

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: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/22/2021 3:23 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/22/2021	Time: 3:23 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TRINITY ROCK ISLAND (14-0280) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) KATHERINE A. MARCHIK

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	172,144	-83,541	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-39,903	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00	Total	0	132,241	-83,541	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: 14-0280		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/22/2021 3:23 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2701 17TH STREET			PO Box:				1.00			
2.00	City: ROCK ISLAND			State: IL		Zip Code: 61201		County: ROCK ISLAND			
		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		TRINITY ROCK ISLAND	140280	19340	1	06/01/1972	N	P	P	
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		TRINITY REHABILITATION	14T280	19340	5	06/01/1984	N	P	P	
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020		12/31/2020		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		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			213	8,050	18	709	1,177	122		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
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7/22/2021 3:23 pm

		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	254	0	35	135		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	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	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.					N		
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.							
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: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
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	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: 14-0280

Period:
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To 12/31/2020Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00		
			1.00	2.00	3.00			
70.00	Inpatient Psychiatric Facility PPS							
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70.00		
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00	
	Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/22/2021 3:23 pm
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		1.00	
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	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	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	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	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	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	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	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	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.	N	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	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	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.	N	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.	N	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)		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N	108.00

	Physical	Occupational	Speech	Respiratory	
	1.00	2.00	3.00	4.00	
109.00	N	N	N	N	109.00

		1.00	
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110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/22/2021 3:23 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	346,311 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	H00186	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0280		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/22/2021 3:23 pm	
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: TRINITY REGIONAL HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001				141.00	
142.00	Street: 2701 17TH STREET	PO Box:						142.00	
143.00	City: ROCK ISLAND	State: IL		Zip Code: 61201-5351				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	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								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)							0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/22/2021 3:23 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/28/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/22/2021 3:23 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CRISTINE	CHARTIER		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5186	CRISTINE.CHARTIER@UNITYPOINT.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST	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: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	236	86,376	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)		236	86,376	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	9	3,294	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	31	11,346	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		296	108,336	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,052		0	17.00
18.00 SUBPROVIDER						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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		318				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)		5	1,830			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: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,649	157	30,379			1.00
2.00	HMO and other (see instructions)	10,961	7,897				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,004	211				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)	9,649	157	30,379			7.00
8.00	INTENSIVE CARE UNIT	1,911	256	5,744			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	463	967			8.01
9.00	CORONARY CARE UNIT	2,348	614	5,916			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		902	1,771			13.00
14.00	Total (see instructions)	13,908	2,392	44,777	0.00	1,130.57	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,467	213	4,444	0.00	21.61	17.00
18.00	SUBPROVIDER						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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,152.18	27.00
28.00	Observation Bed Days		1,451	4,896			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			438			30.00
31.00	Employee discount days - IRF			178			31.00
32.00	Labor & delivery days (see instructions)	0	0	551			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: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,177	314	10,376	1.00
2.00 HMO and other (see instructions)			2,199	2,052		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,177	314	10,376	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	178	0	327	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/22/2021 3:23 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	80,756,475	0	80,756,475	2,396,528.67	33.70
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		335,031	0	335,031	1,782.61	187.94
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		10,713,831	0	10,713,831	65,556.79	163.43
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)		12,261,858	272,718	12,534,576	316,971.36	39.54
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,931,351	0	1,931,351	19,670.68	98.18
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		0	0	0	0.00	0.00
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		41,821,787	0	41,821,787	1,192,242.00	35.08
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)		14,370,548	0	14,370,548		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,583,677	0	2,583,677		
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		43,018	0	43,018		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,375,658	0	1,375,658		
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)		9,666,962	0	9,666,962		
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: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/22/2021 3:23 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	0	0	0	0.00	0.00	27.00
28.00	Administrative & General under contract (see inst.)		842,752	0	842,752	4,910.00	171.64	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,243,221	0	1,243,221	50,293.75	24.72	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,082,184	0	2,082,184	130,117.68	16.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,688,414	0	1,688,414	108,057.43	15.63	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,047,281	0	1,047,281	22,346.20	46.87	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,335,244	0	3,335,244	78,851.77	42.30	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/22/2021 3:23 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	70,885,396	0	70,885,396	2,335,881.88	30.35	1.00
2.00	Excluded area salaries (see instructions)	12,261,858	272,718	12,534,576	316,971.36	39.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,623,538	-272,718	58,350,820	2,018,910.52	28.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	43,753,138	0	43,753,138	1,211,912.68	36.10	4.00
5.00	Subtotal wage-related costs (see inst.)	24,080,528	0	24,080,528	0.00	41.27	5.00
6.00	Total (sum of lines 3 thru 5)	126,457,204	-272,718	126,184,486	3,230,823.20	39.06	6.00
7.00	Total overhead cost (see instructions)	10,239,096	0	10,239,096	394,576.83	25.95	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
7/22/2021 3:23 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,185,710	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7,807,507	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	220,850	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	67,689	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)	597,543	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	659,005	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,562,256	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	180,711	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	91,630	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,372,901	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: 14-0280

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 7/22/2021 3:23 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,931,351	18,372,901	1.00
2.00	Hospital	1,931,351	18,372,901	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/22/2021 3:23 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.260039	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			49,858,594	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			129,733,104	6.00
7.00	Medicaid cost (line 1 times line 6)			33,735,667	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)			0	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)			0	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)	6,220,018	1,414,727	7,634,745	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,617,447	1,414,727	3,032,174	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)	1,617,447	1,414,727	3,032,174	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			11,077,135	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			807,593	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,242,451	27.01
28.00	Non-Medicare bad debt expense (see instructions)			9,834,684	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,992,259	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,024,433	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,024,433	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	5,679,412	5,679,412	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.01
5.02	00570	ADMITTING	0	0	0	0	0	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.03
5.04	00590	A&G	0	102,243,406	102,243,406	-4,498,262	97,745,144	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,243,221	5,374,834	6,618,055	-632,804	5,985,251	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,082,184	1,864,099	3,946,283	-1,680	3,944,603	9.00
10.00	01000	DIETARY	1,688,414	793,180	2,481,594	-11,950	2,469,644	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,047,281	736,499	1,783,780	-56,808	1,726,972	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	304,044	304,044	0	304,044	14.00
15.00	01500	PHARMACY	3,335,244	22,431,466	25,766,710	-21,345,698	4,421,012	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,135,493	5,957,794	19,093,287	-3,038,486	16,054,801	30.00
31.00	03100	INTENSIVE CARE UNIT	4,358,490	3,338,719	7,697,209	-667,232	7,029,977	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,650,698	501,780	2,152,478	-117,931	2,034,547	31.01
32.00	03200	CORONARY CARE UNIT	2,247,875	917,928	3,165,803	-177,758	2,988,045	32.00
41.00	04100	SUBPROVIDER - IRF	1,189,559	786,714	1,976,273	-15,356	1,960,917	41.00
43.00	04300	NURSERY	0	0	0	719,653	719,653	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,325,675	17,174,274	19,499,949	-10,309,439	9,190,510	50.00
51.00	05100	RECOVERY ROOM	1,558,120	660,107	2,218,227	-44,437	2,173,790	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,773,664	877,909	2,651,573	-573,176	2,078,397	52.00
53.00	05300	ANESTHESIOLOGY	0	1,509,800	1,509,800	277,753	1,787,553	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,599,435	993,481	2,592,916	-170,304	2,422,612	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	140,546	636,918	777,464	-74,751	702,713	54.01
54.02	03630	ULTRA SOUND	520,115	362,217	882,332	-224,207	658,125	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,563,498	1,078,957	2,642,455	-196,858	2,445,597	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	859,213	672,987	1,532,200	-59,442	1,472,758	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	777,308	777,308	0	777,308	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,598,602	13,495,521	16,094,123	-11,858,012	4,236,111	59.00
60.00	06000	LABORATORY	3,882,825	11,901,632	15,784,457	-741,408	15,043,049	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	710,944	710,944	63.00
64.00	06400	INTRAVENOUS THERAPY	411,905	354,943	766,848	1,930,109	2,696,957	64.00
65.00	06500	RESPIRATORY THERAPY	1,575,250	1,192,221	2,767,471	-1,269,739	1,497,732	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,479,988	1,479,988	65.01
66.00	06600	PHYSICAL THERAPY	1,639,336	879,084	2,518,420	-349,607	2,168,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	524,716	132,321	657,037	229,804	886,841	67.00
68.00	06800	SPEECH PATHOLOGY	164,645	37,818	202,463	217,121	419,584	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	711,388	697,517	1,408,905	-101,053	1,307,852	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	379,162	345,131	724,293	-140,418	583,875	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	4,690,652	4,690,652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	18,691,558	18,691,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,073,610	22,073,610	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	696,369	696,369	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	388,346	824,959	1,213,305	-194,295	1,019,010	76.00
76.97	07697	CARDIAC REHABILITATION	420,967	266,945	687,912	-58,045	629,867	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,570,063	716,993	2,287,056	1,449,388	3,736,444	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	13,098,246	6,038,268	19,136,514	-2,248,845	16,887,669	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,684,176	206,877,774	276,561,950	-331,640	276,230,310	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	103,975	46,617	150,592	0	150,592	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,696,680	3,761,906	12,458,586	-28,390	12,430,196	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	360,030	360,030	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	2,228,141	666,087	2,894,228	0	2,894,228	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	43,503	10,867	54,370	0	54,370	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	80,756,475	211,363,251	292,119,726	0	292,119,726	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,927,686	7,607,098	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,199,059	1,199,059	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,589,366	1,589,366	5.01
5.02	00570	ADMITTING	2,260,429	2,260,429	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,819,012	2,819,012	5.03
5.04	00590	A&G	-44,994,537	52,750,607	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,722,216	13,707,467	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	248,072	4,192,675	9.00
10.00	01000	DIETARY	-37,111	2,432,533	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,095,114	3,822,086	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,010,662	1,314,706	14.00
15.00	01500	PHARMACY	-577,971	3,843,041	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,386,034	2,386,034	16.00
17.00	01700	SOCIAL SERVICE	2,938,924	2,938,924	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,806,113	14,248,688	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,614,011	5,415,966	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-893,095	1,141,452	31.01
32.00	03200	CORONARY CARE UNIT	-15,313	2,972,732	32.00
41.00	04100	SUBPROVIDER - IRF	-100,865	1,860,052	41.00
43.00	04300	NURSERY	0	719,653	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,194,814	10,385,324	50.00
51.00	05100	RECOVERY ROOM	0	2,173,790	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-559,275	1,519,122	52.00
53.00	05300	ANESTHESIOLOGY	-1,430,582	356,971	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	212,759	2,635,371	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	702,713	54.01
54.02	03630	ULTRA SOUND	0	658,125	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	153,227	2,598,824	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	76,858	1,549,616	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	777,308	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,074,382	3,161,729	59.00
60.00	06000	LABORATORY	-1,495,139	13,547,910	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	710,944	63.00
64.00	06400	INTRAVENOUS THERAPY	-48,999	2,647,958	64.00
65.00	06500	RESPIRATORY THERAPY	-190	1,497,542	65.00
65.01	03560	PULMONARY FUNCTION TESTING	-56,421	1,423,567	65.01
66.00	06600	PHYSICAL THERAPY	-6,896	2,161,917	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	886,841	67.00
68.00	06800	SPEECH PATHOLOGY	0	419,584	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	-218,601	1,089,251	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	583,875	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	4,690,652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,691,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,073,610	73.00
74.00	07400	RENAL DIALYSIS	-96,092	600,277	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	-2,768	1,016,242	76.00
76.97	07697	CARDIAC REHABILITATION	-1,109	628,758	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-361,770	3,374,674	90.00
91.00	09100	EMERGENCY	-10,515,130	6,372,539	91.00
92.00	09200	OBSERVATION BEDS			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0	0	95.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-38,072,138	238,158,172	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	150,592	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-3,483	12,426,713	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	360,030	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	2,894,228	192.06
194.00	07950	NON REIMBURSABLE	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	194.02
194.03	07953	PRECEDENCE	0	0	194.03
194.04	07954	CALL CENTER	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	194.06
194.07	07957	RESEARCH	0	54,370	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-38,075,621	254,044,105	200.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
7/22/2021 3:23 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	D - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	710,944		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	710,944		
	F - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,073,610		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
	0		0	22,073,610		
	G - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	19,121		1.00
	0		0	19,121		
	H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	4,690,652		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
	0		0	4,690,652		
	I - IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	18,691,558		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
	0		0	18,691,558		
	K - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,660,291		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

