

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: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet S Parts I-III Date/Time Prepared: 6/23/2021 11:23 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 6/23/2021	Time: 11:23 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SOUTH SUBURBAN HOSPITAL (14-0250) for the cost reporting period beginning 01/01/2020 and ending 11/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MICHAEL VOLANTE

Officer or Administrator of Provider(s)

VP, REIMBURSEMENT

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
			Part A 2.00	Part B 3.00			
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	454,941	-189,465	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	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
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
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	454,941	-189,465	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: 14-0250		Period: From 01/01/2020 To 11/30/2020		Worksheet S-2 Part I Date/Time Prepared: 6/23/2021 11:23 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 178TH STREET AND KEDZIE AVE			PO Box:				1.00	
2.00	City: HAZELCREST			State: IL		Zip Code: 60429-		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			SOUTH SUBURBAN HOSPITAL	140250	16974	1	07/01/1966	N P O
4.00	Subprovider - IPF								3.00
5.00	Subprovider - IRF								4.00
6.00	Subprovider - (Other)								5.00
7.00	Swing Beds - SNF								6.00
8.00	Swing Beds - NF								7.00
9.00	Hospital-Based SNF								8.00
10.00	Hospital-Based NF								9.00
11.00	Hospital-Based OLTC								10.00
12.00	Hospital-Based HHA								11.00
13.00	Separately Certified ASC								12.00
14.00	Hospital-Based Hospice								13.00
15.00	Hospital-Based Health Clinic - RHC								14.00
16.00	Hospital-Based Health Clinic - FQHC								15.00
17.00	Hospital-Based (CMHC) I								16.00
17.10	Hospital-Based (CORF) I								17.00
18.00	Renal Dialysis								17.10
19.00	Other								18.00
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	11/30/2020	20.00
21.00	Type of Control (see instructions)						2		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	Y	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,318	4,774	0	0	2,980	321

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0250		Period: From 01/01/2020 To 11/30/2020		Worksheet S-2 Part I Date/Time Prepared: 6/23/2021 11:23 am	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N			
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet S-2
Part I
Date/Time Prepared:
6/23/2021 11:23 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet S-2
Part I
Date/Time Prepared:
6/23/2021 11:23 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet S-2 Part I Date/Time Prepared: 6/23/2021 11:23 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 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	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet S-2 Part I Date/Time Prepared: 6/23/2021 11:23 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		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:	365,841	3,304,925	4,849,094118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0250		Period: From 01/01/2020 To 11/30/2020		Worksheet S-2 Part I Date/Time Prepared: 6/23/2021 11:23 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ADVOCATE HEALTHCARE		Contractor's Name: NATIONAL GOVT SERV		Contractor's Number: 06101		141.00		
142.00	Street: 3075 HIGHLAND PARKWAY		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	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
161.10	CORF				N	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	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet S-2 Part II Date/Time Prepared: 6/23/2021 11:23 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	Y	11/30/2020	V
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		
		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.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/06/2021	Y
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: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet S-2
Part II
Date/Time Prepared:
6/23/2021 11:23 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GARY		WILLIAMS	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.	630-210-5209		GARY.WILLIAMS@AAH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet S-2
Part II
Date/Time Prepared:
6/23/2021 11:23 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR 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: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet S-3
Part I
Date/Time Prepared:
6/23/2021 11:23 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	213	71,142	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		213	71,142	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	6,680	0.00	0	8.00
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)		233	77,822	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		233				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet S-3
Part I
Date/Time Prepared:
6/23/2021 11:23 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,317	4,663	34,332			1.00
2.00	HMO and other (see instructions)	11,527	2,980				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	10,317	4,663	34,332			7.00
8.00	INTENSIVE CARE UNIT	1,613	684	4,816			8.00
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		745	1,868			13.00
14.00	Total (see instructions)	11,930	6,092	41,016	0.00	994.54	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			511			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)				0.00	994.54	27.00
28.00	Observation Bed Days		204	5,941			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	321	454			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: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet S-3
Part I
Date/Time Prepared:
6/23/2021 11:23 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,172	413	8,884	1.00
2.00 HMO and other (see instructions)			2,150	768		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,172	413	8,884	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet S-3
Part II
Date/Time Prepared:
6/23/2021 11:23 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	64,961,845	0	64,961,845	1,612,139.97	40.30
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		574,416	0	574,416	3,270.16	175.65
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		258,648	0	258,648	2,703.25	95.68
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		0	0	0	0.00	0.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,191,222	0	5,191,222	70,893.78	73.23
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		172,063	0	172,063	1,297.23	132.64
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		9,423,626	0	9,423,626	137,953.00	68.31
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)		17,877,565	0	17,877,565		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		0	0	0		
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		162,249	0	162,249		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		73,058	0	73,058		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,092,865	0	2,092,865		
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: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet S-3
Part II
Date/Time Prepared:
6/23/2021 11:23 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	707,968	-560,926	147,042	2,722.47	54.01	26.00
27.00	Administrative & General	5.00	10,475,229	-5,594,119	4,881,110	90,213.11	54.11	27.00
28.00	Administrative & General under contract (see inst.)		1,062,929	0	1,062,929	8,220.08	129.31	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	0	0	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	3,485,393	541,130	4,026,523	74,376.81	54.14	38.00
39.00	Central Services and Supply	14.00	320,236	8,494	328,730	14,188.25	23.17	39.00
40.00	Pharmacy	15.00	3,152,418	106,523	3,258,941	58,917.06	55.31	40.00
41.00	Medical Records & Medical Records Library	16.00	0	949	949	6.91	137.34	41.00
42.00	Social Service	17.00	860,623	39,367	899,990	19,705.77	45.67	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet S-3
Part III
Date/Time Prepared:
6/23/2021 11:23 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	65,766,126	0	65,766,126	1,617,656.80	40.66	1.00
2.00	Excluded area salaries (see instructions)	0	0	0	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	65,766,126	0	65,766,126	1,617,656.80	40.66	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,786,911	0	14,786,911	210,144.01	70.37	4.00
5.00	Subtotal wage-related costs (see inst.)	20,132,679	0	20,132,679	0.00	30.61	5.00
6.00	Total (sum of lines 3 thru 5)	100,685,716	0	100,685,716	1,827,800.81	55.09	6.00
7.00	Total overhead cost (see instructions)	20,064,796	-5,458,582	14,606,214	268,350.46	54.43	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 6/23/2021 11:23 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		3,447,905	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		224,561	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		106,200	6.00
7.00	Employee Managed Care Program Administration Fees		683,411	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)		3,927,715	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		1,325,622	9.00
10.00	Dental, Hearing and Vision Plan		103,976	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		47,500	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)		625,039	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,766,900	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		5,500	16.00
TAXES				
17.00	FICA-Employers Portion Only		4,733,347	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		103,400	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))		8,731	21.00
22.00	Day Care Cost and Allowances		566,535	22.00
23.00	Tuition Reimbursement		436,530	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		18,112,872	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: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet S-3
Part V
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,191,222	18,112,872	1.00
2.00	Hospital	5,191,222	17,877,565	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	235,307	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet S-10 Date/Time Prepared: 6/23/2021 11:23 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.272848 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	23,532,084		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			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	154,880,888		6.00
7.00	Medicaid cost (line 1 times line 6)	42,258,941		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)	18,726,857		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)	18,726,857		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	14,801,311	726,382	15,527,693 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,038,508	726,382	4,764,890 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)	4,038,508	726,382	4,764,890 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)	18,152,658		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	757,691		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,165,679		27.01
28.00	Non-Medicare bad debt expense (see instructions)	16,986,979		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	5,042,851		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	9,807,741		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	28,534,598		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	9,305,466	9,305,466	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	707,968	12,637,731	13,345,699	-20,054	13,325,645	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,475,229	51,892,347	62,367,576	-6,569,373	55,798,203	5.00
7.00	00700	OPERATION OF PLANT	0	14,844,924	14,844,924	-5,866,294	8,978,630	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	921,104	921,104	0	921,104	8.00
9.00	00900	HOUSEKEEPING	0	2,584,611	2,584,611	-13,046	2,571,565	9.00
10.00	01000	DIETARY	0	3,617,506	3,617,506	-1,255,212	2,362,294	10.00
11.00	01100	CAFETERIA	0	0	0	1,236,232	1,236,232	11.00
13.00	01300	NURSING ADMINISTRATION	3,485,393	507,549	3,992,942	400,361	4,393,303	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	320,236	340,877	661,113	-146,579	514,534	14.00
15.00	01500	PHARMACY	3,152,418	19,134,004	22,286,422	-16,491,443	5,794,979	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	218,732	218,732	-11	218,721	16.00
17.00	01700	SOCIAL SERVICE	860,623	68,267	928,890	39,193	968,083	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,278,706	8,319,590	27,598,296	-1,941,288	25,657,008	30.00
31.00	03100	INTENSIVE CARE UNIT	4,047,646	1,960,846	6,008,492	-132,952	5,875,540	31.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	405,455	665,619	1,071,074	-51,853	1,019,221	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,044	2,044	-2,044	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,190,582	13,497,677	17,688,259	-11,301,961	6,386,298	50.00
53.00	05300	ANESTHESIOLOGY	153,499	425,354	578,853	1,329,986	1,908,839	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,543,986	1,304,902	5,848,888	-397,998	5,450,890	54.00
56.00	05600	RADIOISOTOPE	298,007	606,009	904,016	-556,469	347,547	56.00
56.01	05601	ULTRASOUND	657,598	107,724	765,322	-29,526	735,796	56.01
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	1,019,989	4,795,286	5,815,275	-3,641,375	2,173,900	59.00
60.00	06000	LABORATORY	0	7,820,046	7,820,046	-142,975	7,677,071	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,134,950	1,134,950	-595,554	539,396	62.00
64.00	06400	INTRAVENOUS THERAPY	247,527	129,455	376,982	-80,809	296,173	64.00
65.00	06500	RESPIRATORY THERAPY	1,187,791	311,049	1,498,840	81,961	1,580,801	65.00
66.00	06600	PHYSICAL THERAPY	351,076	2,314,190	2,665,266	-16,990	2,648,276	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	779,782	196,986	976,768	122,711	1,099,479	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	88,649	18,528	107,177	-6,079	101,098	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,548,701	11,548,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,799,895	7,799,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,717,993	17,717,993	73.00
74.00	07400	RENAL DIALYSIS	483,558	194,329	677,887	-64,843	613,044	74.00
75.00	07500	ASC (NON-DISTINCT PART)	832,109	268,343	1,100,452	-32,332	1,068,120	75.00
76.00	03560	PULMONARY FUNCTION TESTING	64,493	4,898	69,391	9,854	79,245	76.00
76.97	07697	CARDIAC REHABILITATION	213,544	37,596	251,140	55,839	306,979	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	1,842,974	516,476	2,359,450	-108,828	2,250,622	90.00
91.00	09100	EMERGENCY	5,273,007	1,852,773	7,125,780	-182,304	6,943,476	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	-16	-16	0	-16	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	1,136,812	1,136,812	0	1,136,812	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,961,845	154,389,118	219,350,963	0	219,350,963	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,942	30,942	0	30,942	190.00
190.01	19001	NONREIMBURSABLE HHA	0	48,289	48,289	0	48,289	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	64,961,845	154,468,349	219,430,194	0	219,430,194	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,543,921	10,849,387	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,781,424	16,107,069	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,980,560	43,817,643	5.00
7.00	00700	OPERATION OF PLANT	-480	8,978,150	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	921,104	8.00
9.00	00900	HOUSEKEEPING	0	2,571,565	9.00
10.00	01000	DIETARY	-285,876	2,076,418	10.00
11.00	01100	CAFETERIA	0	1,236,232	11.00
13.00	01300	NURSING ADMINISTRATION	-3,767	4,389,536	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-235	514,299	14.00
15.00	01500	PHARMACY	-271	5,794,708	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-25	218,696	16.00
17.00	01700	SOCIAL SERVICE	-134	967,949	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,191,162	23,465,846	30.00
31.00	03100	INTENSIVE CARE UNIT	-339	5,875,201	31.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-550,191	469,030	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-13,138	6,373,160	50.00
53.00	05300	ANESTHESIOLOGY	-1,691,250	217,589	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-11,892	5,438,998	54.00
56.00	05600	RADIOISOTOPE	-1,075	346,472	56.00
56.01	05601	ULTRASOUND	0	735,796	56.01
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	-3,315	2,170,585	59.00
60.00	06000	LABORATORY	-332,448	7,344,623	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	539,396	62.00
64.00	06400	INTRAVENOUS THERAPY	0	296,173	64.00
65.00	06500	RESPIRATORY THERAPY	-3,887	1,576,914	65.00
66.00	06600	PHYSICAL THERAPY	-573	2,647,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,422	1,098,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	101,098	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,548,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,799,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,717,993	73.00
74.00	07400	RENAL DIALYSIS	0	613,044	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,068,120	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	79,245	76.00
76.97	07697	CARDIAC REHABILITATION	0	306,979	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	-1,500	2,249,122	90.00
91.00	09100	EMERGENCY	-213,990	6,729,486	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	SLEEP LAB	0	-16	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	112.00
113.00	11300	INTEREST EXPENSE	-1,136,812	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,098,997	205,251,966	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,942	190.00
190.01	19001	NONREIMBURSABLE HHA	-48,289	0	190.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	FUND RAISING	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-14,147,286	205,282,908	200.00

