00		Subtotal (see instructions)		177,487,015	163,834	126,508	42,729,858	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		177,487,015	163,834	126,508	42,729,858	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/28/2021 4:36 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	2		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	65,955	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,856		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	DEV EVALUATION	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	FAMILY PRACTICES	0	0		90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0		90.02
90.03	09003	AMBULATORY CARE	0	34		90.03
90.04	09004	OTHER	0	0		90.04
91.00	09100	EMERGENCY	0	51		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	65,955	16,943		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	65,955	16,943		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0208

Period:

Worksheet D

Component CCN: 14-S208

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/28/2021 4:36 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	10,170,756	268,109,959	0.037935	8,885	337	50.00
51.00	05100	RECOVERY ROOM	814,184	34,314,390	0.023727	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	846,743	51,099,863	0.016570	759	13	52.00
53.00	05300	ANESTHESIOLOGY	187,964	61,016,307	0.003081	10,200	31	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,154,538	424,364,101	0.023929	81,987	1,962	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,445,528	272,808,622	0.005299	295,763	1,567	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	150,542	46,381,798	0.003246	2,001	6	62.00
65.00	06500	RESPIRATORY THERAPY	1,381,340	154,276,970	0.008954	95,654	856	65.00
66.00	06600	PHYSICAL THERAPY	1,967,713	128,467,869	0.015317	166,108	2,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	528,900	62,645,094	0.008443	37,231	314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	110,271	4,192,225	0.026304	1,255	33	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,318,731	168,964,321	0.013723	23,200	318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,599,605	188,865,355	0.008470	1,610	14	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,762,471	575,621,270	0.003062	570,943	1,748	73.00
74.00	07400	RENAL DIALYSIS	426,800	15,856,239	0.026917	35,760	963	74.00
76.00	03020	DEV EVALUATION	91,329	5,882,405	0.015526	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	74,191	2,460,580	0.030152	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	2,317,790	85,122,542	0.027229	0	0	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	5,129,292	235,171,974	0.021811	172,637	3,765	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	52,618,577	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)		41,478,688	2,838,240,461		1,503,993	14,471	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/28/2021 4:36 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	106,224	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	17,036	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	18,204	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	9,038	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	66,038	54.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	47,249	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	6,479	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	28,588	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	27,105	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	8,667	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	749	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	110,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	74,590	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	75,443	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	5,110	74.00
76.00	03020	DEV EVALUATION		0	0	0	0	750	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	1,329	76.97
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
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES		0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER		0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE		0	0	0	0	519,846	90.03
90.04	09004	OTHER		0	0	0	0	0	90.04
91.00	09100	EMERGENCY		0	0	0	0	73,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,196,309	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/28/2021 4:36 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	106,224	106,224	268,109,959	0.000396	50.00
51.00	05100	RECOVERY ROOM	0	17,036	17,036	34,314,390	0.000496	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,204	18,204	51,099,863	0.000356	52.00
53.00	05300	ANESTHESIOLOGY	0	9,038	9,038	61,016,307	0.000148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,038	66,038	424,364,101	0.000156	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	47,249	47,249	272,808,622	0.000173	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,479	6,479	46,381,798	0.000140	62.00
65.00	06500	RESPIRATORY THERAPY	0	28,588	28,588	154,276,970	0.000185	65.00
66.00	06600	PHYSICAL THERAPY	0	27,105	27,105	128,467,869	0.000211	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,667	8,667	62,645,094	0.000138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	749	749	4,192,225	0.000179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	110,071	110,071	168,964,321	0.000651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	74,590	74,590	188,865,355	0.000395	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	75,443	75,443	575,621,270	0.000131	73.00
74.00	07400	RENAL DIALYSIS	0	5,110	5,110	15,856,239	0.000322	74.00
76.00	03020	DEV EVALUATION	0	750	750	5,882,405	0.000127	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,329	1,329	2,460,580	0.000540	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0	519,846	519,846	85,122,542	0.006107	90.03
90.04	09004	OTHER	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	73,793	73,793	235,171,974	0.000314	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	52,618,577	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,196,309	1,196,309	2,838,240,461		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/28/2021 4:36 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		0.000396	8,885		0		50.00
51.00	05100	RECOVERY ROOM		0.000496	0		0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000356	759		0		52.00
53.00	05300	ANESTHESIOLOGY		0.000148	10,200		0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000156	81,987	13	240		54.00
57.00	05700	CT SCAN		0.000000	0		0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0		0		58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0		0		59.00
60.00	06000	LABORATORY		0.000173	295,763	51	3,439	1	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0		0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000140	2,001		0		62.00
65.00	06500	RESPIRATORY THERAPY		0.000185	95,654	18	51		65.00
66.00	06600	PHYSICAL THERAPY		0.000211	166,108	35	91,660	19	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0		0		67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0		0		68.00
69.00	06900	ELECTROCARDIOLOGY		0.000138	37,231	5	900		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000179	1,255		0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000651	23,200	15	250		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000395	1,610	1	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000131	570,943	75	4,531	1	73.00
74.00	07400	RENAL DIALYSIS		0.000322	35,760	12	0		74.00
76.00	03020	DEV EVALUATION		0.000127	0		0		76.00
76.97	07697	CARDIAC REHABILITATION		0.000540	0		0		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0		0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0		0		89.00
90.00	09000	CLINIC		0.000000	0		0		90.00
90.01	09001	FAMILY PRACTICES		0.000000	0		0		90.01
90.02	09002	WOMEN'S HEALTH CENTER		0.000000	0		0		90.02
90.03	09003	AMBULATORY CARE		0.006107	0		0		90.03
90.04	09004	OTHER		0.000000	0		0		90.04
91.00	09100	EMERGENCY		0.000314	172,637	54	2,856	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0		0		92.00
200.00		Total (lines 50 through 199)			1,503,993	285	103,927	22	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:

Worksheet D

Component CCN: 14-S208

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/28/2021 4:36 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	0.339939	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.422883	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.279732	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.066677	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146943	240	0	35	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.176524	3,439	0	607	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.142381	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.188494	51	0	10	65.00
66.00	06600	PHYSICAL THERAPY	0.215016	91,660	0	19,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135927	900	0	122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182069	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.664039	250	0	166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.402571	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.133597	4,531	0	3,302	605 73.00
74.00	07400	RENAL DIALYSIS	0.322178	0	0	0	74.00
76.00	03020	DEV EVALUATION	0.130008	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.550504	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.672932	0	0	0	90.03
90.04	09004	OTHER	0.000000	0	0	0	90.04
91.00	09100	EMERGENCY	0.189180	2,856	0	540	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267511	0	0	0	92.00
200.00		Subtotal (see instructions)		103,927	0	3,302	21,793 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		103,927	0	3,302	21,793 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:

Worksheet D

Component CCN: 14-S208

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/28/2021 4:36 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs			
			Cost	Cost		
			Reimbursed Services Subject To Ded. & Coins. (see inst.)	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
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	441		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	DEV EVALUATION	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	FAMILY PRACTICES	0	0		90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0		90.02
90.03	09003	AMBULATORY CARE	0	0		90.03
90.04	09004	OTHER	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	441		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	441		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/28/2021 4:36 pm		
				Component CCN: 14-T208				
				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	10,170,756	268,109,959	0.037935	29,809	1,131	50.00
51.00	05100	RECOVERY ROOM	814,184	34,314,390	0.023727	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	846,743	51,099,863	0.016570	0	0	52.00
53.00	05300	ANESTHESIOLOGY	187,964	61,016,307	0.003081	7,620	23	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,154,538	424,364,101	0.023929	474,977	11,366	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,445,528	272,808,622	0.005299	469,759	2,489	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	150,542	46,381,798	0.003246	9,316	30	62.00
65.00	06500	RESPIRATORY THERAPY	1,381,340	154,276,970	0.008954	137,086	1,227	65.00
66.00	06600	PHYSICAL THERAPY	1,967,713	128,467,869	0.015317	3,449,408	52,835	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	528,900	62,645,094	0.008443	48,001	405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	110,271	4,192,225	0.026304	5,300	139	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,318,731	168,964,321	0.013723	154,765	2,124	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,599,605	188,865,355	0.008470	2,437	21	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,762,471	575,621,270	0.003062	1,679,883	5,144	73.00
74.00	07400	RENAL DIALYSIS	426,800	15,856,239	0.026917	158,030	4,254	74.00
76.00	03020	DEV EVALUATION	91,329	5,882,405	0.015526	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	74,191	2,460,580	0.030152	300	9	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	2,317,790	85,122,542	0.027229	0	0	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	5,129,292	235,171,974	0.021811	9,245	202	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	52,618,577	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	41,478,688	2,838,240,461		6,635,936	81,399	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/28/2021 4:36 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	106,224	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	17,036	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	18,204	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	9,038	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	66,038	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	47,249	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	6,479	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	28,588	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	27,105	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	8,667	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	749	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	110,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	74,590	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	75,443	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	5,110	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	750	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,329	76.97
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
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	0	0	519,846	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	73,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,196,309	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/28/2021 4:36 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	106,224	106,224	268,109,959	0.000396	50.00
51.00	05100	RECOVERY ROOM	0	17,036	17,036	34,314,390	0.000496	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,204	18,204	51,099,863	0.000356	52.00
53.00	05300	ANESTHESIOLOGY	0	9,038	9,038	61,016,307	0.000148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,038	66,038	424,364,101	0.000156	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	47,249	47,249	272,808,622	0.000173	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,479	6,479	46,381,798	0.000140	62.00
65.00	06500	RESPIRATORY THERAPY	0	28,588	28,588	154,276,970	0.000185	65.00
66.00	06600	PHYSICAL THERAPY	0	27,105	27,105	128,467,869	0.000211	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,667	8,667	62,645,094	0.000138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	749	749	4,192,225	0.000179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	110,071	110,071	168,964,321	0.000651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	74,590	74,590	188,865,355	0.000395	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	75,443	75,443	575,621,270	0.000131	73.00
74.00	07400	RENAL DIALYSIS	0	5,110	5,110	15,856,239	0.000322	74.00
76.00	03020	DEV EVALUATION	0	750	750	5,882,405	0.000127	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,329	1,329	2,460,580	0.000540	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0	519,846	519,846	85,122,542	0.006107	90.03
90.04	09004	OTHER	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	73,793	73,793	235,171,974	0.000314	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	52,618,577	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,196,309	1,196,309	2,838,240,461		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/28/2021 4:36 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		0.000396	29,809		12	0	50.00
51.00	05100	RECOVERY ROOM		0.000496	0		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000356	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000148	7,620		1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000156	474,977		74	0	54.00
57.00	05700	CT SCAN		0.000000	0		0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0		0	0	59.00
60.00	06000	LABORATORY		0.000173	469,759		81	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0		0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000140	9,316		1	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000185	137,086		25	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000211	3,449,408		728	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000138	48,001		7	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000179	5,300		1	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000651	154,765		101	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000395	2,437		1	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000131	1,679,883		220	0	73.00
74.00	07400	RENAL DIALYSIS		0.000322	158,030		51	0	74.00
76.00	03020	DEV EVALUATION		0.000127	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000540	300		0	0	76.97
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
90.00	09000	CLINIC		0.000000	0		0	0	90.00
90.01	09001	FAMILY PRACTICES		0.000000	0		0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER		0.000000	0		0	0	90.02
90.03	09003	AMBULATORY CARE		0.006107	0		0	0	90.03
90.04	09004	OTHER		0.000000	0		0	0	90.04
91.00	09100	EMERGENCY		0.000314	9,245		3	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0		0	0	92.00
200.00		Total (lines 50 through 199)			6,635,936		1,306	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/28/2021 4:36 pm