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
7/22/2021 3:23 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	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
0			0	5,660,291	
L - COST CENTER MAPPING					
1.00	ADULTS & PEDIATRICS	30.00	374,634	195,257	1.00
2.00	CORONARY CARE UNIT	32.00	130,526	82,089	2.00
3.00	NURSERY	43.00	528,182	191,471	3.00
4.00	OPERATING ROOM	50.00	960,114	503,150	4.00
5.00	RECOVERY ROOM	51.00	4,751	8,666	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	224,700	648,566	6.00
7.00	ANESTHESIOLOGY	53.00	177,219	123,744	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	18,379	22,485	8.00
9.00	ULTRA SOUND	54.02	93,802	76,420	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	120,384	109,422	10.00
11.00	LABORATORY	60.00	9,811	5,115	11.00
12.00	INTRAVENOUS THERAPY	64.00	1,557,816	861,340	12.00
13.00	RESPIRATORY THERAPY	65.00	29,722	18,128	13.00
14.00	PULMONARY FUNCTION TESTING	65.01	859,566	620,422	14.00
15.00	OCCUPATIONAL THERAPY	67.00	128,138	101,666	15.00
16.00	SPEECH PATHOLOGY	68.00	140,046	77,075	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	56,512	36,599	17.00
18.00	RENAL DIALYSIS	74.00	432,859	263,510	18.00
19.00	CLINIC	90.00	879,308	484,492	19.00
20.00	EMERGENCY	91.00	17,218	19,649	20.00
0			6,743,687	4,449,266	
M - RIVERSIDE					
1.00	CLINIC	90.00	74,973	23,552	1.00
2.00	RIVERSIDE OUTPATIENT	192.01	273,966	86,064	2.00
	TOTALS		348,939	109,616	
500.00	Grand Total: Increases		7,092,626	56,405,058	500.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
7/22/2021 3:23 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	D - BLOOD						
1.00	ADULTS & PEDIATRICS	30.00	0	11,215	0		1.00
2.00	OPERATING ROOM	50.00	0	18,969	0		2.00
3.00	LABORATORY	60.00	0	680,760	0		3.00
	0		0	710,944			
	F - DRUGS						
1.00	NURSING ADMINISTRATION	13.00	0	275	0		1.00
2.00	PHARMACY	15.00	0	21,251,056	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	122,091	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	85,652	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	4,003	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	27,782	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	3,708	0		7.00
8.00	OPERATING ROOM	50.00	0	124,512	0		8.00
9.00	RECOVERY ROOM	51.00	0	52,504	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	24,184	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	23,210	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,522	0		12.00
13.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	658	0		13.00
14.00	ULTRA SOUND	54.02	0	232	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	43,600	0		15.00
16.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	7,436	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	53,393	0		17.00
18.00	LABORATORY	60.00	0	451	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	25,529	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	11,146	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	258	0		21.00
22.00	CARDIOLOGY	69.01	0	7,040	0		22.00
23.00	GASTRO INTESTINAL SERVICES	76.00	0	15,855	0		23.00
24.00	CLINIC	90.00	0	12,937	0		24.00
25.00	EMERGENCY	91.00	0	168,576	0		25.00
	0		0	22,073,610			
	G - PROPERTY TAX						
1.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,121	13		1.00
	0		0	19,121			
	H - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	9,050	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	16,618	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,799	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	7,679	0		4.00
5.00	OPERATING ROOM	50.00	0	3,224,542	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	37,442	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55,513	0		7.00
8.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	999	0		8.00
9.00	ULTRA SOUND	54.02	0	82,743	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	33,448	0		10.00
11.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	25,618	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	1,096,224	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	18,652	0		13.00
14.00	GASTRO INTESTINAL SERVICES	76.00	0	80,325	0		14.00
	0		0	4,690,652			
	I - IMPLANTABLES						
1.00	ADULTS & PEDIATRICS	30.00	0	65,334	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	89,427	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	16,928	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	1,994	0		4.00
5.00	OPERATING ROOM	50.00	0	8,404,680	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	52,092	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7	0		7.00
8.00	ULTRA SOUND	54.02	0	2,782	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	68,692	0		9.00
10.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	5,064	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	9,968,434	0		11.00
12.00	GASTRO INTESTINAL SERVICES	76.00	0	16,124	0		12.00
	0		0	18,691,558			
	K - DEPRECIATION						
1.00	A&G	5.04	0	4,498,262	9		1.00
2.00	OPERATION OF PLANT	7.00	0	632,804	0		2.00
3.00	HOUSEKEEPING	9.00	0	1,680	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/22/2021 3:23 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	DIETARY	10.00	0	11,950	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	56,533	0		5.00
6.00	PHARMACY	15.00	0	94,642	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	31,934	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	8,186	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	3,963	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	45,763	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	21,753	0		11.00
12.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	21,324	0		12.00
13.00	LABORATORY	60.00	0	75,123	0		13.00
14.00	INTRAVENOUS THERAPY	64.00	0	82,103	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	5,265	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	2,987	0		16.00
17.00	CARDIOLOGY	69.01	0	122	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	23,050	0		18.00
19.00	GASTRO INTESTINAL SERVICES	76.00	0	4,262	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	10,195	0		20.00
21.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	28,390	0		21.00
	0		0	5,660,291			
	L - COST CENTER MAPPING						
1.00	ADULTS & PEDIATRICS	30.00	1,978,136	932,062	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	300,722	166,627	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	80,849	31,280	0		3.00
4.00	CORONARY CARE UNIT	32.00	246,412	95,288	0		4.00
5.00	SUBPROVIDER - IRF	41.00	1,248	727	0		5.00
6.00	RECOVERY ROOM	51.00	3,670	1,680	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	921,783	410,941	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	57,353	45,010	0		8.00
9.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	13,242	59,852	0		9.00
10.00	ULTRA SOUND	54.02	197,631	111,041	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	170,350	88,821	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	474,771	265,190	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	230,568	150,847	0		13.00
14.00	RESPIRATORY THERAPY	65.00	755,144	527,382	0		14.00
15.00	PHYSICAL THERAPY	66.00	194,616	151,746	0		15.00
16.00	CARDIOLOGY	69.01	56,700	37,191	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	104,425	86,933	0		17.00
18.00	GASTRO INTESTINAL SERVICES	76.00	27,523	50,206	0		18.00
19.00	CARDIAC REHABILITATION	76.97	29,722	18,128	0		19.00
20.00	EMERGENCY	91.00	898,822	1,218,314	0		20.00
	0		6,743,687	4,449,266			
	M - RIVERSIDE						
1.00	ADULTS & PEDIATRICS	30.00	348,939	109,616	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		348,939	109,616			
500.00	Grand Total: Decreases		7,092,626	56,405,058			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00	4.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,970,173	0	0	0	0	1.00
2.00	Land Improvements	9,992,312	727,470	0	727,470	0	2.00
3.00	Buildings and Fixtures	300,944,424	1,872,244	0	1,872,244	0	3.00
4.00	Building Improvements	220,157	0	0	0	0	4.00
5.00	Fixed Equipment	3,036,729	226,310	0	226,310	0	5.00
6.00	Movable Equipment	113,989,983	6,299,711	0	6,299,711	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	435,153,778	9,125,735	0	9,125,735	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	435,153,778	9,125,735	0	9,125,735	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	6,970,173	0				1.00
2.00	Land Improvements	10,719,782	0				2.00
3.00	Buildings and Fixtures	302,816,668	0				3.00
4.00	Building Improvements	220,157	0				4.00
5.00	Fixed Equipment	3,263,039	0				5.00
6.00	Movable Equipment	120,289,694	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	444,279,513	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	444,279,513	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/22/2021 3:23 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,587,977	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,587,977	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	19,121	0	7,607,098	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	19,121	0	7,607,098	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0280

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

Worksheet A-8

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-19,160,071			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	-8,079,593			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	A	0	0DIETARY	10.00	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	B	0	0PHARMACY	15.00	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	B	-37,111	0DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH 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: 14-0280

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

Worksheet A-8

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.01
33.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.02
33.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.03
33.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.04
33.05	CONTRIBUTIONS	A	-107	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.05
33.06	CONTRIBUTIONS	A	-250	SUBPROVIDER - IRF	41.00	0	33.06
34.00	OFFSET PROVIDER TAX	A	-11,767,317	A&G	5.04	0	34.00
35.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.00
36.00	BOND AMORTIZATION	A	135,067	A&G	5.04	0	36.00
37.00	SISTER BENEFITS	A	24,268	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
37.01	NONALLOWABLE EXPENSE	A	-29,451	PHARMACY	15.00	0	37.01
37.02	NONALLOWABLE EXPENSE	A	-232	ADULTS & PEDIATRICS	30.00	0	37.02
37.03	NONALLOWABLE EXPENSE	A	-21	NEONATAL INTENSIVE CARE UNIT	31.01	0	37.03
37.04	NONALLOWABLE EXPENSE	A	-29	RADIOLOGY-DIAGNOSTIC	54.00	0	37.04
37.05	NONALLOWABLE EXPENSE	A	-4,263	RADIOLOGY-THERAPEUTIC	55.00	0	37.05
37.06	NONALLOWABLE EXPENSE	A	-6,896	PHYSICAL THERAPY	66.00	0	37.06
37.07	NONALLOWABLE EXPENSE	A	-225	CLINIC	90.00	0	37.07
37.08	NONALLOWABLE EXPENSE	A	-1,000	PHYSICIANS' PRIVATE OFFICES	192.00	0	37.08
37.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.09
37.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.10
37.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.11
37.12	MISC INCOME OFFSET	B	-590	A&G	5.04	0	37.12
37.13	MISC INCOME OFFSET	B	-16,293	OPERATION OF PLANT	7.00	0	37.13
37.14	MISC INCOME OFFSET	B	-6,545	HOUSEKEEPING	9.00	0	37.14
37.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.15
37.16	MISC INCOME OFFSET	B	-512,972	PHARMACY	15.00	0	37.16
37.17	MISC INCOME OFFSET	B	-107	ADULTS & PEDIATRICS	30.00	0	37.17
38.00	MISC INCOME OFFSET	B	-21,301	NEONATAL INTENSIVE CARE UNIT	31.01	0	38.00
39.00	MISC INCOME OFFSET	B	-816	OPERATING ROOM	50.00	0	39.00
40.00	MISC INCOME OFFSET	B	-1,340	DELIVERY ROOM & LABOR ROOM	52.00	0	40.00
40.06	MISC INCOME OFFSET	B	-1,095	RADIOLOGY-DIAGNOSTIC	54.00	0	40.06
40.07	MISC INCOME OFFSET	B	-2,843	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	40.07
40.08	MISC INCOME OFFSET	B	-12,945	CARDIAC CATHETERIZATION	59.00	0	40.08
40.09	MISC INCOME OFFSET	B	-1,587,648	LABORATORY	60.00	0	40.09
40.10	MISC INCOME OFFSET	B	-16	GASTRO INTESTINAL SERVICES	76.00	0	40.10
41.00	MISC INCOME OFFSET	B	-7,048	CARDIAC REHABILITATION	76.97	0	41.00
42.00	MISC INCOME OFFSET	B	-6,822	EMERGENCY	91.00	0	42.00
42.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.01
42.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.02
42.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.03
44.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.00
44.01	PART TIME TUITION	A	-2,376	PHYSICIANS' PRIVATE OFFICES	192.00	0	44.01
44.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.02
44.03	AHA DEPR	A	1,927,686	CAP REL COSTS-BLDG & FIXT	1.00	9	44.03
44.06	AHA DEPR	A	-432,112	A&G	5.04	0	44.06
44.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.07
44.08	AHA DEPR	A	20,039	NURSING ADMINISTRATION	13.00	0	44.08
44.09	AHA DEPR	A	-34,504	PHARMACY	15.00	0	44.09
44.10	AHA DEPR	A	-18,282	ADULTS & PEDIATRICS	30.00	0	44.10
44.11	AHA DEPR	A	1,508	INTENSIVE CARE UNIT	31.00	0	44.11
44.12	AHA DEPR	A	17,960	CORONARY CARE UNIT	32.00	0	44.12
44.13	AHA DEPR	A	632,749	OPERATING ROOM	50.00	0	44.13

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0280

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

Worksheet A-8

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
44.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.14
44.15	AHA DEPR	A	21,809	DELIVERY ROOM & LABOR ROOM	52.00	0	44.15
44.16	AHA DEPR	A	227,957	RADIOLOGY-DIAGNOSTIC	54.00	0	44.16
44.17	AHA DEPR	A	157,490	RADIOLOGY-THERAPEUTIC	55.00	0	44.17
44.18	AHA DEPR	A	79,701	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	44.18
44.19	AHA DEPR	A	149,248	CARDIAC CATHETERIZATION	59.00	0	44.19
44.20	AHA DEPR	A	92,509	LABORATORY	60.00	0	44.20
44.21	AHA DEPR	A	17,369	INTRAVENOUS THERAPY	64.00	0	44.21
44.22	AHA DEPR	A	55,429	CARDIOLOGY	69.01	0	44.22
44.23	AHA DEPR	A	-2,752	GASTRO INTESTINAL SERVICES	76.00	0	44.23
44.24	AHA DEPR	A	5,939	CARDIAC REHABILITATION	76.97	0	44.24
44.25	AHA DEPR	A	112,624	EMERGENCY	91.00	0	44.25
44.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.26
44.27	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.27
44.28	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.28
44.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.29
44.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.30
44.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.31
44.32	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.32
44.33	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.33
44.34	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.34
44.35	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.35
44.36	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.36
44.37	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.37
44.38	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.38
44.39	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.39
44.40	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.40
44.42	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.42
44.44	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-38,075,621				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: 14-0280

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

Worksheet A-8-1

Date/Time Prepared:
7/22/2021 3:23 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.04	A&G	TRHS	52,223,538	85,153,123	1.00
2.00	5.01	PURCHASING RECEIVING AND STO	TRHS	1,589,366	0	2.00
3.00	5.02	ADMITTING	TRHS	2,260,429	0	3.00
3.01	5.03	CASHIERING/ACCOUNTS RECEIVAB	TRHS	2,819,012	0	3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRHS	1,174,791	0	3.02
3.03	7.00	OPERATION OF PLANT	TRHS	7,738,509	0	3.03
3.04	9.00	HOUSEKEEPING	TRHS	254,617	0	3.04
3.05	13.00	NURSING ADMINISTRATION	TRHS	2,075,075	0	3.05
3.06	14.00	CENTRAL SERVICES & SUPPLY	TRHS	1,010,662	0	3.06
3.07	16.00	MEDICAL RECORDS & LIBRARY	TRHS	2,386,034	0	3.07
3.08	17.00	SOCIAL SERVICE	TRHS	2,938,924	0	3.08
4.00	50.00	OPERATING ROOM	TRHS	602,573	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			77,073,530	85,153,123	5.00