RECLASSIFICATIONS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A-6

Date/Time Prepared:
6/23/2021 11:23 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	0	1,236,232		1.00
	0		0	1,236,232		
	B - PAITENT DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,717,993		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
	0		0	17,717,993		
	E - MEDICAL DIRECTORS - PHYSICIANS					
1.00	ADULTS & PEDIATRICS	30.00	46,172	2,500		1.00
2.00	OPERATING ROOM	50.00	126,713	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	1,737,617		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	32,083	11,000		4.00
5.00	CARDIAC CATHETERIZATION	59.00	33,458	0		5.00
6.00	RESPIRATORY THERAPY	65.00	82,500	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	34,833	0		7.00
8.00	RENAL DIALYSIS	74.00	12,600	0		8.00
9.00	CLINIC	90.00	9,230	64,460		9.00
10.00	EMERGENCY	91.00	58,667	35,292		10.00
	0		436,256	1,850,869		
	H - EQUIP DEPR					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,744,696		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
	0		0	3,744,696		

RECLASSIFICATIONS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A-6

Date/Time Prepared:
6/23/2021 11:23 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
J - MEDICAL SUPPLIES					
1.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	19,348,596		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
0		0	19,348,596		
K - IMPLANTS					
1.00 IMPL. DEV. CHARGED TO PATIENT	72.00	0	7,799,895		1.00
0		0	7,799,895		
L - CARDIOLOGY ADMINISTRATION					
1.00 CARDIAC CATHETERIZATION	59.00	242,609	20,361		1.00
2.00 ELECTROCARDIOLOGY	69.00	113,665	9,539		2.00
3.00 CARDIAC REHABILITATION	76.97	29,946	2,513		3.00
0		386,220	32,413		
M - MANAGEMENT INCENTIVES					
1.00 ADMINISTRATIVE & GENERAL	5.00	293,717	0		1.00
2.00 NURSING ADMINISTRATION	13.00	110,642	0		2.00
3.00 PHARMACY	15.00	47,276	0		3.00
4.00 ADULTS & PEDIATRICS	30.00	35,607	0		4.00
5.00 INTENSIVE CARE UNIT	31.00	11,637	0		5.00
6.00 OPERATING ROOM	50.00	23,759	0		6.00
7.00 RADIOLOGY-DIAGNOSTIC	54.00	33,655	0		7.00
8.00 EMERGENCY	91.00	4,633	0		8.00
0		560,926	0		
N - ALLOCATION OF COVID-19 TO HOME DEPTS					
1.00 NURSING ADMINISTRATION	13.00	430,488	0		1.00
2.00 CENTRAL SERVICES & SUPPLY	14.00	8,494	0		2.00
3.00 PHARMACY	15.00	59,247	0		3.00
4.00 MEDICAL RECORDS & LIBRARY	16.00	949	0		4.00
5.00 SOCIAL SERVICE	17.00	39,367	0		5.00
6.00 ADULTS & PEDIATRICS	30.00	1,583,266	0		6.00
7.00 INTENSIVE CARE UNIT	31.00	526,245	0		7.00
8.00 NURSERY	43.00	15,188	0		8.00
9.00 OPERATING ROOM	50.00	553,345	0		9.00
10.00 ANESTHESIOLOGY	53.00	4,647	0		10.00
11.00 RADIOLOGY-DIAGNOSTIC	54.00	361,954	0		11.00
12.00 RADIOISOTOPE	56.00	16,961	0		12.00
13.00 ULTRASOUND	56.01	23,298	0		13.00
14.00 CARDIAC CATHETERIZATION	59.00	45,746	0		14.00
15.00 INTRAVENOUS THERAPY	64.00	29,044	0		15.00
16.00 RESPIRATORY THERAPY	65.00	213,929	0		16.00
17.00 PHYSICAL THERAPY	66.00	24,703	0		17.00
18.00 ELECTROCARDIOLOGY	69.00	68,614	0		18.00
19.00 ELECTROENCEPHALOGRAPHY	70.00	5,715	0		19.00
20.00 RENAL DIALYSIS	74.00	50,629	0		20.00
21.00 ASC (NON-DISTINCT PART)	75.00	147,868	0		21.00
22.00 PULMONARY FUNCTION TESTING	76.00	9,924	0		22.00
23.00 CARDIAC REHABILITATION	76.97	28,850	0		23.00

RECLASSIFICATIONS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A-6

Date/Time Prepared:
6/23/2021 11:23 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00	CLINIC	90.00	141,521	0	24.00
25.00	EMERGENCY	91.00	675,368	0	25.00
	TOTALS		5,065,360	0	
P - NON-DEPRECIATION 1137 PLANT OP COSTS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,560,770	1.00
	TOTALS		0	5,560,770	
Q - COVID FAMILY CARE REIMBURSEMENT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	566,535	1.00
	TOTALS		0	566,535	
500.00	Grand Total: Increases		6,448,762	57,857,999	500.00

RECLASSIFICATIONS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet 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		
	A - CAFETERIA COSTS						
1.00	DIETARY	10.00	0	1,236,232	0		1.00
	0		0	1,236,232			
	B - PAITENT DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,394	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	12	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,298	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,929	0		4.00
5.00	PHARMACY	15.00	0	16,421,386	0		5.00
6.00	SOCIAL SERVICE	17.00	0	2	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	182,458	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	50,352	0		8.00
9.00	NURSERY	43.00	0	406	0		9.00
10.00	OPERATING ROOM	50.00	0	37,912	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	46,417	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,392	0		12.00
13.00	RADIOISOTOPE	56.00	0	570,078	0		13.00
14.00	ULTRASOUND	56.01	0	250	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	4,244	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	24,215	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	841	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	60	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	2,432	0		19.00
20.00	RENAL DIALYSIS	74.00	0	675	0		20.00
21.00	ASC (NON-DISTINCT PART)	75.00	0	62,598	0		21.00
22.00	CLINIC	90.00	0	21,320	0		22.00
23.00	EMERGENCY	91.00	0	219,322	0		23.00
	0		0	17,717,993			
	E - MEDICAL DIRECTORS - PHYSICIANS						
1.00	ADMINISTRATIVE & GENERAL	5.00	436,256	159,619	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,691,250	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	0		436,256	1,850,869			
	H - EQUIP DEPR						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	210,948	9		1.00
2.00	OPERATION OF PLANT	7.00	0	305,524	0		2.00
3.00	HOUSEKEEPING	9.00	0	13,046	0		3.00
4.00	DIETARY	10.00	0	18,980	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	130,655	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	119,715	0		6.00
7.00	PHARMACY	15.00	0	111,399	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	960	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	420,642	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	37,100	0		10.00
11.00	NURSERY	43.00	0	18,555	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	0	2,044	0		12.00
13.00	OPERATING ROOM	50.00	0	1,238,801	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	56,884	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	340,043	0		15.00
16.00	ULTRASOUND	56.01	0	1,343	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	437,611	0		17.00
18.00	LABORATORY	60.00	0	13,496	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	6,955	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	26,693	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	3,391	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	87,444	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,530	0		23.00
24.00	RENAL DIALYSIS	74.00	0	24,022	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	47,526	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	1,349	0		26.00
27.00	CLINIC	90.00	0	16,416	0		27.00
28.00	EMERGENCY	91.00	0	47,624	0		28.00
	0		0	3,744,696			
	J - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	269	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,727	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	8,816	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A-6

Date/Time Prepared:
6/23/2021 11:23 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	33,429	0	4.00
5.00	PHARMACY	15.00	0	65,181	0	5.00
6.00	SOCIAL SERVICE	17.00	0	172	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	1,314,483	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	583,382	0	8.00
9.00	NURSERY	43.00	0	48,080	0	9.00
10.00	OPERATING ROOM	50.00	0	10,729,065	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	308,977	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	452,255	0	12.00
13.00	RADIOISOTOPE	56.00	0	3,352	0	13.00
14.00	ULTRASOUND	56.01	0	51,231	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	3,541,694	0	15.00
16.00	LABORATORY	60.00	0	129,479	0	16.00
17.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	595,554	0	17.00
18.00	INTRAVENOUS THERAPY	64.00	0	78,683	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	186,934	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	38,242	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	14,064	0	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,264	0	22.00
23.00	RENAL DIALYSIS	74.00	0	103,375	0	23.00
24.00	ASC (NON-DISTINCT PART)	75.00	0	70,076	0	24.00
25.00	PULMONARY FUNCTION TESTING	76.00	0	70	0	25.00
26.00	CARDIAC REHABILITATION	76.97	0	4,121	0	26.00
27.00	CLINIC	90.00	0	286,303	0	27.00
28.00	EMERGENCY	91.00	0	689,318	0	28.00
0			0	19,348,596		
K - IMPLANTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,799,895	0	1.00
0			0	7,799,895		
L - CARDIOLOGY ADMINISTRATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	386,220	32,413	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
0			386,220	32,413		
M - MANAGEMENT INCENTIVES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	560,926	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
0			560,926	0		
N - ALLOCATION OF COVID-19 TO HOME DEPTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	5,065,360	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
TOTALS			5,065,360	0		