			Title XIX		Hospital		Cost	
	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	0.339939	0	1,569,800	0	0	50.00	
51.00	05100 RECOVERY ROOM	0.422883	0	324,679	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.279732	0	295,764	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.066677	0	381,792	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146943	0	5,428,154	0	0	54.00	
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.176524	0	2,379,720	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 CELLS	0.142381	0	294,777	0	0	62.00	
65.00	06500 RESPIRATORY THERAPY	0.188494	0	162,546	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.215016	0	417,560	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.135927	0	613,779	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182069	0	32,732	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.664039	0	328,834	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.402571	0	335,608	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.133597	0	4,722,704	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0.322178	0	7,495	0	0	74.00	
76.00	03020 DEV EVALUATION	0.130008	0	264,504	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0.550504	0	2,554	0	0	76.97	
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC						88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00	
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 FAMILY PRACTICES	0.000000	0	0	0	0	90.01	
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02	
90.03	09003 AMBULATORY CARE	0.672932	0	274,807	0	0	90.03	
90.04	09004 OTHER	0.000000	0	0	0	0	90.04	
91.00	09100 EMERGENCY	0.189180	0	7,052,656	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.267511	0	1,496,272	0	0	92.00	
200.00	Subtotal (see instructions)		0	26,386,737	0	0	200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00	Net Charges (line 200 - line 201)		0	26,386,737	0	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/28/2021 4:36 pm

			Title XIX		Hospital	Cost
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	533,636	0		50.00
51.00	05100	RECOVERY ROOM	137,301	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	82,735	0		52.00
53.00	05300	ANESTHESIOLOGY	25,457	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	797,629	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	420,078	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	41,971	0		62.00
65.00	06500	RESPIRATORY THERAPY	30,639	0		65.00
66.00	06600	PHYSICAL THERAPY	89,782	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	83,429	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,959	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	218,359	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	135,106	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	630,939	0		73.00
74.00	07400	RENAL DIALYSIS	2,415	0		74.00
76.00	03020	DEV EVALUATION	34,388	0		76.00
76.97	07697	CARDIAC REHABILITATION	1,406	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	FAMILY PRACTICES	0	0		90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0		90.02
90.03	09003	AMBULATORY CARE	184,926	0		90.03
90.04	09004	OTHER	0	0		90.04
91.00	09100	EMERGENCY	1,334,221	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	400,269	0		92.00
200.00		Subtotal (see instructions)	5,190,645	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	5,190,645	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/28/2021 4:36 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)			172,445	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			172,445	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)			161,002	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)			42,724	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)			212,123,820	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)			212,123,820	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)			212,123,820	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,230.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			52,554,792	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)			52,554,792	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0208