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

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

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

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

6.00	B	UNITYPOINT HEAL	100.00		0.00	6.00
7.00	B	TRINITY REGIONAL HEALTH SYST	100.00	TRINITY REGIONAL HEALTH SYSTEM	100.00	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: 14-0280

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

Worksheet A-8-1

Date/Time Prepared:
7/22/2021 3:23 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-32,929,585	0		1.00
2.00	1,589,366	0		2.00
3.00	2,260,429	0		3.00
3.01	2,819,012	0		3.01
3.02	1,174,791	0		3.02
3.03	7,738,509	0		3.03
3.04	254,617	0		3.04
3.05	2,075,075	0		3.05
3.06	1,010,662	0		3.06
3.07	2,386,034	0		3.07
3.08	2,938,924	0		3.08
4.00	602,573	0		4.00
5.00	-8,079,593			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			6.00
7.00	HEALTH SYSTEM		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: 14-0280

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

Worksheet A-8-2

Date/Time Prepared:
7/22/2021 3:23 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	15.00	AGGREGATE-PHARMACY	1,044	1,044	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,787,492	1,787,492	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	1,615,519	1,615,519	0	0	0	3.00
4.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	871,773	871,773	0	0	0	4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	33,273	33,273	0	0	0	5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	100,615	100,615	0	0	0	6.00
7.00	0.00	AGGREGATE-	0	0	0	0	0	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	39,692	39,692	0	0	0	8.00
9.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	579,744	579,744	0	0	0	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	1,430,582	1,430,582	0	0	0	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	14,074	14,074	0	0	0	11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	1,210,685	1,210,685	0	0	0	12.00
13.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	66,368	66,368	0	0	0	13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	190	190	0	0	0	14.00
15.00	65.01	AGGREGATE-PULMONARY FUNCTION TESTING	56,421	56,421	0	0	0	15.00
16.00	69.01	AGGREGATE-CARDIOLOGY	274,030	274,030	0	0	0	16.00
17.00	74.00	AGGREGATE-RENAL DIALYSIS	96,092	96,092	0	0	0	17.00
18.00	90.00	AGGREGATE-CLINIC	361,545	361,545	0	0	0	18.00
19.00	91.00	AGGREGATE-EMERGENCY	10,620,932	10,620,932	0	0	0	19.00
200.00			19,160,071	19,160,071	0		0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0280

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

Worksheet A-8-2

Date/Time Prepared:
7/22/2021 3:23 pm

	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	15.00	AGGREGATE-PHARMACY	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	0	0	4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	0	0	0	0	5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	0.00	AGGREGATE-	0	0	0	0	0	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	8.00
9.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOST IC	0	0	0	0	0	11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	0	0	13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	14.00
15.00	65.01	AGGREGATE-PULMONARY FUNCTION TESTING	0	0	0	0	0	15.00
16.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	0	0	16.00
17.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	0	0	17.00
18.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	19.00
200.00			0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0280

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

Worksheet A-8-2

Date/Time Prepared:
7/22/2021 3:23 pm

	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	15.00	AGGREGATE-PHARMACY	0	0	0	1,044		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,787,492		2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	1,615,519		3.00
4.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	871,773		4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	0	0	33,273		5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	100,615		6.00
7.00	0.00	AGGREGATE-	0	0	0	0		7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	39,692		8.00
9.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	579,744		9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	1,430,582		10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	14,074		11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	1,210,685		12.00
13.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	66,368		13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	190		14.00
15.00	65.01	AGGREGATE-PULMONARY FUNCTION TESTING	0	0	0	56,421		15.00
16.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	274,030		16.00
17.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	96,092		17.00
18.00	90.00	AGGREGATE-CLINIC	0	0	0	361,545		18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	0	10,620,932		19.00
200.00			0	0	0	19,160,071		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,607,098	7,607,098			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,199,059	19,703	0	1,218,762	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,589,366	0	0	0	5.01
5.02	00570	ADMITTING	2,260,429	109,450	0	0	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,819,012	48,003	0	0	5.03
5.04	00590	A&G	52,750,607	1,286,605	0	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	13,707,467	889,891	0	18,763	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,192,675	64,658	0	31,424	9.00
10.00	01000	DIETARY	2,432,533	198,778	0	25,482	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,822,086	25,370	0	15,806	873 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,314,706	202,053	0	0	14.00
15.00	01500	PHARMACY	3,843,041	88,728	0	50,336	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,386,034	14,673	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,938,924	21,850	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,248,688	801,636	0	168,775	45,775 30.00
31.00	03100	INTENSIVE CARE UNIT	5,415,966	113,553	0	61,240	40,129 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,141,452	36,432	0	23,692	3,540 31.01
32.00	03200	CORONARY CARE UNIT	2,972,732	99,962	0	32,176	10,878 32.00
41.00	04100	SUBPROVIDER - IRF	1,860,052	76,057	0	17,934	5,283 41.00
43.00	04300	NURSERY	719,653	43,745	0	7,971	1,830 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,385,324	462,998	0	49,589	0 50.00
51.00	05100	RECOVERY ROOM	2,173,790	115,399	0	23,531	8,712 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,519,122	63,130	0	16,248	1,066 52.00
53.00	05300	ANESTHESIOLOGY	356,971	10,434	0	2,675	936 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,635,371	235,292	0	23,550	0 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	702,713	15,983	0	1,921	49,209 54.01
54.02	03630	ULTRA SOUND	658,125	1,910	0	6,283	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,598,824	117,801	0	22,842	6,778 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,549,616	11,125	0	12,967	15,560 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	777,308	14,082	0	0	30 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,161,729	214,588	0	32,053	0 59.00
60.00	06000	LABORATORY	13,547,910	135,157	0	58,748	61,213 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	710,944	0	0	0	63,343 63.00
64.00	06400	INTRAVENOUS THERAPY	2,647,958	133,647	0	26,247	8,779 64.00
65.00	06500	RESPIRATORY THERAPY	1,497,542	28,800	0	12,826	1,126 65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,423,567	25,452	0	12,973	2,370 65.01
66.00	06600	PHYSICAL THERAPY	2,161,917	35,049	0	21,804	96,600 66.00
67.00	06700	OCCUPATIONAL THERAPY	886,841	9,724	0	9,853	734 67.00
68.00	06800	SPEECH PATHOLOGY	419,584	10,970	0	4,598	393 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	03140	CARDIOLOGY	1,089,251	91,348	0	9,881	6,692 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	583,875	10,716	0	4,999	1,918 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,690,652	0	0	0	417,892 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,691,558	0	0	0	755,084 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,073,610	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	600,277	18,857	0	6,533	2,476 74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,016,242	25,398	0	5,446	0 76.00
76.97	07697	CARDIAC REHABILITATION	628,758	48,421	0	5,905	1,716 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

	Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
				BLDG & FIXT	MVBLE EQUIP			
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,374,674	121,667	0	38,097	10,179	90.00
91.00	09100	EMERGENCY	6,372,539	309,156	0	184,356	16,274	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	238,158,172	6,408,251	0	1,047,524	1,580,717	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	150,592	24,224	0	1,569	26	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,426,713	176,001	0	131,250	7,268	192.00
192.01	19201	RIVERSIDE OUTPATIENT	360,030	53,106	0	4,135	829	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	2,894,228	27,544	0	33,627	526	192.06
194.00	07950	NON REIMBURSABLE	0	909,176	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	54,370	8,796	0	657	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	254,044,105	7,607,098	0	1,218,762	1,589,366	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	2,369,879					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,867,015				5.03
5.04	00590	A&G	0	0	54,037,212	54,037,212		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	14,637,168	3,954,626	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,306,672	1,163,564	0	9.00
10.00	01000	DIETARY	0	0	2,656,793	717,804	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,864,135	1,044,000	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,516,759	409,793	0	14.00
15.00	01500	PHARMACY	0	0	3,982,105	1,075,873	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,400,707	648,616	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,960,774	799,933	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	118,192	142,985	15,526,051	4,194,782	0	30.00
31.00	03100	INTENSIVE CARE UNIT	39,338	47,590	5,717,816	1,544,822	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,446	5,379	1,214,941	328,249	0	31.01
32.00	03200	CORONARY CARE UNIT	29,547	35,745	3,181,040	859,444	0	32.00
41.00	04100	SUBPROVIDER - IRF	18,204	22,023	1,999,553	540,233	0	41.00
43.00	04300	NURSERY	5,174	6,260	784,633	211,990	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	221,907	268,457	11,388,275	3,076,850	0	50.00
51.00	05100	RECOVERY ROOM	21,786	26,356	2,369,574	640,204	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,531	18,789	1,633,886	441,438	0	52.00
53.00	05300	ANESTHESIOLOGY	28,013	33,889	432,918	116,964	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,575	75,701	3,032,489	819,309	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	6,855	8,293	784,974	212,082	0	54.01
54.02	03630	ULTRA SOUND	17,133	20,727	704,178	190,253	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	123,148	148,981	3,018,374	815,495	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	185,091	223,918	1,998,277	539,888	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,300	16,089	820,809	221,764	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	208,010	251,645	3,868,025	1,045,051	0	59.00
60.00	06000	LABORATORY	238,767	288,853	14,330,648	3,871,811	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,268	10,002	792,557	214,131	0	63.00
64.00	06400	INTRAVENOUS THERAPY	56,158	67,938	2,940,727	794,517	0	64.00
65.00	06500	RESPIRATORY THERAPY	40,908	49,489	1,630,691	440,575	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	30,137	36,459	1,530,958	413,630	0	65.01
66.00	06600	PHYSICAL THERAPY	24,059	29,106	2,272,902	614,086	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,062	17,012	938,226	253,487	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,703	6,899	448,147	121,079	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	42,222	51,079	1,290,473	348,656	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	10,341	12,510	624,359	168,687	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	92,278	111,636	5,312,458	1,435,304	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	139,073	168,247	19,753,962	5,337,066	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	298,119	360,660	22,732,389	6,141,721	0	73.00
74.00	07400	RENAL DIALYSIS	5,473	6,621	640,237	172,977	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	11,764	14,231	1,073,081	289,922	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,534	7,904	699,238	188,918	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	41,992	50,801	3,637,410	982,745	0	90.00
91.00	09100	EMERGENCY	185,771	224,741	7,292,837	1,970,357	0	91.00
92.00	09200	OBSERVATION BEDS			0			92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,369,879	2,867,015	236,779,438	49,372,696	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	176,411	47,662	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,741,232	3,442,388	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	418,100	112,961	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	2,955,925	798,623	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	909,176	245,638	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	63,823	17,244	0	194.07
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,369,879	2,867,015	254,044,105	54,037,212	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2020
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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	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	18,591,794				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0			8.00
9.00	00900	HOUSEKEEPING	228,824	0	5,699,060		9.00
10.00	01000	DIETARY	703,471	0	218,327	4,296,395	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	89,785	0	27,865	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	715,060	0	221,923	0	14.00
15.00	01500	PHARMACY	314,006	0	97,454	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,927	0	16,116	0	16.00
17.00	01700	SOCIAL SERVICE	77,326	0	23,999	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,836,966	0	880,470	2,716,731	30.00
31.00	03100	INTENSIVE CARE UNIT	401,859	0	124,719	460,703	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	128,931	0	40,015	0	31.01
32.00	03200	CORONARY CARE UNIT	353,764	0	109,793	474,521	32.00
41.00	04100	SUBPROVIDER - IRF	269,162	0	83,536	356,434	41.00
43.00	04300	NURSERY	154,814	0	48,047	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,638,535	0	508,529	0	50.00
51.00	05100	RECOVERY ROOM	408,394	0	126,748	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	223,416	0	69,339	0	52.00
53.00	05300	ANESTHESIOLOGY	36,925	0	11,460	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	832,692	0	258,431	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56,562	0	17,554	2,700	54.01
54.02	03630	ULTRA SOUND	6,760	0	2,098	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	416,893	0	129,385	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	39,371	0	12,219	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	49,834	0	15,466	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	759,422	0	235,691	0	59.00
60.00	06000	LABORATORY	478,317	0	148,448	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	472,973	0	146,790	0	64.00
65.00	06500	RESPIRATORY THERAPY	101,922	0	31,632	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	90,075	0	27,955	0	65.01
66.00	06600	PHYSICAL THERAPY	124,038	0	38,496	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,414	0	10,681	0	67.00
68.00	06800	SPEECH PATHOLOGY	38,824	0	12,049	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	323,277	0	100,331	70,440	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	37,923	0	11,770	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	66,735	0	20,712	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	89,882	0	27,895	0	76.00
76.97	07697	CARDIAC REHABILITATION	171,361	0	53,183	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	430,575	0	133,632	609	90.00
91.00	09100	EMERGENCY	1,094,095	0	339,559	64,219	91.00
92.00	09200	OBSERVATION BEDS					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2020
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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	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,349,110	0	4,382,317	4,146,357	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85,729	0	26,606	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	622,861	0	193,309	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	187,940	0	58,328	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	97,479	0	30,253	0	0	192.06
194.00	07950	NON REIMBURSABLE	3,217,545	0	998,586	150,038	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	31,130	0	9,661	0	0	194.07
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)	18,591,794	0	5,699,060	4,296,395	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA	0					11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	0	5,025,785			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,863,535		14.00
15.00	01500	PHARMACY	0	0	0	0	5,469,438	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	2,158,363	84,593	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	805,775	74,159	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	173,607	6,543	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	600,021	20,103	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	330,389	9,763	0	41.00
43.00	04300	NURSERY	0	0	136,557	3,381	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	0	0	164,201	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,100	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	188,317	1,971	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	14,543	1,730	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	90,939	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,526	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	28,756	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	55	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	113,122	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	117,058	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	180,875	16,223	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,081	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	23,186	4,380	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	1,788	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,356	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	18,351	726	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	12,367	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,544	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	772,267	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,395,388	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,454,611	73.00
74.00	07400	RENAL DIALYSIS	0	0	119,438	4,576	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,172	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	112,162	18,811	0	90.00
91.00	09100	EMERGENCY	0	0	0	30,074	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