RECLASSIFICATIONS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A-6

Date/Time Prepared:
6/23/2021 11:23 am

	Decreases						07/26/2021 11:15 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	P - NON-DEPRECIATION 1137 PLANT OP COSTS						
1.00	OPERATION OF PLANT	7.00	0	5,560,770	9		1.00
	TOTALS		0	5,560,770			
	Q - COVID FAMILY CARE REIMBURSEMENT						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	566,535	0		1.00
	TOTALS		0	566,535			
500.00	Grand Total: Decreases		6,448,762	57,857,999			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet A-7
Part I
Date/Time Prepared:
6/23/2021 11:23 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	714,843	0	0	0	0	1.00	
2.00	Land Improvements	5,497,166	1,570,684	0	1,570,684	2,343,445	2.00	
3.00	Buildings and Fixtures	146,264,448	58,895,159	0	58,895,159	14,335,634	3.00	
4.00	Building Improvements	3,308,192	0	0	0	269,880	4.00	
5.00	Fixed Equipment	42,335,603	16,504,945	0	16,504,945	2,870,285	5.00	
6.00	Movable Equipment	114,524	0	0	0	0	6.00	
7.00	HIT designated Assets	428,082	0	0	0	256,795	7.00	
8.00	Subtotal (sum of lines 1-7)	198,662,858	76,970,788	0	76,970,788	20,076,039	8.00	
9.00	Reconciling Items	-35,998,371	29,888,393	0	29,888,393	0	9.00	
10.00	Total (line 8 minus line 9)	234,661,229	47,082,395	0	47,082,395	20,076,039	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	714,843	0					1.00
2.00	Land Improvements	4,724,405	1,992,120					2.00
3.00	Buildings and Fixtures	190,823,973	57,208,502					3.00
4.00	Building Improvements	3,038,312	0					4.00
5.00	Fixed Equipment	55,970,263	20,966,649					5.00
6.00	Movable Equipment	114,524	25,793					6.00
7.00	HIT designated Assets	171,287	15,920					7.00
8.00	Subtotal (sum of lines 1-7)	255,557,607	80,208,984					8.00
9.00	Reconciling Items	-6,109,978	0					9.00
10.00	Total (line 8 minus line 9)	261,667,585	80,208,984					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet A-7
Part II
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
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
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet A-7
Part III
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	255,557,607	0	255,557,607	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	255,557,607	0	255,557,607	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	10,849,387	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	10,849,387	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	0	0	0	0	10,849,387	1.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,849,387	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A-8

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
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 - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 *** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-83,898	ADMINISTRATIVE & GENERAL	5.00	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	-4,466,385			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0	0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	4,957,925			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			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)	A		0 UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 *** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		-283,500	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A-8

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center			
		1.00	2.00	3.00		4.00	5.00
33.00	OTHER NONALLOWABLE EXPENSES	A	0	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00
33.01	OTHER NONALLOWABLE EXPENSES	A	-447,856	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02	OTHER NONALLOWABLE EXPENSES	A	-3,767	NURSING ADMINISTRATION		13.00	0 33.02
33.03	OTHER NONALLOWABLE EXPENSES	A	-235	CENTRAL SERVICES & SUPPLY		14.00	0 33.03
33.04	OTHER NONALLOWABLE EXPENSES	A	-271	PHARMACY		15.00	0 33.04
33.05	OTHER NONALLOWABLE EXPENSES	A	-134	SOCIAL SERVICE		17.00	0 33.05
33.06	OTHER NONALLOWABLE EXPENSES	A	-9,106	ADULTS & PEDIATRICS		30.00	0 33.06
33.07	OTHER NONALLOWABLE EXPENSES	A	-339	INTENSIVE CARE UNIT		31.00	0 33.07
33.08	OTHER NONALLOWABLE EXPENSES	A	-191	NURSERY		43.00	0 33.08
33.09	OTHER NONALLOWABLE EXPENSES	A	-13,138	OPERATING ROOM		50.00	0 33.09
33.10	OTHER NONALLOWABLE EXPENSES	A	-2,730	RADIOLOGY-DIAGNOSTIC		54.00	0 33.10
33.11	OTHER NONALLOWABLE EXPENSES	A	-1,075	RADIOISOTOPE		56.00	0 33.11
33.12	OTHER NONALLOWABLE EXPENSES	A	-3,315	CARDIAC CATHETERIZATION		59.00	0 33.12
33.13	OTHER NONALLOWABLE EXPENSES	A	-3,887	RESPIRATORY THERAPY		65.00	0 33.13
33.14	OTHER NONALLOWABLE EXPENSES	A	-123	PHYSICAL THERAPY		66.00	0 33.14
33.15	OTHER NONALLOWABLE EXPENSES	A	-1,500	CLINIC		90.00	0 33.15
33.16	OTHER NONALLOWABLE EXPENSES	A	-178,698	EMERGENCY		91.00	0 33.16
33.17	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0 33.17
33.18	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0 33.18
33.19	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0 33.19
33.20	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0 33.20
33.21	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0 33.21
33.22	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0 33.22
34.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 34.00
	(3)						
34.05	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 34.05
	(3)						
36.05	AHP FEE	A	-1,671,520	ADMINISTRATIVE & GENERAL		5.00	0 36.05
37.00	BOOKED DEPR TO MC	A	3,103	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 37.00
37.01	POST EMPLOYMENT PENSION	A	52,800	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.01
38.00	POST EMPLOYMENT PENSION RESTORATION	A	-2,200	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.00
39.00	POST EMPLOYMENT HEALTH	A	-29,400	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 39.00
39.05	EARLY RETIREMENT INCENTIVE PROGRAM	A	-5,500	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 39.05
40.03	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 40.03
	(3)						
41.00	ADVERTISING COSTS	A	0			0.00	0 41.00
45.01	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 45.01
	(3)						
45.02	BOOKED INTEREST EXPENSE	A	-1,136,812	INTEREST EXPENSE		113.00	0 45.02
45.06	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 45.06
	(3)						
45.07	HHA EXPENSES	A	-48,289	NONREIMBURSABLE HHA		190.01	0 45.07
45.10	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 45.10
	(3)						
45.15	PUBLIC AID ASSESSMENT	A	-9,514,610	ADMINISTRATIVE & GENERAL		5.00	0 45.15
45.16	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 45.16
	(3)						
45.17	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 45.17
	(3)						
45.18	OTHER INCOME	B	-623,899	ADMINISTRATIVE & GENERAL		5.00	0 45.18
45.19	OTHER INCOME	B	-480	OPERATION OF PLANT		7.00	0 45.19
45.24	OTHER INCOME	B	-285,876	DIETARY		10.00	0 45.24
45.25	OTHER INCOME	B	-25	MEDICAL RECORDS & LIBRARY		16.00	0 45.25
45.27	OTHER INCOME	B	-120	ADULTS & PEDIATRICS		30.00	0 45.27
45.28	OTHER INCOME	B	-7,915	RADIOLOGY-DIAGNOSTIC		54.00	0 45.28
45.30	OTHER INCOME	B	-332,448	LABORATORY		60.00	0 45.30
45.34	OTHER INCOME	B	-450	PHYSICAL THERAPY		66.00	0 45.34
45.35	OTHER INCOME	B	-1,422	ELECTROCARDIOLOGY		69.00	0 45.35
45.36	OTHER INCOME	B	0			0.00	0 45.36
45.37	OTHER INCOME		0			0.00	0 45.37
45.38	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 45.38
	(3)						
45.39	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 45.39
	(3)						
45.40	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0 45.40
	(3)						

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A-8

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
45.41	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.41
45.42	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.42
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,147,286				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: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A-8-1

Date/Time Prepared:
6/23/2021 11:23 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOCATION	5,478,089	5,266,709 1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOCATION IT	11,403,068	10,963,065 2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE PERSONNEL ALLOC	2,765,724	0 3.00
4.00		1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE DEPR	1,540,818	0 4.00
4.01		0.00			0	0 4.01
4.02		0.00			0	0 4.02
5.00	0		0		21,187,699	16,229,774 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: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A-8-1

Date/Time Prepared:
6/23/2021 11:23 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	211,380	0		1.00
2.00	440,003	0		2.00
3.00	2,765,724	0		3.00
4.00	1,540,818	9		4.00
4.01	0	0		4.01
4.02	0	0		4.02
5.00	4,957,925			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	HOME OFFICE		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: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet A-8-2