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

Worksheet D-1

Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	87,868,414	35,301	2,489.12	8,903	22,160,635		43.00
43.01	NEONATAL INTENSIVE CARE UNIT	11,471,461	8,109	1,414.66	0	0		43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					94,260,528		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					168,975,955		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)					4,423,398		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,361,283		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,784,681		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					159,191,274		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)					11,443		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,230.10		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,076,034		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0208

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

Worksheet D-1

Date/Time Prepared:
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		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	11,048,731	212,123,820	0.052086	14,076,034	733,164	90.00
91.00 Nursing School cost	0	212,123,820	0.000000	14,076,034	0	91.00
92.00 Allied health cost	538,473	212,123,820	0.002538	14,076,034	35,725	92.00
93.00 All other Medical Education	0	212,123,820	0.000000	14,076,034	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
		Component CCN: 14-S208		Date/Time Prepared: 7/28/2021 4:36 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)		5,875	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,875	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)		5,875	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,096	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)		7,392,686	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)		7,392,686	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)		7,392,686	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,258.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,379,130	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)		1,379,130	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
			Component CCN: 14-S208		Date/Time Prepared: 7/28/2021 4:36 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					263,998
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,643,128
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					62,669
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,756
52.00 Total Program excludable cost (sum of lines 50 and 51)					77,425
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,565,703
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/28/2021 4:36 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	317,055	7,392,686	0.042888	0	0	90.00	
91.00	Nursing School cost	0	7,392,686	0.000000	0	0	91.00	
92.00	Allied health cost	18,845	7,392,686	0.002549	0	0	92.00	
93.00	All other Medical Education	0	7,392,686	0.000000	0	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
		Component CCN: 14-T208		Date/Time Prepared: 7/28/2021 4:36 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)		8,584	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,584	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)		8,584	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)		2,521	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)		9,753,522	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)		9,753,522	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)		9,753,522	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,136.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,864,461	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,864,461	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1	
				Component CCN: 14-T208		Date/Time Prepared: 7/28/2021 4:36 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		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
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,320,700	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,185,161	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)					127,134	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					82,705	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					209,839	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,975,322	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: 14-0208 Component CCN: 14-T208		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/28/2021 4:36 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	407,969	9,753,522	0.041828	0	0	90.00		
91.00	Nursing School cost	0	9,753,522	0.000000	0	0	91.00		
92.00	Allied health cost	24,905	9,753,522	0.002553	0	0	92.00		
93.00	All other Medical Education	0	9,753,522	0.000000	0	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/28/2021 4:36 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		130,208,267	30.00
31.00	03100	INTENSIVE CARE UNIT		47,881,285	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
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	0.339939	36,392,243	50.00
51.00	05100	RECOVERY ROOM	0.422883	3,395,399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.279732	53,536	52.00
53.00	05300	ANESTHESIOLOGY	0.066677	7,996,890	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146943	57,510,452	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.176524	44,024,940	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.142381	6,383,331	62.00
65.00	06500	RESPIRATORY THERAPY	0.188494	28,223,382	65.00
66.00	06600	PHYSICAL THERAPY	0.215016	8,021,907	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135927	10,090,172	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182069	869,513	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.664039	29,704,285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.402571	41,308,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.133597	87,989,441	73.00
74.00	07400	RENAL DIALYSIS	0.322178	5,686,912	74.00
76.00	03020	DEV EVALUATION	0.130008	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.550504	241,233	76.97
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
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.672932	28,540	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.189180	21,704,491	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267511	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		389,624,807	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)		389,624,807	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3	
		Component CCN: 14-S208		Date/Time Prepared: 7/28/2021 4:36 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
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		2,916,219		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	0.339939	8,885	3,020	50.00
51.00	05100 RECOVERY ROOM	0.422883	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.279732	759	212	52.00
53.00	05300 ANESTHESIOLOGY	0.066677	10,200	680	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146943	81,987	12,047	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.176524	295,763	52,209	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.142381	2,001	285	62.00
65.00	06500 RESPIRATORY THERAPY	0.188494	95,654	18,030	65.00
66.00	06600 PHYSICAL THERAPY	0.215016	166,108	35,716	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.135927	37,231	5,061	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182069	1,255	228	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.664039	23,200	15,406	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.402571	1,610	648	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.133597	570,943	76,276	73.00
74.00	07400 RENAL DIALYSIS	0.322178	35,760	11,521	74.00
76.00	03020 DEV EVALUATION	0.130008	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.550504	0	0	76.97
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
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.672932	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.189180	172,637	32,659	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.267511		0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,503,993	263,998	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)		1,503,993		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3	
		Component CCN: 14-T208		Date/Time Prepared: 7/28/2021 4:36 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		59,775		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		5,240,676		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.339939	29,809	10,133	50.00
51.00	05100 RECOVERY ROOM	0.422883	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.279732	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.066677	7,620	508	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146943	474,977	69,795	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.176524	469,759	82,924	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.142381	9,316	1,326	62.00
65.00	06500 RESPIRATORY THERAPY	0.188494	137,086	25,840	65.00
66.00	06600 PHYSICAL THERAPY	0.215016	3,449,408	741,678	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.135927	48,001	6,525	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182069	5,300	965	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.664039	154,765	102,770	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.402571	2,437	981	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.133597	1,679,883	224,427	73.00
74.00	07400 RENAL DIALYSIS	0.322178	158,030	50,914	74.00
76.00	03020 DEV EVALUATION	0.130008	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.550504	300	165	76.97
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
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.672932	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.189180	9,245	1,749	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.267511	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,635,936	1,320,700	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)		6,635,936		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 7/28/2021 4:36 pm	
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	24,261	1,230.10	10	12,301	1.00
2.00	INTENSIVE CARE UNIT	43.00	26,214	2,489.12	5	12,446	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,414.66	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		50,475		15	24,747	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.339939	268,663	91,329	8.00
9.00	RECOVERY ROOM		51.00	0.422883	7,921	3,350	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.279732	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.066677	55,178	3,679	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.146943	657,454	96,608	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.176524	1,495,143	263,929	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.142381	73,434	10,456	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.188494	57,597	10,857	23.00
24.00	PHYSICAL THERAPY		66.00	0.215016	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.135927	237,543	32,289	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.182069	1,163	212	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.664039	66,141	43,920	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.402571	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.133597	242,037	32,335	31.00
32.00	RENAL DIALYSIS		74.00	0.322178	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	DEV EVALUATION		76.00	0.130008	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.550504	0	0	34.97
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	FAMILY PRACTICES		90.01	0.000000	0	0	37.01
37.02	WOMEN'S HEALTH CENTER		90.02	0.000000	0	0	37.02
37.03	AMBULATORY CARE		90.03	0.672932	0	0	37.03
37.04	OTHER		90.04	0.000000	0	0	37.04
38.00	EMERGENCY		91.00	0.189180	506	96	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.267511	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				3,162,780	589,060	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0208