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Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	5,025,785	2,847,552	5,454,611	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	48	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	13,431	11,120	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	1,532	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	972	3,707	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	194.07
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)	0	0	5,025,785	2,863,535	5,469,438	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2020
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,117,366					16.00
17.00	01700	SOCIAL SERVICE	0	3,862,032				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0				23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0				23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	155,490	2,383,630	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	51,753	450,692	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		5,849	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	38,871	464,188	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	23,949	348,690	0	0	0	41.00
43.00	04300	NURSERY	6,807	138,958	0	0	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	291,935	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	28,661	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,433	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	36,853	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,322	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	9,018	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	22,540	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	162,011	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	243,501	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,497	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	273,653	0	0	0	0	59.00
60.00	06000	LABORATORY	314,116	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,877	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	73,880	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	53,818	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	39,648	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	31,652	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,500	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,503	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	55,546	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	13,604	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	121,399	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	182,961	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	391,806	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,200	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	15,476	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,596	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	55,244	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00		
91.00	09100	EMERGENCY	244,397	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,117,366	3,862,032	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,117,366	3,862,032	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(RADIOLOG Y)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0					22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)		0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH			0			23.01
23.02	02302	PARAMED PROGRAM-EMS				0		23.02
23.03	02303	PARAMED PROGRAM-RESP CARE					0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	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	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 01/01/2020
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(RADIOLOG Y)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00					
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00560	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	A&G				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)				23.00
23.01	02301	PARAMED PROGRAM-OR TECH				23.01
23.02	02302	PARAMED PROGRAM-EMS				23.02
23.03	02303	PARAMED PROGRAM-RESP CARE				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,937,076	0	30,937,076	30.00
31.00	03100	INTENSIVE CARE UNIT	9,632,298	0	9,632,298	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,974,009	0	1,974,009	31.01
32.00	03200	CORONARY CARE UNIT	6,101,745	0	6,101,745	32.00
41.00	04100	SUBPROVIDER - IRF	3,961,709	0	3,961,709	41.00
43.00	04300	NURSERY	1,485,187	0	1,485,187	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,068,325	0	17,068,325	50.00
51.00	05100	RECOVERY ROOM	3,589,681	0	3,589,681	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,578,800	0	2,578,800	52.00
53.00	05300	ANESTHESIOLOGY	651,393	0	651,393	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,025,243	0	5,025,243	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,173,829	0	1,173,829	54.01
54.02	03630	ULTRA SOUND	925,829	0	925,829	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,554,684	0	4,554,684	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,862,012	0	2,862,012	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,125,425	0	1,125,425	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,181,842	0	6,181,842	59.00
60.00	06000	LABORATORY	19,256,462	0	19,256,462	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,134,623	0	1,134,623	63.00
64.00	06400	INTRAVENOUS THERAPY	4,625,985	0	4,625,985	64.00
65.00	06500	RESPIRATORY THERAPY	2,260,719	0	2,260,719	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,129,832	0	2,129,832	65.01
66.00	06600	PHYSICAL THERAPY	3,082,962	0	3,082,962	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,256,664	0	1,256,664	67.00
68.00	06800	SPEECH PATHOLOGY	646,679	0	646,679	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140	CARDIOLOGY	2,201,090	0	2,201,090	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	859,887	0	859,887	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,641,428	0	7,641,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,669,377	0	26,669,377	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,720,527	0	34,720,527	73.00
74.00	07400	RENAL DIALYSIS	1,031,875	0	1,031,875	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,496,256	0	1,496,256	76.00
76.97	07697	CARDIAC REHABILITATION	1,124,468	0	1,124,468	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,371,188	0	5,371,188	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	11,035,538	0	11,035,538	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	226,374,647	0	226,374,647	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	336,456	0	336,456	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,024,341	0	17,024,341	192.00
192.01	19201	RIVERSIDE OUTPATIENT	778,861	0	778,861	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	3,886,959	0	3,886,959	192.06
194.00	07950	NON REIMBURSABLE	5,520,983	0	5,520,983	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	121,858	0	121,858	194.07
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	254,044,105	0	254,044,105	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	19,703	0	19,703	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.01
5.02	00570	ADMITTING	0	109,450	0	109,450	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	48,003	0	48,003	5.03
5.04	00590	A&G	221,605	1,286,605	0	1,508,210	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	133,619	889,891	0	1,023,510	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	8,790	64,658	0	73,448	9.00
10.00	01000	DIETARY	28,404	198,778	0	227,182	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	195,089	25,370	0	220,459	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	202,053	0	202,053	14.00
15.00	01500	PHARMACY	243,577	88,728	0	332,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,673	0	14,673	16.00
17.00	01700	SOCIAL SERVICE	0	21,850	0	21,850	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	128,948	801,636	0	930,584	30.00
31.00	03100	INTENSIVE CARE UNIT	170,408	113,553	0	283,961	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,854	36,432	0	42,286	31.01
32.00	03200	CORONARY CARE UNIT	39,699	99,962	0	139,661	32.00
41.00	04100	SUBPROVIDER - IRF	10,893	76,057	0	86,950	41.00
43.00	04300	NURSERY	0	43,745	0	43,745	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	940,151	462,998	0	1,403,149	50.00
51.00	05100	RECOVERY ROOM	20,371	115,399	0	135,770	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,971	63,130	0	137,101	52.00
53.00	05300	ANESTHESIOLOGY	0	10,434	0	10,434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	596,403	235,292	0	831,695	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	15,983	0	15,983	54.01
54.02	03630	ULTRA SOUND	127	1,910	0	2,037	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	497,441	117,801	0	615,242	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	202,321	11,125	0	213,446	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,082	0	14,082	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,005,378	214,588	0	1,219,966	59.00
60.00	06000	LABORATORY	414,214	135,157	0	549,371	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	71,285	133,647	0	204,932	64.00
65.00	06500	RESPIRATORY THERAPY	37,228	28,800	0	66,028	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	25,452	0	25,452	65.01
66.00	06600	PHYSICAL THERAPY	15,560	35,049	0	50,609	66.00
67.00	06700	OCCUPATIONAL THERAPY	958	9,724	0	10,682	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,970	0	10,970	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	182,801	91,348	0	274,149	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,286	10,716	0	15,002	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	18,857	0	18,857	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	40,435	25,398	0	65,833	76.00
76.97	07697	CARDIAC REHABILITATION	39,140	48,421	0	87,561	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	20,589	121,667	0	142,256	616	90.00
91.00	09100 EMERGENCY	347,228	309,156	0	656,384	2,978	91.00
92.00	09200 OBSERVATION BEDS				0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,696,773	6,408,251	0	12,105,024	16,934	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,633	24,224	0	25,857	25	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	25,289	176,001	0	201,290	2,122	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	53,106	0	53,106	67	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206 ONCOLOGY CLINIC	0	27,544	0	27,544	544	192.06
194.00	07950 NON REIMBURSABLE	0	909,176	0	909,176	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	8,796	0	8,796	11	194.07
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)	5,723,695	7,607,098	0	13,330,793	19,703	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0					5.01
5.02	00570	ADMITTING	0	109,450				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	48,003			5.03
5.04	00590	A&G	0	0	0	1,508,210		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	110,379	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	32,477	0	9.00
10.00	01000	DIETARY	0	0	0	20,035	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	29,139	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	11,438	0	14.00
15.00	01500	PHARMACY	0	0	0	30,029	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	18,104	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	22,327	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,471	2,388	117,082	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,821	795	43,118	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	206	90	9,162	0	31.01
32.00	03200	CORONARY CARE UNIT	0	1,368	597	23,988	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	843	368	15,079	0	41.00
43.00	04300	NURSERY	0	240	105	5,917	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	0	10,272	4,484	85,879	0	50.00
51.00	05100	RECOVERY ROOM	0	1,008	440	17,869	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	719	314	12,321	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,297	566	3,265	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,897	1,264	22,868	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	317	139	5,919	0	54.01
54.02	03630	ULTRA SOUND	0	793	346	5,310	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,700	2,488	22,762	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	8,568	3,740	15,069	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	616	269	6,190	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,629	4,203	29,169	0	59.00
60.00	06000	LABORATORY	0	11,052	4,824	108,067	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	383	167	5,977	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,600	1,135	22,176	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,894	827	12,297	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,395	609	11,545	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,114	486	17,140	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	651	284	7,075	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	264	115	3,379	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	1,954	853	9,731	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	479	209	4,708	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	4,272	1,865	40,061	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,438	2,810	148,965	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,546	6,140	171,383	0	73.00
74.00	07400	RENAL DIALYSIS	0	253	111	4,828	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	545	238	8,092	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	302	132	5,273	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,944	848	27,430	0	90.00
91.00	09100	EMERGENCY	0	8,599	3,754	54,995	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	109,450	48,003	1,378,017	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,330	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	96,082	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	3,153	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	22,291	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	6,856	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	481	0	194.07
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)	0	109,450	48,003	1,508,210	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
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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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	1,134,192					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0				8.00
9.00	00900	HOUSEKEEPING	13,959	0	120,392			9.00
10.00	01000	DIETARY	42,915	0	4,612	295,156		10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,477	0	589	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	43,622	0	4,688	0	0	14.00
15.00	01500	PHARMACY	19,156	0	2,059	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,168	0	340	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,717	0	507	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	173,069	0	18,600	186,636	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24,515	0	2,635	31,650	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,865	0	845	0	0	31.01
32.00	03200	CORONARY CARE UNIT	21,581	0	2,319	32,599	0	32.00
41.00	04100	SUBPROVIDER - IRF	16,420	0	1,765	24,486	0	41.00
43.00	04300	NURSERY	9,444	0	1,015	0	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	99,959	0	10,743	0	0	50.00
51.00	05100	RECOVERY ROOM	24,914	0	2,678	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,629	0	1,465	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,253	0	242	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,798	0	5,459	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,451	0	371	185	0	54.01
54.02	03630	ULTRA SOUND	412	0	44	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	25,433	0	2,733	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,402	0	258	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,040	0	327	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,328	0	4,979	0	0	59.00
60.00	06000	LABORATORY	29,180	0	3,136	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	28,854	0	3,101	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,218	0	668	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	5,495	0	591	0	0	65.01
66.00	06600	PHYSICAL THERAPY	7,567	0	813	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,099	0	226	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,368	0	255	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	19,722	0	2,119	4,839	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,313	0	249	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	4,071	0	438	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	5,483	0	589	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,454	0	1,123	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26,267	0	2,823	42	0	90.00
91.00	09100	EMERGENCY	66,745	0	7,173	4,412	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

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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	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	875,363	0	92,577	284,849	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,230	0	562	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	37,998	0	4,084	0	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	11,465	0	1,232	0	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206 ONCOLOGY CLINIC	5,947	0	639	0	0	192.06
194.00	07950 NON REIMBURSABLE	196,290	0	21,094	10,307	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	1,899	0	204	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,134,192	0	120,392	295,156	0	202.00

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Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
11.01	01101	EMPLOYEE CAFETERIA	0				11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	255,920		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	261,801	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	109,908	7,734	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	41,031	6,780	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	8,840	598	31.01
32.00	03200	CORONARY CARE UNIT	0	0	30,554	1,838	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	16,824	893	41.00
43.00	04300	NURSERY	0	0	6,954	309	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	8,361	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,472	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,589	180	52.00
53.00	05300	ANESTHESIOLOGY	0	0	741	158	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	8,314	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,145	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	2,629	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	10,342	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,702	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	9,210	1,483	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	190	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	1,181	400	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	163	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	124	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	934	66	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	1,131	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	324	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	70,605	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	127,577	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	6,082	418	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	290	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	5,711	1,720	90.00
91.00	09100	EMERGENCY	0	0	0	2,750	91.00
92.00	09200	OBSERVATION BEDS					92.00