Date/Time Prepared:
6/23/2021 11:23 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	290,160	290,160	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,898,436	1,898,436	0	0	0	2.00
3.00	43.00	AGGREGATE-NURSERY	550,000	550,000	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	1,691,250	1,691,250	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,247	1,247	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	35,292	35,292	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,466,385	4,466,385	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	290,160		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,898,436		2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	550,000		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	1,691,250		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	1,247		5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	35,292		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	4,466,385		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part I
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			0	1.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	10,849,387	10,849,387				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,107,069	11,399	16,118,468			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,817,643	1,073,065	1,213,859	46,104,567	46,104,567	5.00
7.00	00700	OPERATION OF PLANT	8,978,150	2,520,015	0	11,498,165	3,330,340	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	921,104	23,966	0	945,070	273,731	8.00
9.00	00900	HOUSEKEEPING	2,571,565	118,687	0	2,690,252	779,207	9.00
10.00	01000	DIETARY	2,076,418	172,156	0	2,248,574	651,279	10.00
11.00	01100	CAFETERIA	1,236,232	166,900	0	1,403,132	406,405	11.00
13.00	01300	NURSING ADMINISTRATION	4,389,536	95,515	1,001,336	5,486,387	1,589,083	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	514,299	353,281	81,750	949,330	274,965	14.00
15.00	01500	PHARMACY	5,794,708	101,518	810,450	6,706,676	1,942,528	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	218,696	90,353	236	309,285	89,582	16.00
17.00	01700	SOCIAL SERVICE	967,949	15,861	223,814	1,207,624	349,777	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,465,846	2,312,026	5,208,392	30,986,264	8,974,880	30.00
31.00	03100	INTENSIVE CARE UNIT	5,875,201	334,010	1,140,352	7,349,563	2,128,735	31.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	469,030	39,430	104,608	613,068	177,570	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,373,160	1,101,657	1,217,164	8,691,981	2,517,554	50.00
53.00	05300	ANESTHESIOLOGY	217,589	9,344	39,329	266,262	77,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,438,998	723,405	1,236,382	7,398,785	2,142,991	54.00
56.00	05600	RADIOISOTOPE	346,472	62,906	78,328	487,706	141,260	56.00
56.01	05601	ULTRASOUND	735,796	0	169,329	905,125	262,161	56.01
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	2,170,585	139,897	333,686	2,644,168	765,859	59.00
60.00	06000	LABORATORY	7,344,623	236,159	0	7,580,782	2,195,705	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	539,396	25,648	0	565,044	163,660	62.00
64.00	06400	INTRAVENOUS THERAPY	296,173	4,742	68,779	369,694	107,079	64.00
65.00	06500	RESPIRATORY THERAPY	1,576,914	40,551	369,103	1,986,568	575,392	65.00
66.00	06600	PHYSICAL THERAPY	2,647,703	156,972	93,451	2,898,126	839,416	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	1,098,057	20,369	247,913	1,366,339	395,748	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,098	20,976	23,467	145,541	42,155	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,548,701	0	0	11,548,701	3,344,977	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,799,895	0	0	7,799,895	2,259,169	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,717,993	0	0	17,717,993	5,131,857	73.00
74.00	07400	RENAL DIALYSIS	613,044	35,552	135,978	784,574	227,245	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,068,120	163,069	243,706	1,474,895	427,190	75.00
76.00	03560	PULMONARY FUNCTION TESTING	79,245	7,381	18,506	105,132	30,451	76.00
76.97	07697	CARDIAC REHABILITATION	306,979	70,194	67,727	444,900	128,861	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	2,249,122	170,731	495,810	2,915,663	844,496	90.00
91.00	09100	EMERGENCY	6,729,486	410,231	1,495,013	8,634,730	2,500,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	-16	0	0	-16	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part I
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
				NEW BLDG & FIXT				
			0	1.00	4.00	4A	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	205,251,966	10,827,966	16,118,468	205,230,545	46,089,400	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,942	18,197	0	49,139	14,233	190.00
190.01	19001	NONREIMBURSABLE HHA	0	3,224	0	3,224	934	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	205,282,908	10,849,387	16,118,468	205,282,908	46,104,567	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part I
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	14,828,505					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	49,053	1,267,854				8.00
9.00	00900	HOUSEKEEPING	242,923	0	3,712,382			9.00
10.00	01000	DIETARY	352,360	0	89,987	3,342,200		10.00
11.00	01100	CAFETERIA	341,602	0	87,239	0	2,238,378	11.00
13.00	01300	NURSING ADMINISTRATION	195,495	0	49,926	0	150,383	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	723,078	0	184,662	0	12,277	14.00
15.00	01500	PHARMACY	207,782	0	53,064	0	121,715	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	184,929	0	47,228	0	35	16.00
17.00	01700	SOCIAL SERVICE	32,463	0	8,290	0	33,613	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,732,139	1,061,244	1,208,509	2,797,553	782,184	30.00
31.00	03100	INTENSIVE CARE UNIT	683,635	148,868	174,589	392,433	171,260	31.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	80,793	57,742	20,610	152,214	15,710	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,254,814	0	575,841	0	182,796	50.00
53.00	05300	ANESTHESIOLOGY	19,124	0	4,884	0	5,906	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,480,627	0	378,127	0	185,682	54.00
56.00	05600	RADIOISOTOPE	128,752	0	32,881	0	11,763	56.00
56.01	05601	ULTRASOUND	0	0	0	0	25,430	56.01
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	286,334	0	73,125	0	50,114	59.00
60.00	06000	LABORATORY	483,359	0	123,442	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	52,495	0	13,406	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	9,705	0	2,479	0	10,329	64.00
65.00	06500	RESPIRATORY THERAPY	82,998	0	21,196	0	55,433	65.00
66.00	06600	PHYSICAL THERAPY	321,283	0	82,050	0	14,035	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	41,690	0	10,647	0	37,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,933	0	10,964	0	3,524	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	72,767	0	18,583	0	20,421	74.00
75.00	07500	ASC (NON-DISTINCT PART)	333,761	0	85,237	0	36,600	75.00
76.00	03560	PULMONARY FUNCTION TESTING	15,108	0	3,858	0	2,779	76.00
76.97	07697	CARDIAC REHABILITATION	143,669	0	36,691	0	10,171	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	349,443	0	89,242	0	74,462	90.00
91.00	09100	EMERGENCY	839,639	0	214,429	0	224,524	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,784,663	1,267,854	3,701,186	3,342,200	2,238,378	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,244	0	9,511	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	6,598	0	1,685	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part I
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,828,505	1,267,854	3,712,382	3,342,200	2,238,378	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part I
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION	7,471,274					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	2,144,312				14.00
15.00	01500 PHARMACY	0	90,631	9,122,396			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	631,059		16.00
17.00	01700 SOCIAL SERVICE	162,926	2,506	1	0	1,797,200	17.00
23.00	02301 PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	3,397,600	264,124	94,094	93,283	1,504,327	30.00
31.00	03100 INTENSIVE CARE UNIT	764,147	58,936	25,967	18,731	211,023	31.00
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
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	66,708	4,410	209	5,738	81,850	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	798,340	1,290,310	19,551	60,515	0	50.00
53.00	05300 ANESTHESIOLOGY	28,802	1,728	23,937	13,958	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	137,946	92,148	22,893	76,899	0	54.00
56.00	05600 RADIOISOTOPE	0	3,289	293,989	6,905	0	56.00
56.01	05601 ULTRASOUND	3,336	7,449	129	9,270	0	56.01
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	180,116	16,773	2,189	17,804	0	59.00
60.00	06000 LABORATORY	0	0	0	50,155	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	4,188	0	62.00
64.00	06400 INTRAVENOUS THERAPY	49,492	8	12,488	553	0	64.00
65.00	06500 RESPIRATORY THERAPY	9,342	10,700	434	10,075	0	65.00
66.00	06600 PHYSICAL THERAPY	15,827	5,698	31	10,377	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	147,327	8,670	1,254	14,377	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	16,664	337	0	779	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,044	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	24,452	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	8,468,501	107,169	0	73.00
74.00	07400 RENAL DIALYSIS	92,424	2,256	348	2,799	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	161,985	36,921	32,282	7,008	0	75.00
76.00	03560 PULMONARY FUNCTION TESTING	12,319	0	0	54	0	76.00
76.97	07697 CARDIAC REHABILITATION	41,361	37,807	0	967	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	338,046	14,669	10,995	8,390	0	90.00
91.00	09100 EMERGENCY	1,046,566	194,942	113,104	74,569	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,471,274	2,144,312	9,122,396	631,059	1,797,200	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 NONREIMBURSABLE HHA	0	0	0	0	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,471,274	2,144,312	9,122,396	631,059	1,797,200	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part I
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Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
23.00	02301	PARAMEDICAL ED PRGM	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	55,896,201	0	55,896,201	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,127,887	0	12,127,887	31.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,276,532	0	1,276,532	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,391,702	0	16,391,702	50.00
53.00	05300	ANESTHESIOLOGY	0	441,721	0	441,721	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,916,098	0	11,916,098	54.00
56.00	05600	RADIOISOTOPE	0	1,106,545	0	1,106,545	56.00
56.01	05601	ULTRASOUND	0	1,212,900	0	1,212,900	56.01
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	4,036,482	0	4,036,482	59.00
60.00	06000	LABORATORY	0	10,433,443	0	10,433,443	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	798,793	0	798,793	62.00
64.00	06400	INTRAVENOUS THERAPY	0	561,827	0	561,827	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,752,138	0	2,752,138	65.00
66.00	06600	PHYSICAL THERAPY	0	4,186,843	0	4,186,843	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	2,023,284	0	2,023,284	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	262,897	0	262,897	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,905,722	0	14,905,722	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,083,516	0	10,083,516	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,425,520	0	31,425,520	73.00
74.00	07400	RENAL DIALYSIS	0	1,221,417	0	1,221,417	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	2,595,879	0	2,595,879	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	169,701	0	169,701	76.00
76.97	07697	CARDIAC REHABILITATION	0	844,427	0	844,427	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	4,645,406	0	4,645,406	90.00
91.00	09100	EMERGENCY	0	13,843,475	0	13,843,475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	-16	0	-16	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	205,160,340	0	205,160,340	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
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Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	110,127	0	110,127		190.00
190.01	19001	NONREIMBURSABLE HHA	0	12,441	0	12,441		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	FUND RAISING	0	0	0	0		194.00
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)	0	205,282,908	0	205,282,908		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part II
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			NEW BLDG & FIXT				
		0	1.00	2A	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	11,399	11,399		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	442,792	1,073,065	1,515,857	859	5.00
7.00	00700	OPERATION OF PLANT	0	2,520,015	2,520,015	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,966	23,966	0	8.00
9.00	00900	HOUSEKEEPING	0	118,687	118,687	0	9.00
10.00	01000	DIETARY	0	172,156	172,156	0	10.00
11.00	01100	CAFETERIA	0	166,900	166,900	0	11.00
13.00	01300	NURSING ADMINISTRATION	893	95,515	96,408	709	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	139,169	353,281	492,450	58	14.00
15.00	01500	PHARMACY	138,633	101,518	240,151	574	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,960	90,353	122,313	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,861	15,861	158	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,312,026	2,312,026	3,679	30.00
31.00	03100	INTENSIVE CARE UNIT	0	334,010	334,010	807	31.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	39,430	39,430	74	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,249	1,101,657	1,108,906	861	50.00
53.00	05300	ANESTHESIOLOGY	0	9,344	9,344	28	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,805	723,405	728,210	875	54.00
56.00	05600	RADIOISOTOPE	100	62,906	63,006	55	56.00
56.01	05601	ULTRASOUND	0	0	0	120	56.01
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	139,897	139,897	236	59.00
60.00	06000	LABORATORY	0	236,159	236,159	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,648	25,648	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	4,742	4,742	49	64.00
65.00	06500	RESPIRATORY THERAPY	4,065	40,551	44,616	261	65.00
66.00	06600	PHYSICAL THERAPY	0	156,972	156,972	66	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	330	20,369	20,699	175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,976	20,976	17	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	35,552	35,552	96	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	163,069	163,069	172	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	7,381	7,381	13	76.00
76.97	07697	CARDIAC REHABILITATION	19	70,194	70,213	48	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	170,731	170,731	351	90.00
91.00	09100	EMERGENCY	0	410,231	410,231	1,058	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	770,015	10,827,966	11,597,981	11,399	1,516,217