Period:

From 01/01/2020

To 12/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:
7/28/2021 4:36 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	10	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	5	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			15	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	51.01	
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	51.02	
51.03	AMBULATORY CARE	23.03	0	0.000000	0	51.03	
51.04	OTHER	23.04	0	0.000000	0	51.04	
52.00	EMERGENCY	24.00	506	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		506		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	613,807		3,213,255		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,763,110		1,939,459		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	2,376,917		5,152,714		61.00	
62.00	Total Usable Organs (see instructions)		55			62.00	
63.00	Medicare Usable Organs (see instructions)		45			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.818182			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,944,751		4,215,858		65.00	
66.00	Revenue for Organs Sold	41,696		129,898		66.00	
67.00	Subtotal (line 65 minus line 66)	1,903,055		4,085,960		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,903,055	0	4,085,960	0	69.00	
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		8	38		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	11		73.00	
74.00	Total (sum of lines 70 through 73)		8	49		74.00	
75.00	Organs Transplanted		8	9	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	38	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	2		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		8	49		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 7/28/2021 4:36 pm	
				Heart	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	2,215	1,230.10	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	7,588	2,489.12	1	2,489	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,414.66	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		9,803		1	2,489	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.339939	62,136	21,122	8.00
9.00	RECOVERY ROOM		51.00	0.422883	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.279732	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.066677	9,418	628	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.146943	107,847	15,847	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.176524	514,967	90,904	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.142381	7,640	1,088	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.188494	39,309	7,410	23.00
24.00	PHYSICAL THERAPY		66.00	0.215016	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.135927	42,745	5,810	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.182069	337	61	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.664039	9,135	6,066	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.402571	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.133597	29,285	3,912	31.00
32.00	RENAL DIALYSIS		74.00	0.322178	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	DEV EVALUATION		76.00	0.130008	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.550504	0	0	34.97
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	FAMILY PRACTICES		90.01	0.000000	0	0	37.01
37.02	WOMEN'S HEALTH CENTER		90.02	0.000000	0	0	37.02
37.03	AMBULATORY CARE		90.03	0.672932	0	0	37.03
37.04	OTHER		90.04	0.000000	0	0	37.04
38.00	EMERGENCY		91.00	0.189180	91	17	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.267511	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				822,910	152,865	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0208