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Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	255,920	260,340	383,322	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,228	781	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	140	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	89	260	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	194.07
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)	0	0	255,920	261,801	384,363	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,285					16.00
17.00	01700	SOCIAL SERVICE	0	49,401				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0		0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0			23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0			23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0			23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,824	30,490				30.00
31.00	03100	INTENSIVE CARE UNIT	607	5,765				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	69	971				31.01
32.00	03200	CORONARY CARE UNIT	456	5,938				32.00
41.00	04100	SUBPROVIDER - IRF	281	4,460				41.00
43.00	04300	NURSERY	80	1,777				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,424	0				50.00
51.00	05100	RECOVERY ROOM	336	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	240	0				52.00
53.00	05300	ANESTHESIOLOGY	432	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	966	0				54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	106	0				54.01
54.02	03630	ULTRA SOUND	264	0				54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,900	0				55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,856	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	205	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	3,210	0				59.00
60.00	06000	LABORATORY	3,684	0				60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0				62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	128	0				63.00
64.00	06400	INTRAVENOUS THERAPY	867	0				64.00
65.00	06500	RESPIRATORY THERAPY	631	0				65.00
65.01	03560	PULMONARY FUNCTION TESTING	465	0				65.01
66.00	06600	PHYSICAL THERAPY	371	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	217	0				67.00
68.00	06800	SPEECH PATHOLOGY	88	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
69.01	03140	CARDIOLOGY	651	0				69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	160	0				70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,424	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,146	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,316	0				73.00
74.00	07400	RENAL DIALYSIS	84	0				74.00
76.00	03340	GASTRO INTESTINAL SERVICES	182	0				76.00
76.97	07697	CARDIAC REHABILITATION	101	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
76.99	07699	LITHOTRIPS	0	0				76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	648	0				90.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS	2,866	0				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0				92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,285	49,401	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0				192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0				192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0				192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0				192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0				192.05
192.06	19206	ONCOLOGY CLINIC	0	0				192.06
194.00	07950	NON REIMBURSABLE	0	0				194.00
194.01	07951	MEDICAL OFFICE	0	0				194.01
194.02	07952	GROUP HOMES DEPT 783	0	0				194.02
194.03	07953	PRECEDENCE	0	0				194.03
194.04	07954	CALL CENTER	0	0				194.04
194.05	07955	WORK FITNESS CENTER	0	0				194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0				194.06
194.07	07957	RESEARCH	0	0				194.07
200.00		Cross Foot Adjustments			0	0		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	36,285	49,401	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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	Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM- (RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
		SRVCES-OTHER PRGM COSTS					
		22.00					
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
11.01	01101	EMPLOYEE CAFETERIA					11.01
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0				22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)		0			23.00
23.01	02301	PARAMED PROGRAM-OR TECH			0		23.01
23.02	02302	PARAMED PROGRAM-EMS				0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE					23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT					31.01
32.00	03200	CORONARY CARE UNIT					32.00
41.00	04100	SUBPROVIDER - IRF					41.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC					54.01
54.02	03630	ULTRA SOUND					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00	06400	INTRAVENOUS THERAPY					64.00
65.00	06500	RESPIRATORY THERAPY					65.00
65.01	03560	PULMONARY FUNCTION TESTING					65.01
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
69.01	03140	CARDIOLOGY					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
74.00	07400	RENAL DIALYSIS					74.00
76.00	03340	GASTRO INTESTINAL SERVICES					76.00
76.97	07697	CARDIAC REHABILITATION					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC					90.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(RADIOLOG Y)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00					
91.00	09100	EMERGENCY		23.00	23.01	23.02	23.03	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	RIVERSIDE OUTPATIENT						192.01
192.02	19202	PRIMARY OFFICE CLINIC						192.02
192.03	19203	ORTHOPEDIC CLINIC						192.03
192.04	19204	NON-REIMBURSABLE CLINIC						192.04
192.05	19205	TRINITY FAMILY PRACTICE						192.05
192.06	19206	ONCOLOGY CLINIC						192.06
194.00	07950	NON REIMBURSABLE						194.00
194.01	07951	MEDICAL OFFICE						194.01
194.02	07952	GROUP HOMES DEPT 783						194.02
194.03	07953	PRECEDENCE						194.03
194.04	07954	CALL CENTER						194.04
194.05	07955	WORK FITNESS CENTER						194.05
194.06	07956	PARAMED NON-ACCREDITED						194.06
194.07	07957	RESEARCH						194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00560	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	A&G				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)				23.00
23.01	02301	PARAMED PROGRAM-OR TECH				23.01
23.02	02302	PARAMED PROGRAM-EMS				23.02
23.03	02303	PARAMED PROGRAM-RESP CARE				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,586,515	0	1,586,515	30.00
31.00	03100	INTENSIVE CARE UNIT	443,668	0	443,668	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	71,315	0	71,315	31.01
32.00	03200	CORONARY CARE UNIT	261,419	0	261,419	32.00
41.00	04100	SUBPROVIDER - IRF	168,659	0	168,659	41.00
43.00	04300	NURSERY	69,715	0	69,715	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,627,073	0	1,627,073	50.00
51.00	05100	RECOVERY ROOM	184,867	0	184,867	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,821	0	175,821	52.00
53.00	05300	ANESTHESIOLOGY	19,431	0	19,431	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	916,328	0	916,328	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	34,816	0	34,816	54.01
54.02	03630	ULTRA SOUND	9,308	0	9,308	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	677,772	0	677,772	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	249,178	0	249,178	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,734	0	24,734	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,318,002	0	1,318,002	59.00
60.00	06000	LABORATORY	720,606	0	720,606	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,357	0	17,357	63.00
64.00	06400	INTRAVENOUS THERAPY	274,782	0	274,782	64.00
65.00	06500	RESPIRATORY THERAPY	88,960	0	88,960	65.00
65.01	03560	PULMONARY FUNCTION TESTING	47,343	0	47,343	65.01
66.00	06600	PHYSICAL THERAPY	78,616	0	78,616	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,517	0	21,517	67.00
68.00	06800	SPEECH PATHOLOGY	18,513	0	18,513	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140	CARDIOLOGY	315,309	0	315,309	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	23,525	0	23,525	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	118,227	0	118,227	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	287,936	0	287,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	578,707	0	578,707	73.00
74.00	07400	RENAL DIALYSIS	35,248	0	35,248	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	81,050	0	81,050	76.00
76.97	07697	CARDIAC REHABILITATION	105,331	0	105,331	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	210,305	0	210,305	90.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	810,656	0	810,656	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		11,672,609	0	11,672,609	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,008	0	33,008	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	343,585	0	343,585	192.00
192.01	19201	RIVERSIDE OUTPATIENT	69,163	0	69,163	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	57,314	0	57,314	192.06
194.00	07950	NON REIMBURSABLE	1,143,723	0	1,143,723	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	11,391	0	11,391	194.07
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,330,793	0	13,330,793	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMITTING (GROSS CHARGES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	836,259					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,166	0	80,756,475			4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	17,840,131		5.01
5.02	00570	ADMITTING	12,032	0	0	0	870,542,063	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,277	0	0	0	0	5.03
5.04	00590	A&G	141,438	0	0	0	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	97,827	0	1,243,221	236,243	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,108	0	2,082,184	201,092	0	9.00
10.00	01000	DIETARY	21,852	0	1,688,414	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,789	0	1,047,281	9,795	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,212	0	0	0	0	14.00
15.00	01500	PHARMACY	9,754	0	3,335,244	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,613	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,402	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	88,125	0	11,183,052	513,815	43,420,944	30.00
31.00	03100	INTENSIVE CARE UNIT	12,483	0	4,057,768	450,437	14,451,988	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,005	0	1,569,849	39,739	1,633,323	31.01
32.00	03200	CORONARY CARE UNIT	10,989	0	2,131,989	122,102	10,854,919	32.00
41.00	04100	SUBPROVIDER - IRF	8,361	0	1,188,311	59,301	6,687,723	41.00
43.00	04300	NURSERY	4,809	0	528,182	20,538	1,900,920	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,898	0	3,285,789	0	81,523,446	50.00
51.00	05100	RECOVERY ROOM	12,686	0	1,559,201	97,793	8,003,524	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,940	0	1,076,581	11,970	5,705,834	52.00
53.00	05300	ANESTHESIOLOGY	1,147	0	177,219	10,511	10,291,238	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,866	0	1,560,461	0	22,988,435	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,757	0	127,304	552,361	2,518,416	54.01
54.02	03630	ULTRA SOUND	210	0	416,286	0	6,294,381	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	12,950	0	1,513,532	76,082	45,241,831	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,223	0	859,213	174,661	67,998,183	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,548	0	0	333	4,885,953	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,590	0	2,123,831	0	76,418,082	59.00
60.00	06000	LABORATORY	14,858	0	3,892,636	687,100	87,717,341	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	711,007	3,037,420	63.00
64.00	06400	INTRAVENOUS THERAPY	14,692	0	1,739,153	98,537	20,631,110	64.00
65.00	06500	RESPIRATORY THERAPY	3,166	0	849,828	12,639	15,028,697	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,798	0	859,566	26,602	11,071,637	65.01
66.00	06600	PHYSICAL THERAPY	3,853	0	1,444,720	10,858	8,838,873	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,069	0	652,854	8,239	5,166,159	67.00
68.00	06800	SPEECH PATHOLOGY	1,206	0	304,691	4,410	2,095,123	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	10,042	0	654,688	75,116	15,511,278	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,178	0	331,249	21,525	3,798,983	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	4,690,724	33,900,898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,475,533	51,092,254	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	109,425,331	73.00
74.00	07400	RENAL DIALYSIS	2,073	0	432,859	27,794	2,010,637	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,792	0	360,823	0	4,321,722	76.00
76.97	07697	CARDIAC REHABILITATION	5,323	0	391,245	19,266	2,400,366	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
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	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMITTING (GROSS CHARGES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	13,375	0	2,524,344	114,259	15,426,939	90.00
91.00	09100 EMERGENCY	33,986	0	12,216,642	182,671	68,248,155	91.00
92.00	09200 OBSERVATION BEDS						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	704,468	0	69,410,210	17,743,053	870,542,063	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,663	0	103,975	289	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	19,348	0	8,696,680	81,578	0	192.00
192.01	19201 RIVERSIDE OUTPATIENT	5,838	0	273,966	9,308	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206 ONCOLOGY CLINIC	3,028	0	2,228,141	5,903	0	192.06
194.00	07950 NON REIMBURSABLE	99,947	0	0	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	967	0	43,503	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,607,098	0	1,218,762	1,589,366	2,369,879	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.096581	0.000000	0.015092	0.089089	0.002722	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			19,703	0	109,450	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000244	0.000000	0.000126	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	870,542,063					5.03
5.04	00590	A&G	0	-54,037,212	200,006,893			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	0	14,637,168	0	577,519	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,306,672		7,108	9.00
10.00	01000	DIETARY	0	0	2,656,793	0	21,852	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,864,135	0	2,789	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,516,759	0	22,212	14.00
15.00	01500	PHARMACY	0	0	3,982,105	0	9,754	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,400,707	0	1,613	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,960,774	0	2,402	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,420,944	0	15,526,051	0	88,125	30.00
31.00	03100	INTENSIVE CARE UNIT	14,451,988	0	5,717,816	0	12,483	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,633,323	0	1,214,941	0	4,005	31.01
32.00	03200	CORONARY CARE UNIT	10,854,919	0	3,181,040	0	10,989	32.00
41.00	04100	SUBPROVIDER - IRF	6,687,723	0	1,999,553	0	8,361	41.00
43.00	04300	NURSERY	1,900,920	0	784,633	0	4,809	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,523,446	0	11,388,275	0	50,898	50.00
51.00	05100	RECOVERY ROOM	8,003,524	0	2,369,574	0	12,686	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,705,834	0	1,633,886	0	6,940	52.00
53.00	05300	ANESTHESIOLOGY	10,291,238	0	432,918	0	1,147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,988,435	0	3,032,489	0	25,866	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,518,416	0	784,974	0	1,757	54.01
54.02	03630	ULTRA SOUND	6,294,381	0	704,178	0	210	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	45,241,831	0	3,018,374	0	12,950	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	67,998,183	0	1,998,277	0	1,223	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,885,953	0	820,809	0	1,548	58.00
59.00	05900	CARDIAC CATHETERIZATION	76,418,082	0	3,868,025	0	23,590	59.00
60.00	06000	LABORATORY	87,717,341	0	14,330,648	0	14,858	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,037,420	0	792,557	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	20,631,110	0	2,940,727	0	14,692	64.00
65.00	06500	RESPIRATORY THERAPY	15,028,697	0	1,630,691	0	3,166	65.00
65.01	03560	PULMONARY FUNCTION TESTING	11,071,637	0	1,530,958	0	2,798	65.01
66.00	06600	PHYSICAL THERAPY	8,838,873	0	2,272,902	0	3,853	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,166,159	0	938,226	0	1,069	67.00
68.00	06800	SPEECH PATHOLOGY	2,095,123	0	448,147	0	1,206	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	15,511,278	0	1,290,473	0	10,042	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,798,983	0	624,359	0	1,178	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	33,900,898	0	5,312,458	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	51,092,254	0	19,753,962	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,425,331	0	22,732,389	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,010,637	0	640,237	0	2,073	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	4,321,722	0	1,073,081	0	2,792	76.00
76.97	07697	CARDIAC REHABILITATION	2,400,366	0	699,238	0	5,323	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,426,939	0	3,637,410	0	13,375	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
91.00	09100	EMERGENCY	68,248,155	0	7,292,837	0	33,986	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	870,542,063	-54,037,212	182,742,226	0	445,728	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	176,411	0	2,663	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,741,232	0	19,348	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	418,100	0	5,838	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	2,955,925	0	3,028	192.06
194.00	07950	NON REIMBURSABLE	0	0	909,176	0	99,947	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	63,823	0	967	194.07
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)	2,867,015		54,037,212	0	18,591,794	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003293		0.270177	0.000000	32.192524	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	48,003		1,508,210	0	1,134,192	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000055		0.007541	0.000000	1.963904	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY \$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0					8.00
9.00	00900	HOUSEKEEPING	0	570,411				9.00
10.00	01000	DIETARY	0	21,852	162,305			10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,789	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,212	0	0	0	14.00
15.00	01500	PHARMACY	0	9,754	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,613	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,402	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	88,125	102,630	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,483	17,404	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	4,005	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	10,989	17,926	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	8,361	13,465	0	0	41.00
43.00	04300	NURSERY	0	4,809	0	0	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	0	50,898	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	12,686	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,940	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,147	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,866	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,757	102	0	0	54.01
54.02	03630	ULTRA SOUND	0	210	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,950	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	1,223	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,548	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,590	0	0	0	59.00
60.00	06000	LABORATORY	0	14,858	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	14,692	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,166	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,798	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	3,853	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,069	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,206	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	10,042	2,661	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,178	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	2,073	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	2,792	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,323	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,375	23	0	0	90.00
91.00	09100	EMERGENCY	0	33,986	2,426	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY \$\$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
			8.00	9.00	10.00	11.00	11.01	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	438,620	156,637	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,663	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,348	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	5,838	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	3,028	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	99,947	5,668	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	967	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	5,699,060	4,296,395	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	9.991147	26.471119	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	120,392	295,156	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.211062	1.818527	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	665,223				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	17,393,001			14.00
15.00	01500	PHARMACY	0	0	0	22,133,610		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	870,542,063	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	285,685	513,815	0	43,420,944	30.00
31.00	03100	INTENSIVE CARE UNIT	0	106,654	450,437	0	14,451,988	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	22,979	39,739	0	1,633,323	31.01
32.00	03200	CORONARY CARE UNIT	0	79,420	122,102	0	10,854,919	32.00
41.00	04100	SUBPROVIDER - IRF	0	43,731	59,301	0	6,687,723	41.00
43.00	04300	NURSERY	0	18,075	20,538	0	1,900,920	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	21,734	0	0	81,523,446	50.00
51.00	05100	RECOVERY ROOM	0	0	97,793	0	8,003,524	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,926	11,970	0	5,705,834	52.00
53.00	05300	ANESTHESIOLOGY	0	1,925	10,511	0	10,291,238	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	22,988,435	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	552,361	0	2,518,416	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	6,294,381	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	76,082	0	45,241,831	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	174,661	0	67,998,183	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	333	0	4,885,953	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	76,418,082	59.00
60.00	06000	LABORATORY	0	0	687,100	0	87,717,341	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	711,007	0	3,037,420	63.00
64.00	06400	INTRAVENOUS THERAPY	0	23,941	98,537	0	20,631,110	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	12,639	0	15,028,697	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	3,069	26,602	0	11,071,637	65.01
66.00	06600	PHYSICAL THERAPY	0	0	10,858	0	8,838,873	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	8,239	0	5,166,159	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,429	4,410	0	2,095,123	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	75,116	0	15,511,278	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	21,525	0	3,798,983	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	4,690,724	0	33,900,898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	8,475,533	0	51,092,254	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,073,610	109,425,331	73.00
74.00	07400	RENAL DIALYSIS	0	15,809	27,794	0	2,010,637	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	4,321,722	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	19,266	0	2,400,366	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	14,846	114,259	0	15,426,939	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	0	0	182,671	0	68,248,155	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	665,223	17,295,923	22,073,610	870,542,063	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	289	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	81,578	45,000	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	9,308	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	5,903	15,000	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	5,025,785	2,863,535	5,469,438	3,117,366	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	7.555038	0.164637	0.247110	0.003581	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	255,920	261,801	384,363	36,285	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.384713	0.015052	0.017366	0.000042	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			INTERNS & RESIDENTS			
			SOCIAL SERVICE	NONPHYSICIAN	NURSING SCHOOL	
			(PATIENT DAYS)	ANESTHETISTS (ASSIGNED TIME)	(ASSIGNED TIME)	SRVCES-SALARY & FRINGES (ASSIGNED TIME)
			17.00	19.00	20.00	21.00
						22.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00560	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	A&G				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	49,221			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0		0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0			22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0			23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0			23.01
23.02	02302	PARAMED PROGRAM-EMS	0			23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,379	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,744	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	967	0	0	31.01
32.00	03200	CORONARY CARE UNIT	5,916	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	4,444	0	0	41.00
43.00	04300	NURSERY	1,771	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	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	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	
	OUTPATIENT SERVICE COST CENTERS							
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						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,221	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,862,032	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	78.463095	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	49,401	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.003657	0.000000	0.000000	0.000000	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM-(RADIOLOG Y) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)	
			23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
11.01	01101	EMPLOYEE CAFETERIA					11.01
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH		0			23.01
23.02	02302	PARAMED PROGRAM-EMS			0		23.02
23.03	02303	PARAMED PROGRAM-RESP CARE				0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			PARAMED ED PRGM-(RADIOLOG Y) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)		
			23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0		192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0		192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0		192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0		192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0		192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0		192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0		194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0		194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0		194.02
194.03	07953	PRECEDENCE	0	0	0	0		194.03
194.04	07954	CALL CENTER	0	0	0	0		194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0		194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0		194.06
194.07	07957	RESEARCH	0	0	0	0		194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