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT				
			0	1.00	2A	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,197	18,197	0	468	190.00
190.01	19001	NONREIMBURSABLE HHA	1	3,224	3,225	0	31	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments		0	0			200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	770,016	10,849,387	11,619,403	11,399	1,516,716	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	2,629,570					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,699	41,670				8.00
9.00	00900	HOUSEKEEPING	43,078	0	187,398			9.00
10.00	01000	DIETARY	62,485	0	4,542	260,607		10.00
11.00	01100	CAFETERIA	60,577	0	4,404	0	245,250	11.00
13.00	01300	NURSING ADMINISTRATION	34,668	0	2,520	0	16,477	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	128,225	0	9,322	0	1,345	14.00
15.00	01500	PHARMACY	36,846	0	2,679	0	13,336	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,794	0	2,384	0	4	16.00
17.00	01700	SOCIAL SERVICE	5,757	0	418	0	3,683	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	839,160	34,879	61,005	218,138	85,703	30.00
31.00	03100	INTENSIVE CARE UNIT	121,230	4,893	8,813	30,600	18,764	31.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	14,311	1,898	1,040	11,869	1,721	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	399,851	0	29,068	0	20,028	50.00
53.00	05300	ANESTHESIOLOGY	3,391	0	247	0	647	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	262,563	0	19,088	0	20,344	54.00
56.00	05600	RADIOISOTOPE	22,832	0	1,660	0	1,289	56.00
56.01	05601	ULTRASOUND	0	0	0	0	2,786	56.01
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	50,776	0	3,691	0	5,491	59.00
60.00	06000	LABORATORY	85,715	0	6,231	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,309	0	677	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,721	0	125	0	1,132	64.00
65.00	06500	RESPIRATORY THERAPY	14,718	0	1,070	0	6,073	65.00
66.00	06600	PHYSICAL THERAPY	56,974	0	4,142	0	1,538	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	7,393	0	537	0	4,079	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,613	0	553	0	386	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	12,904	0	938	0	2,237	74.00
75.00	07500	ASC (NON-DISTINCT PART)	59,187	0	4,303	0	4,010	75.00
76.00	03560	PULMONARY FUNCTION TESTING	2,679	0	195	0	305	76.00
76.97	07697	CARDIAC REHABILITATION	25,477	0	1,852	0	1,114	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	61,967	0	4,505	0	8,158	90.00
91.00	09100	EMERGENCY	148,895	0	10,824	0	24,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,621,795	41,670	186,833	260,607	245,250	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,605	0	480	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	1,170	0	85	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,629,570	41,670	187,398	260,607	245,250	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part II
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION	203,056					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	640,445				14.00
15.00	01500 PHARMACY	0	27,069	384,556			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	160,442		16.00
17.00	01700 SOCIAL SERVICE	4,428	749	0	0	42,560	17.00
23.00	02301 PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	92,344	78,886	3,966	23,682	35,625	30.00
31.00	03100 INTENSIVE CARE UNIT	20,767	17,603	1,095	4,755	4,997	31.00
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
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	1,813	1,317	9	1,457	1,938	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	21,697	385,378	824	15,363	0	50.00
53.00	05300 ANESTHESIOLOGY	783	516	1,009	3,543	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,749	27,522	965	19,523	0	54.00
56.00	05600 RADIOISOTOPE	0	982	12,393	1,753	0	56.00
56.01	05601 ULTRASOUND	91	2,225	5	2,354	0	56.01
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	4,895	5,010	92	4,520	0	59.00
60.00	06000 LABORATORY	0	0	0	12,733	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	1,063	0	62.00
64.00	06400 INTRAVENOUS THERAPY	1,345	2	526	140	0	64.00
65.00	06500 RESPIRATORY THERAPY	254	3,196	18	2,558	0	65.00
66.00	06600 PHYSICAL THERAPY	430	1,702	1	2,634	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	4,004	2,589	53	3,650	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	453	101	0	198	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,058	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,208	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	356,993	27,440	0	73.00
74.00	07400 RENAL DIALYSIS	2,512	674	15	710	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	4,402	11,027	1,361	1,779	0	75.00
76.00	03560 PULMONARY FUNCTION TESTING	335	0	0	14	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,124	11,292	0	246	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	9,187	4,381	463	2,130	0	90.00
91.00	09100 EMERGENCY	28,443	58,224	4,768	18,931	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	203,056	640,445	384,556	160,442	42,560	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 NONREIMBURSABLE HHA	0	0	0	0	0	190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part II
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	203,056	640,445	384,556	160,442	42,560	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part II
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
23.00	02301	PARAMEDICAL ED PRGM	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		4,084,395	0	4,084,395	30.00
31.00	03100	INTENSIVE CARE UNIT		638,361	0	638,361	31.00
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
41.00	04100	SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		82,718	0	82,718	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		2,064,793	0	2,064,793	50.00
53.00	05300	ANESTHESIOLOGY		22,045	0	22,045	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,153,335	0	1,153,335	54.00
56.00	05600	RADIOISOTOPE		108,617	0	108,617	56.00
56.01	05601	ULTRASOUND		16,205	0	16,205	56.01
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		239,802	0	239,802	59.00
60.00	06000	LABORATORY		413,068	0	413,068	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		42,081	0	42,081	62.00
64.00	06400	INTRAVENOUS THERAPY		13,304	0	13,304	64.00
65.00	06500	RESPIRATORY THERAPY		91,692	0	91,692	65.00
66.00	06600	PHYSICAL THERAPY		252,072	0	252,072	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		56,197	0	56,197	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		31,684	0	31,684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		113,094	0	113,094	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		80,525	0	80,525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		553,250	0	553,250	73.00
74.00	07400	RENAL DIALYSIS		63,113	0	63,113	74.00
75.00	07500	ASC (NON-DISTINCT PART)		263,363	0	263,363	75.00
76.00	03560	PULMONARY FUNCTION TESTING		11,924	0	11,924	76.00
76.97	07697	CARDIAC REHABILITATION		115,605	0	115,605	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		289,653	0	289,653	90.00
91.00	09100	EMERGENCY		788,246	0	788,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
93.00	04950	SLEEP LAB		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF		0	0	0	112.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF		0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,589,142	0	11,589,142	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet B
Part II
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		25,750	0	25,750		190.00
190.01	19001	NONREIMBURSABLE HHA		4,511	0	4,511		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0		192.00
194.00	07950	FUND RAISING		0	0	0		194.00
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)	0	11,619,403	0	11,619,403		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet B-1

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		NEW BLDG & FIXT (SQUARE FEET)					
		1.00	4.00	5A	5.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	464,463				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	488	64,814,803			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	45,938	4,881,110	-46,104,567	159,178,357	5.00
7.00	00700	OPERATION OF PLANT	107,882	0	0	11,498,165	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,026	0	0	945,070	8.00
9.00	00900	HOUSEKEEPING	5,081	0	0	2,690,252	9.00
10.00	01000	DIETARY	7,370	0	0	2,248,574	10.00
11.00	01100	CAFETERIA	7,145	0	0	1,403,132	11.00
13.00	01300	NURSING ADMINISTRATION	4,089	4,026,523	0	5,486,387	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,124	328,730	0	949,330	14.00
15.00	01500	PHARMACY	4,346	3,258,941	0	6,706,676	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,868	949	0	309,285	16.00
17.00	01700	SOCIAL SERVICE	679	899,990	0	1,207,624	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	98,978	20,943,751	0	30,986,264	30.00
31.00	03100	INTENSIVE CARE UNIT	14,299	4,585,528	0	7,349,563	31.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,688	420,643	0	613,068	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,162	4,894,399	0	8,691,981	50.00
53.00	05300	ANESTHESIOLOGY	400	158,146	0	266,262	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,969	4,971,678	0	7,398,785	54.00
56.00	05600	RADIOISOTOPE	2,693	314,968	0	487,706	56.00
56.01	05601	ULTRASOUND	0	680,896	0	905,125	56.01
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	5,989	1,341,802	0	2,644,168	59.00
60.00	06000	LABORATORY	10,110	0	0	7,580,782	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,098	0	0	565,044	62.00
64.00	06400	INTRAVENOUS THERAPY	203	276,571	0	369,694	64.00
65.00	06500	RESPIRATORY THERAPY	1,736	1,484,220	0	1,986,568	65.00
66.00	06600	PHYSICAL THERAPY	6,720	375,779	0	2,898,126	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	872	996,894	0	1,366,339	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	898	94,364	0	145,541	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,548,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,799,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,717,993	73.00
74.00	07400	RENAL DIALYSIS	1,522	546,787	0	784,574	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,981	979,977	0	1,474,895	75.00
76.00	03560	PULMONARY FUNCTION TESTING	316	74,417	0	105,132	76.00
76.97	07697	CARDIAC REHABILITATION	3,005	272,340	0	444,900	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	7,309	1,993,725	0	2,915,663	90.00
91.00	09100	EMERGENCY	17,562	6,011,675	0	8,634,730	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	16	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet B-1

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			NEW BLDG & FIXT (SQUARE FEET)					
			1.00	4.00	5A	5.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	463,546	64,814,803	-46,104,551	159,125,994	309,238	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	779	0	0	49,139	779	190.00
190.01	19001	NONREIMBURSABLE HHA	138	0	0	3,224	138	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,849,387	16,118,468		46,104,567	14,828,505	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.358991	0.248685		0.289641	47.809982	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		11,399		1,516,716	2,629,570	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000176		0.009528	8.478245	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: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet B-1

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	41,016					8.00
9.00	00900	HOUSEKEEPING	0	304,048				9.00
10.00	01000	DIETARY	0	7,370	41,016			10.00
11.00	01100	CAFETERIA	0	7,145	0	59,933,693		11.00
13.00	01300	NURSING ADMINISTRATION	0	4,089	0	4,026,523	40,593,323	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,124	0	328,730	0	14.00
15.00	01500	PHARMACY	0	4,346	0	3,258,941	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,868	0	949	0	16.00
17.00	01700	SOCIAL SERVICE	0	679	0	899,990	885,217	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,332	98,978	34,332	20,943,751	18,460,047	30.00
31.00	03100	INTENSIVE CARE UNIT	4,816	14,299	4,816	4,585,528	4,151,797	31.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,868	1,688	1,868	420,643	362,439	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	47,162	0	4,894,399	4,337,577	50.00
53.00	05300	ANESTHESIOLOGY	0	400	0	158,146	156,491	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,969	0	4,971,678	749,495	54.00
56.00	05600	RADIOISOTOPE	0	2,693	0	314,968	0	56.00
56.01	05601	ULTRASOUND	0	0	0	680,896	18,126	56.01
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	5,989	0	1,341,802	978,615	59.00
60.00	06000	LABORATORY	0	10,110	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,098	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	203	0	276,571	268,900	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,736	0	1,484,220	50,760	65.00
66.00	06600	PHYSICAL THERAPY	0	6,720	0	375,779	85,990	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	872	0	996,894	800,464	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	898	0	94,364	90,540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,522	0	546,787	502,160	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	6,981	0	979,977	880,105	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	316	0	74,417	66,932	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,005	0	272,340	224,727	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	7,309	0	1,993,725	1,836,687	90.00
91.00	09100	EMERGENCY	0	17,562	0	6,011,675	5,686,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,016	303,131	41,016	59,933,693	40,593,323	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet B-1