Period:

From 01/01/2020

To 12/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:
7/28/2021 4:36 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	51.01	
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	51.02	
51.03	AMBULATORY CARE	23.03	0	0.000000	0	51.03	
51.04	OTHER	23.04	0	0.000000	0	51.04	
52.00	EMERGENCY	24.00	91	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		91		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	155,354		832,713		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	5,663,217		5,954,081		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	5,818,571		6,786,794		61.00	
62.00	Total Usable Organs (see instructions)		29			62.00	
63.00	Medicare Usable Organs (see instructions)		14			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.482759			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,808,968		3,276,386		65.00	
66.00	Revenue for Organs Sold	12,070		37,602		66.00	
67.00	Subtotal (line 65 minus line 66)	2,796,898		3,238,784		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,796,898	0	3,238,784	0	69.00	
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	11		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	21		73.00	
74.00	Total (sum of lines 70 through 73)		0	32		74.00	
75.00	Organs Transplanted		0	21	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	8	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	3		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	32		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/28/2021 4:36 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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		110,255,587	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)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		8,830,579	2.04
3.00	Managed Care Simulated Payments		89,111,168	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		700.97	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)		171.79	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		15.40	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)		187.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		232.62	10.00
11.00	FTE count for residents in dental and podiatric programs.		9.00	11.00
12.00	Current year allowable FTE (see instructions)		196.19	12.00
13.00	Total allowable FTE count for the prior year.		239.45	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.		236.39	14.00
15.00	Sum of lines 12 through 14 divided by 3.		224.01	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		224.01	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.319571	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.343212	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.319571	21.00
22.00	IME payment adjustment (see instructions)		17,691,611	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		14,298,778	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)		45.43	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)		17,691,611	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		14,298,778	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.73	30.00
31.00	Percentage of Medicaid patient days (see instructions)		29.02	31.00
32.00	Sum of lines 30 and 31		33.75	32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.06	33.00
34.00	Disproportionate share adjustment (see instructions)		4,702,401	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/28/2021 4:36 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	6,394,976	5,422,784	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	4,787,496	1,366,840	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,154,336		
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)	147,634,514		
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)		161,933,292	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		10,811,957	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		11,559,430	
53.00	Nursing and Allied Health Managed Care payment		161,440	
54.00	Special add-on payments for new technologies		495,661	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		4,699,953	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		187,785	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		99,373	
59.00	Total (sum of amounts on lines 49 through 58)		189,948,891	
60.00	Primary payer payments		40,602	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		189,908,289	
62.00	Deductibles billed to program beneficiaries		7,439,784	
63.00	Coinurance billed to program beneficiaries		792,561	
64.00	Allowable bad debts (see instructions)		2,223,150	
65.00	Adjusted reimbursable bad debts (see instructions)		1,445,048	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,325,223	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		183,120,992	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		-170,570	
70.94	HRR adjustment amount (see instructions)		-1,597,876	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/28/2021 4:36 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)		1,714,725	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		179,637,821	71.00
71.01	Sequestration adjustment (see instructions)		1,185,610	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		181,535,787	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)		-3,083,576	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		6,677,232	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/28/2021 4:36 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
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	110,255,587	0	0	110,255,587	110,255,587
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	8,830,579	0	0	8,830,579	8,830,579
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	89,111,168	0	0	89,111,168	89,111,168
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.319571	0.319571	0.319571	0.319571	0.319571
6.00	IME payment adjustment (see instructions)	22.00	17,691,611	0	0	17,691,611	17,691,611
6.01	IME payment adjustment for managed care (see instructions)	22.01	14,298,778	0	0	14,298,778	14,298,778
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	0.000000
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	17,691,611	0	0	17,691,611	17,691,611
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	14,298,778	0	0	14,298,778	14,298,778
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1706	0.1706	0.1706	0.1706	0.1706
11.00	Disproportionate share adjustment (see instructions)	34.00	4,702,401	0	0	4,702,401	4,702,401
11.01	Uncompensated care payments	36.00	6,154,336	0	4,787,496	1,366,840	6,154,336
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	147,634,514	0	4,787,496	142,847,018	147,634,514
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	161,933,292	0	4,787,496	157,145,796	161,933,292
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,811,957	0	0	10,811,957	10,811,957