		Title XVIII		Hospital		PPS
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,937,076	30,937,076	0	30,937,076 30.00
31.00	03100	INTENSIVE CARE UNIT	9,632,298	9,632,298	0	9,632,298 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,974,009	1,974,009	0	1,974,009 31.01
32.00	03200	CORONARY CARE UNIT	6,101,745	6,101,745	0	6,101,745 32.00
41.00	04100	SUBPROVIDER - IRF	3,961,709	3,961,709	0	3,961,709 41.00
43.00	04300	NURSERY	1,485,187	1,485,187	0	1,485,187 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,068,325	17,068,325	0	17,068,325 50.00
51.00	05100	RECOVERY ROOM	3,589,681	3,589,681	0	3,589,681 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,578,800	2,578,800	0	2,578,800 52.00
53.00	05300	ANESTHESIOLOGY	651,393	651,393	0	651,393 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,025,243	5,025,243	0	5,025,243 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,173,829	1,173,829	0	1,173,829 54.01
54.02	03630	ULTRA SOUND	925,829	925,829	0	925,829 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,554,684	4,554,684	0	4,554,684 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,862,012	2,862,012	0	2,862,012 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,125,425	1,125,425	0	1,125,425 58.00
59.00	05900	CARDIAC CATHETERIZATION	6,181,842	6,181,842	0	6,181,842 59.00
60.00	06000	LABORATORY	19,256,462	19,256,462	0	19,256,462 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,134,623	1,134,623	0	1,134,623 63.00
64.00	06400	INTRAVENOUS THERAPY	4,625,985	4,625,985	0	4,625,985 64.00
65.00	06500	RESPIRATORY THERAPY	2,260,719	2,260,719	0	2,260,719 65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,129,832	2,129,832	0	2,129,832 65.01
66.00	06600	PHYSICAL THERAPY	3,082,962	3,082,962	0	3,082,962 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,256,664	1,256,664	0	1,256,664 67.00
68.00	06800	SPEECH PATHOLOGY	646,679	646,679	0	646,679 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0 69.00
69.01	03140	CARDIOLOGY	2,201,090	2,201,090	0	2,201,090 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	859,887	859,887	0	859,887 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,641,428	7,641,428	0	7,641,428 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,669,377	26,669,377	0	26,669,377 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,720,527	34,720,527	0	34,720,527 73.00
74.00	07400	RENAL DIALYSIS	1,031,875	1,031,875	0	1,031,875 74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,496,256	1,496,256	0	1,496,256 76.00
76.97	07697	CARDIAC REHABILITATION	1,124,468	1,124,468	0	1,124,468 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,371,188	5,371,188	0	5,371,188 90.00
91.00	09100	EMERGENCY	11,035,538	11,035,538	0	11,035,538 91.00
92.00	09200	OBSERVATION BEDS	4,293,939	4,293,939	0	4,293,939 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0 95.00
200.00		Subtotal (see instructions)	230,668,586	230,668,586	0	230,668,586 200.00
201.00		Less Observation Beds	4,293,939	4,293,939	0	4,293,939 201.00
202.00		Total (see instructions)	226,374,647	226,374,647	0	226,374,647 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/22/2021 3:23 pm		
				Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,718,110		38,718,110			30.00
31.00	03100	INTENSIVE CARE UNIT	14,451,988		14,451,988			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,633,323		1,633,323			31.01
32.00	03200	CORONARY CARE UNIT	10,854,919		10,854,919			32.00
41.00	04100	SUBPROVIDER - IRF	6,687,723		6,687,723			41.00
43.00	04300	NURSERY	1,900,920		1,900,920			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,099,514	48,423,932	81,523,446	0.209367	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,060,018	5,943,506	8,003,524	0.448513	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,583,027	1,122,807	5,705,834	0.451958	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,743,408	6,547,830	10,291,238	0.063296	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,681,714	17,306,721	22,988,435	0.218599	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	513,572	2,004,844	2,518,416	0.466098	0.000000	54.01
54.02	03630	ULTRA SOUND	831,191	5,463,190	6,294,381	0.147088	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	164,899	45,076,932	45,241,831	0.100674	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	17,884,772	50,113,411	67,998,183	0.042090	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,248,896	1,637,057	4,885,953	0.230339	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,077,559	55,340,523	76,418,082	0.080895	0.000000	59.00
60.00	06000	LABORATORY	28,723,231	58,994,110	87,717,341	0.219529	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,038,523	998,897	3,037,420	0.373548	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	4,405,694	16,225,416	20,631,110	0.224224	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,036,796	991,901	15,028,697	0.150427	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,641,561	2,430,076	11,071,637	0.192368	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	5,354,203	3,484,670	8,838,873	0.348796	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,088,999	1,077,160	5,166,159	0.243249	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,539,114	556,009	2,095,123	0.308659	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	7,361,894	8,149,384	15,511,278	0.141903	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	925,763	2,873,220	3,798,983	0.226347	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	19,244,128	14,656,770	33,900,898	0.225405	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	30,088,209	21,004,045	51,092,254	0.521985	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,037,715	70,387,616	109,425,331	0.317299	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,010,637	0	2,010,637	0.513208	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,002,794	2,318,928	4,321,722	0.346218	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	234,582	2,165,784	2,400,366	0.468457	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,448,521	12,978,418	15,426,939	0.348169	0.000000	90.00
91.00	09100	EMERGENCY	13,469,221	54,778,934	68,248,155	0.161697	0.000000	91.00
92.00	09200	OBSERVATION BEDS	947,854	3,754,980	4,702,834	0.913053	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	353,734,992	516,807,071	870,542,063			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	353,734,992	516,807,071	870,542,063			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/22/2021 3:23 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.209367		50.00
51.00	05100	RECOVERY ROOM	0.448513		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451958		52.00
53.00	05300	ANESTHESIOLOGY	0.063296		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.218599		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.466098		54.01
54.02	03630	ULTRA SOUND	0.147088		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.100674		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.042090		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.230339		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.080895		59.00
60.00	06000	LABORATORY	0.219529		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.373548		63.00
64.00	06400	INTRAVENOUS THERAPY	0.224224		64.00
65.00	06500	RESPIRATORY THERAPY	0.150427		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.192368		65.01
66.00	06600	PHYSICAL THERAPY	0.348796		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243249		67.00
68.00	06800	SPEECH PATHOLOGY	0.308659		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.141903		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226347		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.225405		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.521985		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.317299		73.00
74.00	07400	RENAL DIALYSIS	0.513208		74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.346218		76.00
76.97	07697	CARDIAC REHABILITATION	0.468457		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.348169		90.00
91.00	09100	EMERGENCY	0.161697		91.00
92.00	09200	OBSERVATION BEDS	0.913053		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

			Title XIX	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,937,076	30,937,076	0	30,937,076 30.00
31.00	03100	INTENSIVE CARE UNIT	9,632,298	9,632,298	0	9,632,298 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,974,009	1,974,009	0	1,974,009 31.01
32.00	03200	CORONARY CARE UNIT	6,101,745	6,101,745	0	6,101,745 32.00
41.00	04100	SUBPROVIDER - IRF	3,961,709	3,961,709	0	3,961,709 41.00
43.00	04300	NURSERY	1,485,187	1,485,187	0	1,485,187 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,068,325	17,068,325	0	17,068,325 50.00
51.00	05100	RECOVERY ROOM	3,589,681	3,589,681	0	3,589,681 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,578,800	2,578,800	0	2,578,800 52.00
53.00	05300	ANESTHESIOLOGY	651,393	651,393	0	651,393 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,025,243	5,025,243	0	5,025,243 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,173,829	1,173,829	0	1,173,829 54.01
54.02	03630	ULTRA SOUND	925,829	925,829	0	925,829 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,554,684	4,554,684	0	4,554,684 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,862,012	2,862,012	0	2,862,012 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,125,425	1,125,425	0	1,125,425 58.00
59.00	05900	CARDIAC CATHETERIZATION	6,181,842	6,181,842	0	6,181,842 59.00
60.00	06000	LABORATORY	19,256,462	19,256,462	0	19,256,462 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,134,623	1,134,623	0	1,134,623 63.00
64.00	06400	INTRAVENOUS THERAPY	4,625,985	4,625,985	0	4,625,985 64.00
65.00	06500	RESPIRATORY THERAPY	2,260,719	2,260,719	0	2,260,719 65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,129,832	2,129,832	0	2,129,832 65.01
66.00	06600	PHYSICAL THERAPY	3,082,962	3,082,962	0	3,082,962 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,256,664	1,256,664	0	1,256,664 67.00
68.00	06800	SPEECH PATHOLOGY	646,679	646,679	0	646,679 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0 69.00
69.01	03140	CARDIOLOGY	2,201,090	2,201,090	0	2,201,090 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	859,887	859,887	0	859,887 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,641,428	7,641,428	0	7,641,428 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,669,377	26,669,377	0	26,669,377 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,720,527	34,720,527	0	34,720,527 73.00
74.00	07400	RENAL DIALYSIS	1,031,875	1,031,875	0	1,031,875 74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,496,256	1,496,256	0	1,496,256 76.00
76.97	07697	CARDIAC REHABILITATION	1,124,468	1,124,468	0	1,124,468 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,371,188	5,371,188	0	5,371,188 90.00
91.00	09100	EMERGENCY	11,035,538	11,035,538	0	11,035,538 91.00
92.00	09200	OBSERVATION BEDS	4,293,939	4,293,939	0	4,293,939 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0 95.00
200.00		Subtotal (see instructions)	230,668,586	230,668,586	0	230,668,586 200.00
201.00		Less Observation Beds	4,293,939	4,293,939	0	4,293,939 201.00
202.00		Total (see instructions)	226,374,647	226,374,647	0	226,374,647 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