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	
			8.00	9.00	10.00	11.00	13.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	779	0	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	0	138	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,267,854	3,712,382	3,342,200	2,238,378	7,471,274	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.911205	12.209855	81.485274	0.037348	0.184052	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	41,670	187,398	260,607	245,250	203,056	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.015945	0.616343	6.353789	0.004092	0.005002	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: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet B-1

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	832,495					14.00
15.00	01500	PHARMACY	35,186	17,689,360				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	751,921,236			16.00
17.00	01700	SOCIAL SERVICE	973	2	0	41,016		17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	102,542	182,458	111,184,090	34,332	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,881	50,352	22,325,143	4,816	0	31.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,712	406	6,839,605	1,868	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	500,942	37,912	72,127,682	0	0	50.00
53.00	05300	ANESTHESIOLOGY	671	46,417	16,636,124	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,775	44,392	91,655,003	0	0	54.00
56.00	05600	RADIOISOTOPE	1,277	570,078	8,229,744	0	0	56.00
56.01	05601	ULTRASOUND	2,892	250	11,049,321	0	0	56.01
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	6,512	4,244	21,220,978	0	0	59.00
60.00	06000	LABORATORY	0	0	59,779,814	0	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	4,991,120	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	3	24,215	659,192	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,154	841	12,007,778	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,212	60	12,368,504	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,366	2,432	17,135,346	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	131	0	928,978	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	14,355,548	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	29,144,063	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,421,386	127,498,817	0	0	73.00
74.00	07400	RENAL DIALYSIS	876	675	3,335,618	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,334	62,598	8,352,612	0	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	0	64,540	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	14,678	0	1,152,935	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	5,695	21,320	10,000,320	0	0	90.00
91.00	09100	EMERGENCY	75,683	219,322	88,878,361	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	832,495	17,689,360	751,921,236	41,016	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet B-1

Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	23.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,144,312	9,122,396	631,059	1,797,200	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.575766	0.515700	0.000839	43.817047	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	640,445	384,556	160,442	42,560	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.769308	0.021739	0.000213	1.037644	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet C
Part I
Date/Time Prepared:
6/23/2021 11:23 am

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	55,896,201		55,896,201	0	55,896,201
31.00	03100	INTENSIVE CARE UNIT	12,127,887		12,127,887	0	12,127,887
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
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	1,276,532		1,276,532	0	1,276,532
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,391,702		16,391,702	0	16,391,702
53.00	05300	ANESTHESIOLOGY	441,721		441,721	0	441,721
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,916,098		11,916,098	0	11,916,098
56.00	05600	RADIOISOTOPE	1,106,545		1,106,545	0	1,106,545
56.01	05601	ULTRASOUND	1,212,900		1,212,900	0	1,212,900
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	4,036,482		4,036,482	0	4,036,482
60.00	06000	LABORATORY	10,433,443		10,433,443	0	10,433,443
60.01	06001	BLOOD LABORATORY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	798,793		798,793	0	798,793
64.00	06400	INTRAVENOUS THERAPY	561,827		561,827	0	561,827
65.00	06500	RESPIRATORY THERAPY	2,752,138	0	2,752,138	0	2,752,138
66.00	06600	PHYSICAL THERAPY	4,186,843	0	4,186,843	0	4,186,843
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,023,284		2,023,284	0	2,023,284
70.00	07000	ELECTROENCEPHALOGRAPHY	262,897		262,897	0	262,897
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,905,722		14,905,722	0	14,905,722
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,083,516		10,083,516	0	10,083,516
73.00	07300	DRUGS CHARGED TO PATIENTS	31,425,520		31,425,520	0	31,425,520
74.00	07400	RENAL DIALYSIS	1,221,417		1,221,417	0	1,221,417
75.00	07500	ASC (NON-DISTINCT PART)	2,595,879		2,595,879	0	2,595,879
76.00	03560	PULMONARY FUNCTION TESTING	169,701		169,701	0	169,701
76.97	07697	CARDIAC REHABILITATION	844,427		844,427	0	844,427
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	4,645,406		4,645,406	0	4,645,406
91.00	09100	EMERGENCY	13,843,475		13,843,475	0	13,843,475
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,245,692		8,245,692	0	8,245,692
93.00	04950	SLEEP LAB	0		0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0		0	0	0
113.00	11300	INTEREST EXPENSE	0		0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0
200.00		Subtotal (see instructions)	213,406,048	0	213,406,048	0	213,406,048
201.00		Less Observation Beds	8,245,692		8,245,692	0	8,245,692
202.00		Total (see instructions)	205,160,356	0	205,160,356	0	205,160,356

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet C
Part I
Date/Time Prepared:
6/23/2021 11:23 am

			Title XVIII		Hospital	PPS	
	Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	91,302,660		91,302,660		30.00
31.00	03100	INTENSIVE CARE UNIT	22,325,143		22,325,143		31.00
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
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,839,605		6,839,605		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,483,885	50,643,797	72,127,682	0.227260	50.00
53.00	05300	ANESTHESIOLOGY	4,856,857	11,779,267	16,636,124	0.026552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,413,254	64,241,749	91,655,003	0.130010	54.00
56.00	05600	RADIOISOTOPE	2,874,186	5,355,558	8,229,744	0.134457	56.00
56.01	05601	ULTRASOUND	1,678,047	9,371,274	11,049,321	0.109771	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,930,795	8,290,183	21,220,978	0.190212	59.00
60.00	06000	LABORATORY	34,383,319	25,396,495	59,779,814	0.174531	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,460,802	1,530,318	4,991,120	0.160043	62.00
64.00	06400	INTRAVENOUS THERAPY	608,774	50,418	659,192	0.0852296	64.00
65.00	06500	RESPIRATORY THERAPY	10,190,259	1,817,519	12,007,778	0.229196	65.00
66.00	06600	PHYSICAL THERAPY	5,699,324	6,669,180	12,368,504	0.338508	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,704,838	9,430,508	17,135,346	0.118077	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	544,126	384,852	928,978	0.282996	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,190,089	6,165,459	14,355,548	1.038325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,168,890	18,975,173	29,144,063	0.345989	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,548,065	64,950,752	127,498,817	0.246477	73.00
74.00	07400	RENAL DIALYSIS	3,335,618	0	3,335,618	0.366174	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,321,198	6,031,414	8,352,612	0.310786	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	64,540	64,540	2.629393	76.00
76.97	07697	CARDIAC REHABILITATION	2,853	1,150,082	1,152,935	0.732415	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	56,423	9,943,897	10,000,320	0.464526	90.00
91.00	09100	EMERGENCY	24,151,067	64,727,294	88,878,361	0.155758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,021,357	10,860,073	19,881,430	0.414743	92.00
93.00	04950	SLEEP LAB	0	0	0	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
200.00		Subtotal (see instructions)	374,091,434	377,829,802	751,921,236		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	374,091,434	377,829,802	751,921,236		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet C
Part I
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.227260			50.00
53.00	05300	ANESTHESIOLOGY	0.026552			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130010			54.00
56.00	05600	RADIOISOTOPE	0.134457			56.00
56.01	05601	ULTRASOUND	0.109771			56.01
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	0.190212			59.00
60.00	06000	LABORATORY	0.174531			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.160043			62.00
64.00	06400	INTRAVENOUS THERAPY	0.852296			64.00
65.00	06500	RESPIRATORY THERAPY	0.229196			65.00
66.00	06600	PHYSICAL THERAPY	0.338508			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.118077			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.282996			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.038325			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.345989			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246477			73.00
74.00	07400	RENAL DIALYSIS	0.366174			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.310786			75.00
76.00	03560	PULMONARY FUNCTION TESTING	2.629393			76.00
76.97	07697	CARDIAC REHABILITATION	0.732415			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	0.464526			90.00
91.00	09100	EMERGENCY	0.155758			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414743			92.00
93.00	04950	SLEEP LAB	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF				112.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
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: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet C
Part I
Date/Time Prepared:
6/23/2021 11:23 am

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	55,896,201		55,896,201	0
31.00	03100	INTENSIVE CARE UNIT	12,127,887		12,127,887	0
32.00	03200	CORONARY CARE UNIT	0		0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0
42.00	04200	SUBPROVIDER	0		0	0
43.00	04300	NURSERY	1,276,532		1,276,532	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,391,702		16,391,702	0
53.00	05300	ANESTHESIOLOGY	441,721		441,721	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,916,098		11,916,098	0
56.00	05600	RADIOISOTOPE	1,106,545		1,106,545	0
56.01	05601	ULTRASOUND	1,212,900		1,212,900	0
57.00	05700	CT SCAN	0		0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0
59.00	05900	CARDIAC CATHETERIZATION	4,036,482		4,036,482	0
60.00	06000	LABORATORY	10,433,443		10,433,443	0
60.01	06001	BLOOD LABORATORY	0		0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	798,793		798,793	0
64.00	06400	INTRAVENOUS THERAPY	561,827		561,827	0
65.00	06500	RESPIRATORY THERAPY	2,752,138	0	2,752,138	0
66.00	06600	PHYSICAL THERAPY	4,186,843	0	4,186,843	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,023,284		2,023,284	0
70.00	07000	ELECTROENCEPHALOGRAPHY	262,897		262,897	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,905,722		14,905,722	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,083,516		10,083,516	0
73.00	07300	DRUGS CHARGED TO PATIENTS	31,425,520		31,425,520	0
74.00	07400	RENAL DIALYSIS	1,221,417		1,221,417	0
75.00	07500	ASC (NON-DISTINCT PART)	2,595,879		2,595,879	0
76.00	03560	PULMONARY FUNCTION TESTING	169,701		169,701	0
76.97	07697	CARDIAC REHABILITATION	844,427		844,427	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	4,645,406		4,645,406	0
91.00	09100	EMERGENCY	13,843,475		13,843,475	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,245,692		8,245,692	0
93.00	04950	SLEEP LAB	0		0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0		0	0
113.00	11300	INTEREST EXPENSE				
114.00	11400	UTILIZATION REVIEW-SNF				
200.00		Subtotal (see instructions)	213,406,048	0	213,406,048	0
201.00		Less Observation Beds	8,245,692		8,245,692	0
202.00		Total (see instructions)	205,160,356	0	205,160,356	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet C
Part I
Date/Time Prepared:
6/23/2021 11:23 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	91,302,660		91,302,660		30.00
31.00	03100	INTENSIVE CARE UNIT	22,325,143		22,325,143		31.00
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
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,839,605		6,839,605		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,483,885	50,643,797	72,127,682	0.227260	50.00
53.00	05300	ANESTHESIOLOGY	4,856,857	11,779,267	16,636,124	0.026552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,413,254	64,241,749	91,655,003	0.130010	54.00
56.00	05600	RADIOISOTOPE	2,874,186	5,355,558	8,229,744	0.134457	56.00
56.01	05601	ULTRASOUND	1,678,047	9,371,274	11,049,321	0.109771	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,930,795	8,290,183	21,220,978	0.190212	59.00
60.00	06000	LABORATORY	34,383,319	25,396,495	59,779,814	0.174531	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,460,802	1,530,318	4,991,120	0.160043	62.00
64.00	06400	INTRAVENOUS THERAPY	608,774	50,418	659,192	0.0852296	64.00
65.00	06500	RESPIRATORY THERAPY	10,190,259	1,817,519	12,007,778	0.229196	65.00
66.00	06600	PHYSICAL THERAPY	5,699,324	6,669,180	12,368,504	0.338508	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,704,838	9,430,508	17,135,346	0.118077	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	544,126	384,852	928,978	0.282996	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,190,089	6,165,459	14,355,548	1.038325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,168,890	18,975,173	29,144,063	0.345989	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,548,065	64,950,752	127,498,817	0.246477	73.00
74.00	07400	RENAL DIALYSIS	3,335,618	0	3,335,618	0.366174	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,321,198	6,031,414	8,352,612	0.310786	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	64,540	64,540	2.629393	76.00
76.97	07697	CARDIAC REHABILITATION	2,853	1,150,082	1,152,935	0.732415	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	56,423	9,943,897	10,000,320	0.464526	90.00
91.00	09100	EMERGENCY	24,151,067	64,727,294	88,878,361	0.155758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,021,357	10,860,073	19,881,430	0.414743	92.00
93.00	04950	SLEEP LAB	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
200.00		Subtotal (see instructions)	374,091,434	377,829,802	751,921,236		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	374,091,434	377,829,802	751,921,236		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet C
Part I
Date/Time Prepared:
6/23/2021 11:23 am