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/28/2021 4:36 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	495,661	0	0	495,661	495,661	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	4,787,496	168,453,414	173,240,910	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	8,578,246	0	0	8,578,246	8,578,246	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	612,422	0	0	612,422	612,422	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	0.1183	0.1183	0.1183	0.1183		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,014,807	0	0	1,014,807	1,014,807	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0707	0.0707	0.0707	0.0707		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	606,482	0	0	606,482	606,482	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,811,957	0	0	10,811,957	10,811,957	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: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/28/2021 4:36 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	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	110,255,587		110,255,587	110,255,587	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	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	8,830,579		8,830,579	8,830,579	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	89,111,168	0	89,111,168	89,111,168	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.319571	0.319571	0.319571		5.00
6.00	IME payment adjustment (see instructions)	22.00	17,691,611	0	17,691,611	17,691,611	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	14,298,778	0	14,298,778	14,298,778	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	17,691,611	0	17,691,611	17,691,611	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	14,298,778	0	14,298,778	14,298,778	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1706	0.1706	0.1706		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,702,401	0	4,702,401	4,702,401	11.00
11.01	Uncompensated care payments	36.00	6,154,336	4,787,496	1,366,840	6,154,336	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	147,634,514	4,787,496	142,847,018	147,634,514	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	161,933,292	4,787,496	157,145,796	161,933,292	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,811,957	0	10,811,957	10,811,957	16.00
17.00	Special add-on payments for new technologies	54.00	495,661	0	495,661	495,661	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			4,787,496	168,453,414	173,240,910	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/28/2021 4:36 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	8,578,246	0	8,578,246	8,578,246	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	612,422	0	612,422	612,422	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	0.1183	0.1183	0.1183		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,014,807	0	1,014,807	1,014,807	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0707	0.0707	0.0707		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	606,482	0	606,482	606,482	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,811,957	0	10,811,957	10,811,957	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	-170,570	0	-170,570	-170,570	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	-1,597,876	0	-1,597,876	-1,597,876	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		47,875	1,666,850	1,714,725	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/28/2021 4:36 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		82,898	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		42,651,732	2.00
3.00	OPPS payments		34,749,377	3.00
4.00	Outlier payment (see instructions)		103,788	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		78,126	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		82,898	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		290,342	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)		290,342	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)		290,342	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		207,444	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)		82,898	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)		34,931,291	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		32,767	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,702,585	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)		29,278,837	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,758,916	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)		32,037,753	30.00
31.00	Primary payer payments		2,041	31.00
32.00	Subtotal (line 30 minus line 31)		32,035,712	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)		872,906	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		567,389	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		545,017	36.00
37.00	Subtotal (see instructions)		32,603,101	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-98	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)		32,603,199	40.00
40.01	Sequestration adjustment (see instructions)		215,181	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		28,966,367	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)		3,421,651	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/28/2021 4:36 pm
		Component CCN: 14-S208		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		441	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,771	2.00
3.00	OPPS payments		26,995	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		22	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		441	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,302	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		3,302	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,302	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,861	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)		441	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)		27,017	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)		5,399	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)		22,059	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)		22,059	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		22,059	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)		22,059	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)		22,059	40.00
40.01	Sequestration adjustment (see instructions)		146	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		21,313	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)		600	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/28/2021 4:36 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		181,535,787		28,966,367	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		181,535,787		28,966,367	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		3,421,651	6.01	
6.02	SETTLEMENT TO PROGRAM		3,083,576		0	6.02	
7.00	Total Medicare program liability (see instructions)		178,452,211		32,388,018	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: 14-0208

Period:

Worksheet E-1

Component CCN: 14-S208

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/28/2021 4:36 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		999,822		21,313	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		999,822		21,313	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		56,945		600	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,056,767		21,913	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: 14-0208 Component CCN: 14-T208		Period: From 01/01/2020 To 12/31/2020		Worksheet E-1 Part I Date/Time Prepared: 7/28/2021 4:36 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		4,260,574			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,260,574			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		71,083			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		4,331,657			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: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/28/2021 4:36 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: 14-0208 Component CCN: 14-S208	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 7/28/2021 4:36 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)			1,090,303 1.00
2.00	Net IPF PPS Outlier Payments			561 2.00
3.00	Net IPF PPS ECT Payments			32,007 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)			16.051913 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)			1,122,871 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)			1,122,871 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,122,871 18.00
19.00	Deductibles			68,860 19.00
20.00	Subtotal (line 18 minus line 19)			1,054,011 20.00
21.00	Coinsurance			42,944 21.00
22.00	Subtotal (line 20 minus line 21)			1,011,067 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			75,259 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			48,918 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			36,448 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,059,985 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			3,803 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)			1,063,788 31.00
31.01	Sequestration adjustment (see instructions)			7,021 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			999,822 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)			56,945 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			561 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: 14-0208 Component CCN: 14-T208	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/28/2021 4:36 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,217,993 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			119,791 3.00
4.00	Outlier Payments			111,432 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)			23.453552 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)			4,449,216 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,449,216 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,449,216 19.00
20.00	Deductibles			26,532 20.00
21.00	Subtotal (line 19 minus line 20)			4,422,684 21.00
22.00	Coinurance			85,536 22.00
23.00	Subtotal (line 21 minus line 22)			4,337,148 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			22,570 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			14,671 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			19,866 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,351,819 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)			8,617 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)			4,360,436 32.00
32.01	Sequestration adjustment (see instructions)			28,779 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,260,574 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)			71,083 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			131,634 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			111,432 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: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/28/2021 4:36 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.			171.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			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)			14.26	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)			186.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			233.07	6.00
7.00	Enter the lesser of line 5 or line 6			186.05	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.	139.88	83.54	223.42	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.	111.66	66.69	178.35	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		9.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		9.00		10.01
11.00	Total weighted FTE count	111.66	75.69		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	137.11	91.64		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	138.14	87.80		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	128.97	85.04		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	128.97	85.04		17.00
18.00	Per resident amount	154,042.00	145,865.00		18.00
19.00	Approved amount for resident costs	19,866,797	12,404,360	32,271,157	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)			47.02	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)			32,271,157	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)	55,244	46,194		26.00
27.00	Total Inpatient Days (see instructions)	221,336	221,336		27.00
28.00	Ratio of inpatient days to total inpatient days	0.249593	0.208705		28.00
29.00	Program direct GME amount	8,054,655	6,735,152	14,789,807	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		471,461	471,461	30.00
31.00	Net Program direct GME amount			14,318,346	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/28/2021 4:36 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)			5,110	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			15,856,239	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000322	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)			174,804,244	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			4,699,953	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			40,602	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			179,463,595	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			42,834,990	42.00
43.00	Primary payer payments (see instructions)			2,041	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			42,832,949	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			222,296,544	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.807316	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.192684	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			14,318,346	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			11,559,430	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			2,758,916	50.00

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

Provider CCN: 14-0208

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

Worksheet G

Date/Time Prepared:
7/28/2021 4:36 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	959,878,000	0	0	0	1.00
2.00	Temporary investments	125,053,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,587,671,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	706,475,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	3,379,077,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	461,831,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	8,014,348,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	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	2,520,502,000	0	0	0	23.00
24.00	Accumulated depreciation	-5,144,704,000	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)	5,851,977,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	11,107,210,000	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	1,111,379,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,218,589,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	21,449,643,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,341,619,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,207,672,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	79,934,000	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	690,637,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,319,862,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	3,310,401,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,419,336,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,729,737,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	9,049,599,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	12,400,044,000				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)	12,400,044,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	21,449,643,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0208

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

Worksheet G-1

Date/Time Prepared:
7/28/2021 4:36 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		11,698,664,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		136,656,644				2.00
3.00	Total (sum of line 1 and line 2)		11,835,320,644		0		3.00
4.00	CORPORATE ADJUSTMENTS	564,723,356		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		564,723,356		0		10.00
11.00	Subtotal (line 3 plus line 10)		12,400,044,000		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)		12,400,044,000		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	CORPORATE ADJUSTMENTS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	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: 14-0208

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/28/2021 4:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	550,865,641		550,865,641	1.00
2.00	SUBPROVIDER - IPF	14,912,077		14,912,077	2.00
3.00	SUBPROVIDER - IRF	17,802,391		17,802,391	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)	583,580,109		583,580,109	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	218,871,026		218,871,026	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	53,984,411		53,984,411	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	272,855,437		272,855,437	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	856,435,546		856,435,546	17.00
18.00	Ancillary services	1,618,562,189	887,712,533	2,506,274,722	18.00
19.00	Outpatient services	86,203,033	148,968,941	235,171,974	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	AMBULATORY CARE	87,959	85,034,583	85,122,542	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,561,288,727	1,121,716,057	3,683,004,784	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,182,203,859		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,182,203,859		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0208

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

Worksheet G-3

Date/Time Prepared:
7/28/2021 4:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,683,004,784	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,448,819,065	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,234,185,719	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,182,203,859	4.00
5.00	Net income from service to patients (line 3 minus line 4)	51,981,860	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 INCOME	11,630,498	24.00
24.50	COVID-19 PHE Funding	73,256,658	24.50
25.00	Total other income (sum of lines 6-24)	84,887,156	25.00
26.00	Total (line 5 plus line 25)	136,869,016	26.00
27.00	NON OPERATING PENSION AND OTHER EXP	212,372	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	212,372	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	136,656,644	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0208	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/28/2021 4:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,578,246	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		612,422	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)		565.24	3.00
4.00	Number of interns & residents (see instructions)		224.01	4.00
5.00	Indirect medical education percentage (see instructions)		11.83	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)		1,014,807	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.73	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		29.02	8.00
9.00	Sum of lines 7 and 8		33.75	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.07	10.00
11.00	Disproportionate share adjustment (see instructions)		606,482	11.00
12.00	Total prospective capital payments (see instructions)		10,811,957	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