			Title XIX		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	40,323,916		40,323,916		30.00
31.00	03100	INTENSIVE CARE UNIT	14,451,988		14,451,988		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,633,323		1,633,323		31.01
32.00	03200	CORONARY CARE UNIT	10,854,919		10,854,919		32.00
41.00	04100	SUBPROVIDER - IRF	6,687,723		6,687,723		41.00
43.00	04300	NURSERY	1,900,920		1,900,920		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,099,514	48,423,932	81,523,446	0.209367	50.00
51.00	05100	RECOVERY ROOM	2,060,018	5,943,506	8,003,524	0.448513	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,583,027	1,122,807	5,705,834	0.451958	52.00
53.00	05300	ANESTHESIOLOGY	3,743,408	6,547,830	10,291,238	0.063296	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,681,714	17,306,721	22,988,435	0.218599	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	513,572	2,004,844	2,518,416	0.466098	54.01
54.02	03630	ULTRA SOUND	831,191	5,463,190	6,294,381	0.147088	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	164,899	45,076,932	45,241,831	0.100674	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	17,884,772	50,113,411	67,998,183	0.042090	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,248,896	1,637,057	4,885,953	0.230339	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,077,559	55,340,523	76,418,082	0.080895	59.00
60.00	06000	LABORATORY	28,723,231	58,994,110	87,717,341	0.219529	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,038,523	998,897	3,037,420	0.373548	63.00
64.00	06400	INTRAVENOUS THERAPY	4,405,694	16,225,416	20,631,110	0.224224	64.00
65.00	06500	RESPIRATORY THERAPY	14,036,796	991,901	15,028,697	0.150427	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,641,561	2,430,076	11,071,637	0.192368	65.01
66.00	06600	PHYSICAL THERAPY	5,354,203	3,484,670	8,838,873	0.348796	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,088,999	1,077,160	5,166,159	0.243249	67.00
68.00	06800	SPEECH PATHOLOGY	1,539,114	556,009	2,095,123	0.308659	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	7,361,894	8,149,384	15,511,278	0.141903	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	925,763	2,873,220	3,798,983	0.226347	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	19,244,128	14,656,770	33,900,898	0.225405	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	30,088,209	21,004,045	51,092,254	0.521985	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,037,715	70,387,616	109,425,331	0.317299	73.00
74.00	07400	RENAL DIALYSIS	1,960,665	49,972	2,010,637	0.513208	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,002,794	2,318,928	4,321,722	0.346218	76.00
76.97	07697	CARDIAC REHABILITATION	234,582	2,165,784	2,400,366	0.468457	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,448,521	12,978,418	15,426,939	0.348169	90.00
91.00	09100	EMERGENCY	13,469,221	54,778,934	68,248,155	0.161697	91.00
92.00	09200	OBSERVATION BEDS	947,854	3,754,980	4,702,834	0.913053	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	355,290,826	516,857,043	872,147,869		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	355,290,826	516,857,043	872,147,869		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/22/2021 3:23 pm
				Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.209367			50.00
51.00	05100	RECOVERY ROOM	0.448513			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451958			52.00
53.00	05300	ANESTHESIOLOGY	0.063296			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.218599			54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.466098			54.01
54.02	03630	ULTRA SOUND	0.147088			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.100674			55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.042090			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.230339			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.080895			59.00
60.00	06000	LABORATORY	0.219529			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.373548			63.00
64.00	06400	INTRAVENOUS THERAPY	0.224224			64.00
65.00	06500	RESPIRATORY THERAPY	0.150427			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.192368			65.01
66.00	06600	PHYSICAL THERAPY	0.348796			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243249			67.00
68.00	06800	SPEECH PATHOLOGY	0.308659			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140	CARDIOLOGY	0.141903			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226347			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.225405			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.521985			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.317299			73.00
74.00	07400	RENAL DIALYSIS	0.513208			74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.346218			76.00
76.97	07697	CARDIAC REHABILITATION	0.468457			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.348169			90.00
91.00	09100	EMERGENCY	0.161697			91.00
92.00	09200	OBSERVATION BEDS	0.913053			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,068,325	1,627,073	15,441,252	0	0	50.00
51.00	05100	RECOVERY ROOM	3,589,681	184,867	3,404,814	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,578,800	175,821	2,402,979	0	0	52.00
53.00	05300	ANESTHESIOLOGY	651,393	19,431	631,962	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,025,243	916,328	4,108,915	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,173,829	34,816	1,139,013	0	0	54.01
54.02	03630	ULTRA SOUND	925,829	9,308	916,521	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,554,684	677,772	3,876,912	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,862,012	249,178	2,612,834	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,125,425	24,734	1,100,691	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,181,842	1,318,002	4,863,840	0	0	59.00
60.00	06000	LABORATORY	19,256,462	720,606	18,535,856	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,134,623	17,357	1,117,266	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,625,985	274,782	4,351,203	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,260,719	88,960	2,171,759	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,129,832	47,343	2,082,489	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,082,962	78,616	3,004,346	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,256,664	21,517	1,235,147	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	646,679	18,513	628,166	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	2,201,090	315,309	1,885,781	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	859,887	23,525	836,362	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,641,428	118,227	7,523,201	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,669,377	287,936	26,381,441	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,720,527	578,707	34,141,820	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,031,875	35,248	996,627	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,496,256	81,050	1,415,206	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,124,468	105,331	1,019,137	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,371,188	210,305	5,160,883	0	0	90.00
91.00	09100	EMERGENCY	11,035,538	810,656	10,224,882	0	0	91.00
92.00	09200	OBSERVATION BEDS	4,293,939	220,202	4,073,737	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Subtotal (sum of lines 50 thru 199)	176,576,562	9,291,520	167,285,042	0	0	200.00
201.00		Less Observation Beds	4,293,939	220,202	4,073,737	0	0	201.00
202.00		Total (line 200 minus line 201)	172,282,623	9,071,318	163,211,305	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	17,068,325	81,523,446	0.209367		50.00
51.00	05100 RECOVERY ROOM	3,589,681	8,003,524	0.448513		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,578,800	5,705,834	0.451958		52.00
53.00	05300 ANESTHESIOLOGY	651,393	10,291,238	0.063296		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,025,243	22,988,435	0.218599		54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,173,829	2,518,416	0.466098		54.01
54.02	03630 ULTRA SOUND	925,829	6,294,381	0.147088		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	4,554,684	45,241,831	0.100674		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	2,862,012	67,998,183	0.042090		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,125,425	4,885,953	0.230339		58.00
59.00	05900 CARDIAC CATHETERIZATION	6,181,842	76,418,082	0.080895		59.00
60.00	06000 LABORATORY	19,256,462	87,717,341	0.219529		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,134,623	3,037,420	0.373548		63.00
64.00	06400 INTRAVENOUS THERAPY	4,625,985	20,631,110	0.224224		64.00
65.00	06500 RESPIRATORY THERAPY	2,260,719	15,028,697	0.150427		65.00
65.01	03560 PULMONARY FUNCTION TESTING	2,129,832	11,071,637	0.192368		65.01
66.00	06600 PHYSICAL THERAPY	3,082,962	8,838,873	0.348796		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,256,664	5,166,159	0.243249		67.00
68.00	06800 SPEECH PATHOLOGY	646,679	2,095,123	0.308659		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000		69.00
69.01	03140 CARDIOLOGY	2,201,090	15,511,278	0.141903		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	859,887	3,798,983	0.226347		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,641,428	33,900,898	0.225405		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	26,669,377	51,092,254	0.521985		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	34,720,527	109,425,331	0.317299		73.00
74.00	07400 RENAL DIALYSIS	1,031,875	2,010,637	0.513208		74.00
76.00	03340 GASTRO INTESTINAL SERVICES	1,496,256	4,321,722	0.346218		76.00
76.97	07697 CARDIAC REHABILITATION	1,124,468	2,400,366	0.468457		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000		76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	5,371,188	15,426,939	0.348169		90.00
91.00	09100 EMERGENCY	11,035,538	68,248,155	0.161697		91.00
92.00	09200 OBSERVATION BEDS	4,293,939	4,702,834	0.913053		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
200.00	Subtotal (sum of lines 50 thru 199)	176,576,562	796,295,080			200.00
201.00	Less Observation Beds	4,293,939	0			201.00
202.00	Total (line 200 minus line 201)	172,282,623	796,295,080			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,586,515	0	1,586,515	35,275	44.98	30.00
31.00	INTENSIVE CARE UNIT	443,668		443,668	5,744	77.24	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	71,315		71,315	967	73.75	31.01
32.00	CORONARY CARE UNIT	261,419		261,419	5,916	44.19	32.00
41.00	SUBPROVIDER - IRF	168,659	0	168,659	4,444	37.95	41.00
43.00	NURSERY	69,715		69,715	1,771	39.36	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	2,601,291		2,601,291	54,117		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	9,649	434,012				
31.00	INTENSIVE CARE UNIT	1,911	147,606				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	2,348	103,758				
41.00	SUBPROVIDER - IRF	2,467	93,623				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	16,375	778,999				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,627,073	81,523,446	0.019958	10,945,167	218,444	50.00
51.00	05100 RECOVERY ROOM	184,867	8,003,524	0.023098	745,707	17,224	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	175,821	5,705,834	0.030814	0	0	52.00
53.00	05300 ANESTHESIOLOGY	19,431	10,291,238	0.001888	1,287,720	2,431	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	916,328	22,988,435	0.039860	2,132,885	85,017	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	34,816	2,518,416	0.013825	205,965	2,847	54.01
54.02	03630 ULTRA SOUND	9,308	6,294,381	0.001479	229,150	339	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	677,772	45,241,831	0.014981	32,525	487	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	249,178	67,998,183	0.003664	6,478,102	23,736	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	24,734	4,885,953	0.005062	1,187,927	6,013	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,318,002	76,418,082	0.017247	8,734,537	150,645	59.00
60.00	06000 LABORATORY	720,606	87,717,341	0.008215	9,641,576	79,206	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	17,357	3,037,420	0.005714	782,793	4,473	63.00
64.00	06400 INTRAVENOUS THERAPY	274,782	20,631,110	0.013319	1,567,699	20,880	64.00
65.00	06500 RESPIRATORY THERAPY	88,960	15,028,697	0.005919	4,650,136	27,524	65.00
65.01	03560 PULMONARY FUNCTION TESTING	47,343	11,071,637	0.004276	3,072,246	13,137	65.01
66.00	06600 PHYSICAL THERAPY	78,616	8,838,873	0.008894	1,363,930	12,131	66.00
67.00	06700 OCCUPATIONAL THERAPY	21,517	5,166,159	0.004165	665,926	2,774	67.00
68.00	06800 SPEECH PATHOLOGY	18,513	2,095,123	0.008836	231,454	2,045	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140 CARDIOLOGY	315,309	15,511,278	0.020328	2,962,988	60,232	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	23,525	3,798,983	0.006192	478,317	2,962	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	118,227	33,900,898	0.003487	6,849,280	23,883	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	287,936	51,092,254	0.005636	13,091,694	73,785	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	578,707	109,425,331	0.005289	12,582,016	66,546	73.00
74.00	07400 RENAL DIALYSIS	35,248	2,010,637	0.017531	885,447	15,523	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	81,050	4,321,722	0.018754	923,259	17,315	76.00
76.97	07697 CARDIAC REHABILITATION	105,331	2,400,366	0.043881	83,676	3,672	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	210,305	15,426,939	0.013632	755,764	10,303	90.00
91.00	09100 EMERGENCY	810,656	68,248,155	0.011878	4,347,114	51,635	91.00
92.00	09200 OBSERVATION BEDS	220,202	4,702,834	0.046823	274,276	12,842	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	9,291,520	796,295,080		97,189,276	1,008,051	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/22/2021 3:23 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	35,275	0.00	9,649	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	5,744	0.00	1,911	31.00		
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	967	0.00	0	31.01		
32.00	03200	CORONARY CARE UNIT	0	0	5,916	0.00	2,348	32.00		
41.00	04100	SUBPROVIDER - IRF	0	0	4,444	0.00	2,467	41.00		
43.00	04300	NURSERY	0	0	1,771	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	54,117		16,375	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	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0						31.01	
32.00	03200	CORONARY CARE UNIT	0						32.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
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: 14-0280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/22/2021 3:23 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/22/2021 3:23 pm