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
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
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05601	ULTRASOUND	0.000000			56.01
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
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03560	PULMONARY FUNCTION TESTING	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
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04950	SLEEP LAB	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF				112.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
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: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet D
Part I
Date/Time Prepared:
6/23/2021 11:23 am

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,084,395	0	4,084,395	40,273	101.42	30.00	
31.00	INTENSIVE CARE UNIT	638,361		638,361	4,816	132.55	31.00	
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	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	82,718		82,718	1,868	44.28	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	4,805,474		4,805,474	46,957		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	10,317	1,046,350					30.00
31.00	INTENSIVE CARE UNIT	1,613	213,803					31.00
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
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	11,930	1,260,153					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet D
Part II
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			Title XVIII		Hospital	PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,064,793	72,127,682	0.028627	4,667,998	133,631
53.00	05300	ANESTHESIOLOGY	22,045	16,636,124	0.001325	893,758	1,184
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,153,335	91,655,003	0.012583	6,888,527	86,678
56.00	05600	RADIOISOTOPE	108,617	8,229,744	0.013198	651,025	8,592
56.01	05601	ULTRASOUND	16,205	11,049,321	0.001467	345,080	506
57.00	05700	CT SCAN	0	0	0.000000	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	239,802	21,220,978	0.011300	2,767,083	31,268
60.00	06000	LABORATORY	413,068	59,779,814	0.006910	7,571,518	52,319
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	42,081	4,991,120	0.008431	811,912	6,845
64.00	06400	INTRAVENOUS THERAPY	13,304	659,192	0.020182	108,485	2,189
65.00	06500	RESPIRATORY THERAPY	91,692	12,007,778	0.007636	2,916,524	22,271
66.00	06600	PHYSICAL THERAPY	252,072	12,368,504	0.020380	1,751,430	35,694
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	56,197	17,135,346	0.003280	2,001,410	6,565
70.00	07000	ELECTROENCEPHALOGRAPHY	31,684	928,978	0.034106	156,187	5,327
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	113,094	14,355,548	0.007878	2,112,987	16,646
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	80,525	29,144,063	0.002763	2,347,932	6,487
73.00	07300	DRUGS CHARGED TO PATIENTS	553,250	127,498,817	0.004339	14,940,905	64,829
74.00	07400	RENAL DIALYSIS	63,113	3,335,618	0.018921	1,222,960	23,140
75.00	07500	ASC (NON-DISTINCT PART)	263,363	8,352,612	0.031531	740,242	23,341
76.00	03560	PULMONARY FUNCTION TESTING	11,924	64,540	0.184754	0	0
76.97	07697	CARDIAC REHABILITATION	115,605	1,152,935	0.100270	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	289,653	10,000,320	0.028964	5,466	158
91.00	09100	EMERGENCY	788,246	88,878,361	0.008869	5,505,370	48,827
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	602,521	19,881,430	0.030306	2,633,461	79,810
93.00	04950	SLEEP LAB	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	7,386,189	631,453,828		61,040,260	656,307

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0250		Period: From 01/01/2020 To 11/30/2020		Worksheet D Part III Date/Time Prepared: 6/23/2021 11:23 am	
					Title XVIII		Hospital		PPS	
Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
				1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
				4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	40,273	0.00	10,317			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,816	0.00	1,613			31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0			34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0			41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0			42.00
43.00	04300	NURSERY	0	0	1,868	0.00	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0			44.00
200.00		Total (lines 30 through 199)	0	0	46,957		11,930			200.00
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
				9.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
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
41.00	04100	SUBPROVIDER - IRF	0							41.00
42.00	04200	SUBPROVIDER	0							42.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet D
Part IV
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	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
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet D
Part IV
Date/Time Prepared:
6/23/2021 11:23 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	72,127,682	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,636,124	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	91,655,003	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	8,229,744	0.000000	56.00
56.01	05601	ULTRASOUND	0	0	0	11,049,321	0.000000	56.01
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	21,220,978	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	59,779,814	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	4,991,120	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	659,192	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,007,778	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,368,504	0.000000	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	0	0	17,135,346	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	928,978	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,355,548	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	29,144,063	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	127,498,817	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,335,618	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	8,352,612	0.000000	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	0	0	64,540	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,152,935	0.000000	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	10,000,320	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	88,878,361	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	19,881,430	0.000000	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	631,453,828		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet D
Part IV
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	4,667,998	0	6,551,500	0	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	893,758	0	1,468,335	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,888,527	0	8,220,098	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	651,025	0	999,952	0	56.00
56.01	05601	ULTRASOUND	0.000000	345,080	0	649,262	0	56.01
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	2,767,083	0	1,535,802	0	59.00
60.00	06000	LABORATORY	0.000000	7,571,518	0	2,579,210	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	0.000000	811,912	0	237,905	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	108,485	0	13,528	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,916,524	0	255,807	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,751,430	0	1,730	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	0.000000	2,001,410	0	1,419,496	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	156,187	0	66,411	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,112,987	0	803,369	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	2,347,932	0	3,361,061	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	14,940,905	0	13,039,565	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,222,960	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	740,242	0	973,770	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	287,756	0	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	5,466	0	2,150,320	0	90.00
91.00	09100	EMERGENCY	0.000000	5,505,370	0	5,776,544	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	2,633,461	0	2,641,343	0	92.00
93.00	04950	SLEEP LAB	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		61,040,260	0	53,032,764	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet D
Part V
Date/Time Prepared:
6/23/2021 11:23 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.227260	6,551,500	0	0	1,488,894	50.00
53.00	05300	ANESTHESIOLOGY	0.026552	1,468,335	0	0	38,987	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130010	8,220,098	0	0	1,068,695	54.00
56.00	05600	RADIOISOTOPE	0.134457	999,952	0	0	134,451	56.00
56.01	05601	ULTRASOUND	0.109771	649,262	0	0	71,270	56.01
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	0.190212	1,535,802	0	0	292,128	59.00
60.00	06000	LABORATORY	0.174531	2,579,210	0	0	450,152	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.160043	237,905	0	0	38,075	62.00
64.00	06400	INTRAVENOUS THERAPY	0.852296	13,528	0	0	11,530	64.00
65.00	06500	RESPIRATORY THERAPY	0.229196	255,807	0	0	58,630	65.00
66.00	06600	PHYSICAL THERAPY	0.338508	1,730	0	0	586	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	0.118077	1,419,496	0	0	167,610	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.282996	66,411	0	0	18,794	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.038325	803,369	0	0	834,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.345989	3,361,061	89,775	0	1,162,890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246477	13,039,565	0	35,682	3,213,953	73.00
74.00	07400	RENAL DIALYSIS	0.366174	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.310786	973,770	0	0	302,634	75.00
76.00	03560	PULMONARY FUNCTION TESTING	2.629393	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.732415	287,756	0	0	210,757	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	0.464526	2,150,320	0	0	998,880	90.00
91.00	09100	EMERGENCY	0.155758	5,776,544	0	70	899,743	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414743	2,641,343	0	0	1,095,479	92.00
93.00	04950	SLEEP LAB	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		53,032,764	89,775	35,752	12,558,296	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00
		Only Charges						
202.00		Net Charges (line 200 - line 201)		53,032,764	89,775	35,752	12,558,296	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0250		Period: From 01/01/2020 To 11/30/2020	Worksheet D Part V Date/Time Prepared: 6/23/2021 11:23 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	ULTRASOUND	0	0		56.01
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
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,061	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,795		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03560	PULMONARY FUNCTION TESTING	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
91.00	09100	EMERGENCY	0	11		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04950	SLEEP LAB	0	0		93.00
200.00		Subtotal (see instructions)	31,061	8,806		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	31,061	8,806		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet D
Part V
Date/Time Prepared:
6/23/2021 11:23 am

			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	0.227260	0	0	385,579	0
53.00	05300	ANESTHESIOLOGY	0.026552	0	0	71,980	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130010	0	0	1,208,545	0
56.00	05600	RADIOISOTOPE	0.134457	0	0	37,445	0
56.01	05601	ULTRASOUND	0.109771	0	0	410,231	0
57.00	05700	CT SCAN	0.000000	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0.190212	0	0	101,273	0
60.00	06000	LABORATORY	0.174531	0	0	869,928	0
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.160043	0	0	57,897	0
64.00	06400	INTRAVENOUS THERAPY	0.852296	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.229196	0	0	35,750	0
66.00	06600	PHYSICAL THERAPY	0.338508	0	0	64,044	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.118077	0	0	216,495	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.282996	0	0	6,390	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.038325	0	0	46,002	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.345989	0	0	100,917	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246477	0	0	1,733,875	0
74.00	07400	RENAL DIALYSIS	0.366174	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0.310786	0	0	41,745	0
76.00	03560	PULMONARY FUNCTION TESTING	2.629393	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.732415	0	0	1,825	0
	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	0.464526	0	0	143,480	0
91.00	09100	EMERGENCY	0.155758	0	0	3,250,482	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414743	0	0	353,803	0
93.00	04950	SLEEP LAB	0.000000	0	0	0	0
200.00		Subtotal (see instructions)		0	0	9,137,686	0
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	9,137,686	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet D
Part V
Date/Time Prepared:
6/23/2021 11:23 am

			Title XIX		Hospital	Cost
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	87,627		50.00
53.00	05300	ANESTHESIOLOGY	0	1,911		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	157,123		54.00
56.00	05600	RADIOISOTOPE	0	5,035		56.00
56.01	05601	ULTRASOUND	0	45,031		56.01
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	19,263		59.00
60.00	06000	LABORATORY	0	151,829		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,266		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	8,194		65.00
66.00	06600	PHYSICAL THERAPY	0	21,679		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	25,563		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,808		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,765		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	34,916		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	427,360		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	12,974		75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	1,337		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	66,650		90.00
91.00	09100	EMERGENCY	0	506,289		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	146,737		92.00
93.00	04950	SLEEP LAB	0	0		93.00
200.00		Subtotal (see instructions)	0	1,778,357		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	1,778,357		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet D-1 Date/Time Prepared: 6/23/2021 11:23 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			40,273	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			40,273	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)			34,332	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			10,317	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)			55,896,201	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)			55,896,201	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)			55,896,201	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)			1,387.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			14,319,274	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)			14,319,274	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet D-1

Date/Time Prepared:

6/23/2021 11:23 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,127,887	4,816	2,518.25	1,613	4,061,937		43.00
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)					15,036,662		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,417,873		49.00
	PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,260,153		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					656,307		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,916,460		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					31,501,413		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)					5,941		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,387.93		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,245,692		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet D-1

Date/Time Prepared:
6/23/2021 11:23 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	4,084,395	55,896,201	0.073071	8,245,692	602,521	90.00
91.00 Nursing School cost	0	55,896,201	0.000000	8,245,692	0	91.00
92.00 Allied health cost	0	55,896,201	0.000000	8,245,692	0	92.00
93.00 All other Medical Education	0	55,896,201	0.000000	8,245,692	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet D-3 Date/Time Prepared: 6/23/2021 11:23 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		19,149,259		30.00
31.00	03100	INTENSIVE CARE UNIT		6,049,023		31.00
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
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	0.227260	4,667,998	1,060,849	50.00
53.00	05300	ANESTHESIOLOGY	0.026552	893,758	23,731	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130010	6,888,527	895,577	54.00
56.00	05600	RADIOISOTOPE	0.134457	651,025	87,535	56.00
56.01	05601	ULTRASOUND	0.109771	345,080	37,880	56.01
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	0.190212	2,767,083	526,332	59.00
60.00	06000	LABORATORY	0.174531	7,571,518	1,321,465	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.160043	811,912	129,941	62.00
64.00	06400	INTRAVENOUS THERAPY	0.852296	108,485	92,461	64.00
65.00	06500	RESPIRATORY THERAPY	0.229196	2,916,524	668,456	65.00
66.00	06600	PHYSICAL THERAPY	0.338508	1,751,430	592,873	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	0.118077	2,001,410	236,320	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.282996	156,187	44,200	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.038325	2,112,987	2,193,967	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.345989	2,347,932	812,359	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246477	14,940,905	3,682,589	73.00
74.00	07400	RENAL DIALYSIS	0.366174	1,222,960	447,816	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.310786	740,242	230,057	75.00
76.00	03560	PULMONARY FUNCTION TESTING	2.629393	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.732415	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	0.464526	5,466	2,539	90.00
91.00	09100	EMERGENCY	0.155758	5,505,370	857,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414743	2,633,461	1,092,210	92.00
93.00	04950	SLEEP LAB	0.000000	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		61,040,260	15,036,662	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)		61,040,260		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet D-3 Date/Time Prepared: 6/23/2021 11:23 am
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,570,422	30.00
31.00	03100	INTENSIVE CARE UNIT		713,396	31.00
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
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,200,000	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227260	337,856	50.00
53.00	05300	ANESTHESIOLOGY	0.026552	141,074	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130010	770,041	54.00
56.00	05600	RADIOISOTOPE	0.134457	80,365	56.00
56.01	05601	ULTRASOUND	0.109771	95,498	56.01
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	0.190212	286,353	59.00
60.00	06000	LABORATORY	0.174531	1,418,667	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.160043	173,833	62.00
64.00	06400	INTRAVENOUS THERAPY	0.852296	21,630	64.00
65.00	06500	RESPIRATORY THERAPY	0.229196	227,137	65.00
66.00	06600	PHYSICAL THERAPY	0.338508	55,350	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	0.118077	225,000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.282996	12,995	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.038325	129,627	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.345989	67,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246477	1,605,162	73.00
74.00	07400	RENAL DIALYSIS	0.366174	36,620	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.310786	90,660	75.00
76.00	03560	PULMONARY FUNCTION TESTING	2.629393	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.732415	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	0.464526	0	90.00
91.00	09100	EMERGENCY	0.155758	643,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414743	330,277	92.00
93.00	04950	SLEEP LAB	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,749,176	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		6,749,176	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet E
Part A
Date/Time Prepared:
6/23/2021 11:23 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			18,873,865	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			3,927,366	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)			209,491	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			30,932	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			213.04	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.53	30.00
31.00	Percentage of Medicaid patient days (see instructions)			22.65	31.00
32.00	Sum of lines 30 and 31			27.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)			11.64	33.00
34.00	Disproportionate share adjustment (see instructions)			663,516	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet E Part A Date/Time Prepared: 6/23/2021 11:23 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,892,262	1,473,939	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,416,612	246,329	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,662,941		36.00
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	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	25,368,111		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		25,368,111	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,783,680	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		101,534	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,253,325	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,253,325	61.00
62.00	Deductibles billed to program beneficiaries		2,013,484	62.00
63.00	Coinurance billed to program beneficiaries		121,418	63.00
64.00	Allowable bad debts (see instructions)		669,428	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		435,128	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		412,309	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		25,553,551	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-11,086	70.93
70.94	HRR adjustment amount (see instructions)		-113,729	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet E Part A Date/Time Prepared: 6/23/2021 11:23 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		264,368	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,164,368	71.00	
71.01	Sequestration adjustment (see instructions)		181,183	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		24,528,244	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)		454,941	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		405,652	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

Health Financial Systems		SOUTH SUBURBAN HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0250	Period: From 01/01/2020 To 11/30/2020	Worksheet E Part B Date/Time Prepared: 6/23/2021 11:23 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		39,867	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,558,296	2.00	
3.00	OPPS payments		11,085,614	3.00	
4.00	Outlier payment (see instructions)		21,274	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00	
6.00	Line 2 times line 5		0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00	
8.00	Transitional corridor payment (see instructions)		0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		39,867	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		125,527	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)		125,527	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)		125,527	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		85,660	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)		39,867	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)		11,106,888	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		17,955	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,915,954	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)		9,212,846	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)		9,212,846	30.00	
31.00	Primary payer payments		854	31.00	
32.00	Subtotal (line 30 minus line 31)		9,211,992	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)		496,251	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		322,563	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		307,075	36.00	
37.00	Subtotal (see instructions)		9,534,555	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		9,534,555	40.00	
40.01	Sequestration adjustment (see instructions)		68,649	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		9,655,371	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)		-189,465	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: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet E-1
Part I
Date/Time Prepared:
6/23/2021 11:23 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		24,465,733		9,613,020	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	07/28/2020	62,511	07/28/2020	42,351	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)		62,511		42,351	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)		24,528,244		9,655,371	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		454,941		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		189,465	6.02
7.00	Total Medicare program liability (see instructions)		24,983,185		9,465,906	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: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet E-1
Part II
Date/Time Prepared:
6/23/2021 11:23 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

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

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet G

Date/Time Prepared:

6/23/2021 11:23 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	956,229,000	0	0	0	1.00
2.00 Temporary investments	122,950,000	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,587,516,000	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	828,811,000	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)	3,495,506,000	0	0	0	11.00
FIXED ASSETS					
12.00 Land	457,712,000	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	7,942,874,000	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	2,498,023,000	0	0	0	23.00
24.00 Accumulated depreciation	-5,098,822,000	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)	5,799,787,000	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	10,285,489,000	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	1,090,731,000	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	11,376,220,000	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	20,671,513,000	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	446,620,000	0	0	0	37.00
38.00 Salaries, wages, and fees payable	1,475,344,000	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	79,901,000	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	1,673,493,000	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	3,675,358,000	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	3,310,860,000	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	2,038,946,000	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	5,349,806,000	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	9,025,164,000	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	11,646,349,000	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	11,646,349,000	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	20,671,513,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet G-1

Date/Time Prepared:
6/23/2021 11:23 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		11,698,664,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-6,590,201				2.00
3.00	Total (sum of line 1 and line 2)		11,692,073,799		0		3.00
4.00	SYSTEM ADJUSTMENT	-45,724,799		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)		-45,724,799		0		10.00
11.00	Subtotal (line 3 plus line 10)		11,646,349,000		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)		11,646,349,000		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	SYSTEM ADJUSTMENT		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: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
6/23/2021 11:23 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	98,857,005		98,857,005	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	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	0		0	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)	98,857,005		98,857,005	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,494,343		22,494,343	11.00
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)	22,494,343		22,494,343	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	121,351,348		121,351,348	17.00
18.00	Ancillary services	218,133,438	286,058,274	504,191,712	18.00
19.00	Outpatient services	35,571,314	91,562,678	127,133,992	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	375,056,100	377,620,952	752,677,052	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		219,430,194		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)		219,430,194		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020

Worksheet G-3

Date/Time Prepared:
6/23/2021 11:23 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	752,677,052	1.00
2.00	Less contractual allowances and discounts on patients' accounts	560,904,558	2.00
3.00	Net patient revenues (line 1 minus line 2)	191,772,494	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	219,430,194	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-27,657,700	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	626	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	275,620	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.)	2,000	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	10,835	21.00
22.00	Rental of hospital space	446,426	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	930,561	24.00
24.50	COVID-19 PHE Funding	19,402,833	24.50
25.00	Total other income (sum of lines 6-24)	21,068,901	25.00
26.00	Total (line 5 plus line 25)	-6,588,799	26.00
27.00	OTHER NON-OPERATING EXPENSE	1,402	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,402	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-6,590,201	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0250

Period:
From 01/01/2020
To 11/30/2020Worksheet L
Parts I-III
Date/Time Prepared:
6/23/2021 11:23 am

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	1,768,598	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	15,082	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)	118.21	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	1,783,680	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