			Title XVIII		Hospital	PPS		
	Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	81,523,446	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,003,524	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,705,834	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,291,238	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,988,435	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,518,416	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	6,294,381	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	45,241,831	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	67,998,183	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	4,885,953	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	76,418,082	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	87,717,341	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,037,420	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	20,631,110	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,028,697	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	11,071,637	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,838,873	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,166,159	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,095,123	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,511,278	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,798,983	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	33,900,898	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	51,092,254	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	109,425,331	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,010,637	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	4,321,722	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,400,366	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	15,426,939	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	68,248,155	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	4,702,834	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	0	796,295,080		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/22/2021 3:23 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	10,945,167	0	9,232,287	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	745,707	0	1,085,682	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	3,356	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,287,720	0	1,510,404	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	2,132,885	0	2,775,543	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	205,965	0	442,595	0	54.01
54.02	03630	ULTRA SOUND		0.000000	229,150	0	571,193	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	32,525	0	13,417,121	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	6,478,102	0	10,456,822	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	1,187,927	0	296,601	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	8,734,537	0	19,974,102	0	59.00
60.00	06000	LABORATORY		0.000000	9,641,576	0	5,025,071	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	782,793	0	293,701	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	1,567,699	0	2,881,082	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	4,650,136	0	112,023	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.000000	3,072,246	0	551,971	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	1,363,930	0	22,954	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	665,926	0	7,860	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	231,454	0	2,495	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY		0.000000	2,962,988	0	2,070,698	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	478,317	0	688,323	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.000000	6,849,280	0	4,701,301	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	13,091,694	0	5,662,789	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	12,582,016	0	24,466,894	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	885,447	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES		0.000000	923,259	0	520,818	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	83,676	0	883,592	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	755,764	0	4,063,551	0	90.00
91.00	09100	EMERGENCY		0.000000	4,347,114	0	7,390,496	0	91.00
92.00	09200	OBSERVATION BEDS		0.000000	274,276	0	389,469	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			97,189,276	0	119,500,794	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/22/2021 3:23 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs		
				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	0.209367	9,232,287	0	0	1,932,936	50.00	
51.00	05100 RECOVERY ROOM	0.448513	1,085,682	0	0	486,942	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.451958	3,356	0	0	1,517	52.00	
53.00	05300 ANESTHESIOLOGY	0.063296	1,510,404	0	0	95,603	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218599	2,775,543	0	0	606,731	54.00	
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.466098	442,595	0	0	206,293	54.01	
54.02	03630 ULTRA SOUND	0.147088	571,193	0	0	84,016	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.100674	13,417,121	0	0	1,350,755	55.00	
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.042090	10,456,822	0	0	440,128	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.230339	296,601	0	0	68,319	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.080895	19,974,102	0	0	1,615,805	59.00	
60.00	06000 LABORATORY	0.219529	5,025,071	0	0	1,103,149	60.00	
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.373548	293,701	0	0	109,711	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.224224	2,881,082	0	0	646,008	64.00	
65.00	06500 RESPIRATORY THERAPY	0.150427	112,023	0	0	16,851	65.00	
65.01	03560 PULMONARY FUNCTION TESTING	0.192368	551,971	0	0	106,182	65.01	
66.00	06600 PHYSICAL THERAPY	0.348796	22,954	0	0	8,006	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.243249	7,860	0	0	1,912	67.00	
68.00	06800 SPEECH PATHOLOGY	0.308659	2,495	0	0	770	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00	
69.01	03140 CARDIOLOGY	0.141903	2,070,698	0	0	293,838	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.226347	688,323	0	0	155,800	70.00	
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.225405	4,701,301	0	0	1,059,697	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.521985	5,662,789	54,720	0	2,955,891	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.317299	24,466,894	0	15,404	7,763,321	73.00	
74.00	07400 RENAL DIALYSIS	0.513208	0	0	0	0	74.00	
76.00	03340 GASTRO INTESTINAL SERVICES	0.346218	520,818	0	0	180,317	76.00	
76.97	07697 CARDIAC REHABILITATION	0.468457	883,592	0	0	413,925	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.348169	4,063,551	0	0	1,414,802	90.00	
91.00	09100 EMERGENCY	0.161697	7,390,496	0	0	1,195,021	91.00	
92.00	09200 OBSERVATION BEDS	0.913053	389,469	0	0	355,606	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000		0			95.00	
200.00	Subtotal (see instructions)		119,500,794	54,720	15,404	24,669,852	200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00	Net Charges (line 200 - line 201)		119,500,794	54,720	15,404	24,669,852	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/22/2021 3:23 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0					54.01
54.02	03630	ULTRA SOUND	0	0					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	COMPUTED TOMOGRAPHY (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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0					65.01
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
69.01	03140	CARDIOLOGY	0	0					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,563	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,888					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS	0	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0					92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	28,563	4,888					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	28,563	4,888					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 7/22/2021 3:23 pm	
				Component CCN: 14-T280					
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,627,073	81,523,446	0.019958	23,385	467	50.00	
51.00	05100	RECOVERY ROOM	184,867	8,003,524	0.023098	2,539	59	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,821	5,705,834	0.030814	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	19,431	10,291,238	0.001888	3,802	7	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	916,328	22,988,435	0.039860	63,023	2,512	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	34,816	2,518,416	0.013825	6,049	84	54.01	
54.02	03630	ULTRA SOUND	9,308	6,294,381	0.001479	3,924	6	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	677,772	45,241,831	0.014981	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	249,178	67,998,183	0.003664	87,736	321	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,734	4,885,953	0.005062	20,907	106	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,318,002	76,418,082	0.017247	0	0	59.00	
60.00	06000	LABORATORY	720,606	87,717,341	0.008215	317,496	2,608	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,357	3,037,420	0.005714	23,415	134	63.00	
64.00	06400	INTRAVENOUS THERAPY	274,782	20,631,110	0.013319	347	5	64.00	
65.00	06500	RESPIRATORY THERAPY	88,960	15,028,697	0.005919	293,019	1,734	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	47,343	11,071,637	0.004276	341,465	1,460	65.01	
66.00	06600	PHYSICAL THERAPY	78,616	8,838,873	0.008894	1,261,019	11,216	66.00	
67.00	06700	OCCUPATIONAL THERAPY	21,517	5,166,159	0.004165	1,396,409	5,816	67.00	
68.00	06800	SPEECH PATHOLOGY	18,513	2,095,123	0.008836	388,724	3,435	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00	
69.01	03140	CARDIOLOGY	315,309	15,511,278	0.020328	21,968	447	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	23,525	3,798,983	0.006192	8,678	54	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	118,227	33,900,898	0.003487	235,976	823	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	287,936	51,092,254	0.005636	3,594	20	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	578,707	109,425,331	0.005289	360,465	1,906	73.00	
74.00	07400	RENAL DIALYSIS	35,248	2,010,637	0.017531	143,701	2,519	74.00	
76.00	03340	GASTRO INTESTINAL SERVICES	81,050	4,321,722	0.018754	5,711	107	76.00	
76.97	07697	CARDIAC REHABILITATION	105,331	2,400,366	0.043881	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	210,305	15,426,939	0.013632	10,313	141	90.00	
91.00	09100	EMERGENCY	810,656	68,248,155	0.011878	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	4,702,834	0.000000	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		9,071,318	796,295,080		5,023,665	35,987	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/22/2021 3:23 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/22/2021 3:23 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	81,523,446	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,003,524	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,705,834	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,291,238	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,988,435	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,518,416	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	6,294,381	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	45,241,831	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	67,998,183	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	4,885,953	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	76,418,082	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	87,717,341	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,037,420	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	20,631,110	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,028,697	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	11,071,637	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,838,873	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,166,159	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,095,123	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,511,278	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,798,983	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	33,900,898	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	51,092,254	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	109,425,331	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,010,637	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	4,321,722	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,400,366	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	15,426,939	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	68,248,155	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	4,702,834	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	796,295,080		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/22/2021 3:23 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		23,385		0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		2,539		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0		0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		3,802		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		63,023		0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		6,049		0	0	54.01
54.02	03630	ULTRA SOUND	0.000000		3,924		0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0		0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000		87,736		0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		20,907		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0		0	0	59.00
60.00	06000	LABORATORY	0.000000		317,496		0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		0		0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		23,415		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		347		0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		293,019		0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000		341,465		0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000		1,261,019		0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,396,409		0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		388,724		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		0		0	0	69.00
69.01	03140	CARDIOLOGY	0.000000		21,968		0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		8,678		0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000		235,976		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		3,594		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		360,465		0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		143,701		0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.000000		5,711		0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0		0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		10,313		0	0	90.00
91.00	09100	EMERGENCY	0.000000		0		0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000		0		0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		0		0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			5,023,665		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,586,515	0	1,586,515	35,275	44.98	30.00
31.00	INTENSIVE CARE UNIT	443,668		443,668	5,744	77.24	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	71,315		71,315	967	73.75	31.01
32.00	CORONARY CARE UNIT	261,419		261,419	5,916	44.19	32.00
41.00	SUBPROVIDER - IRF	168,659	0	168,659	4,444	37.95	41.00
43.00	NURSERY	69,715		69,715	1,771	39.36	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	2,601,291		2,601,291	54,117		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	157	7,062				30.00
31.00	INTENSIVE CARE UNIT	256	19,773				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	463	34,146				31.01
32.00	CORONARY CARE UNIT	614	27,133				32.00
41.00	SUBPROVIDER - IRF	213	8,083				41.00
43.00	NURSERY	902	35,503				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	2,605	131,700				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		Title XIX		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	1,627,073	81,523,446	0.019958	0	0 50.00
51.00	05100	RECOVERY ROOM	184,867	8,003,524	0.023098	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,821	5,705,834	0.030814	0	0 52.00
53.00	05300	ANESTHESIOLOGY	19,431	10,291,238	0.001888	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	916,328	22,988,435	0.039860	0	0 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	34,816	2,518,416	0.013825	0	0 54.01
54.02	03630	ULTRA SOUND	9,308	6,294,381	0.001479	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	677,772	45,241,831	0.014981	0	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	249,178	67,998,183	0.003664	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,734	4,885,953	0.005062	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,318,002	76,418,082	0.017247	0	0 59.00
60.00	06000	LABORATORY	720,606	87,717,341	0.008215	0	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,357	3,037,420	0.005714	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	274,782	20,631,110	0.013319	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	88,960	15,028,697	0.005919	0	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	47,343	11,071,637	0.004276	0	0 65.01
66.00	06600	PHYSICAL THERAPY	78,616	8,838,873	0.008894	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	21,517	5,166,159	0.004165	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	18,513	2,095,123	0.008836	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0 69.00
69.01	03140	CARDIOLOGY	315,309	15,511,278	0.020328	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	23,525	3,798,983	0.006192	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	118,227	33,900,898	0.003487	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	287,936	51,092,254	0.005636	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	578,707	109,425,331	0.005289	0	0 73.00
74.00	07400	RENAL DIALYSIS	35,248	2,010,637	0.017531	0	0 74.00
76.00	03340	GASTRO INTESTINAL SERVICES	81,050	4,321,722	0.018754	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	105,331	2,400,366	0.043881	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	210,305	15,426,939	0.013632	0	0 90.00
91.00	09100	EMERGENCY	810,656	68,248,155	0.011878	0	0 91.00
92.00	09200	OBSERVATION BEDS	220,202	4,702,834	0.046823	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	9,291,520	796,295,080		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/22/2021 3:23 pm	
					Title XIX		Hospital		PPS	
Cost Center Description			Nursing School	Nursing School	Allied Health	Allied Health	All Other Medical Education Cost			
			Post-Stepdown Adjustments		Post-Stepdown Adjustments	Cost				
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	35,275	0.00	157	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	5,744	0.00	256	31.00		
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	967	0.00	463	31.01		
32.00	03200	CORONARY CARE UNIT	0	0	5,916	0.00	614	32.00		
41.00	04100	SUBPROVIDER - IRF	0	0	4,444	0.00	213	41.00		
43.00	04300	NURSERY	0	0	1,771	0.00	902	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	54,117		2,605	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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0							31.01
32.00	03200	CORONARY CARE UNIT	0							32.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
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: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/22/2021 3:23 pm
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Cost Center Description		Title XIX		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/22/2021 3:23 pm	
			Title XIX		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	81,523,446	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,003,524	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,705,834	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,291,238	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,988,435	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,518,416	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	6,294,381	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	45,241,831	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	67,998,183	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	4,885,953	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	76,418,082	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	87,717,341	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,037,420	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	20,631,110	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,028,697	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	11,071,637	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,838,873	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,166,159	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,095,123	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,511,278	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,798,983	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	33,900,898	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	51,092,254	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	109,425,331	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,010,637	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	4,321,722	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,400,366	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	15,426,939	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	68,248,155	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	4,702,834	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	0	796,295,080		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/22/2021 3:23 pm	
Cost Center Description				Title XIX		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	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0 54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0 69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0 74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0280

Period:

Worksheet D

Component CCN: 14-T280

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,627,073	81,523,446	0.019958	0	0	50.00
51.00	05100 RECOVERY ROOM	184,867	8,003,524	0.023098	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	175,821	5,705,834	0.030814	0	0	52.00
53.00	05300 ANESTHESIOLOGY	19,431	10,291,238	0.001888	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	916,328	22,988,435	0.039860	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	34,816	2,518,416	0.013825	0	0	54.01
54.02	03630 ULTRA SOUND	9,308	6,294,381	0.001479	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	677,772	45,241,831	0.014981	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	249,178	67,998,183	0.003664	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	24,734	4,885,953	0.005062	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,318,002	76,418,082	0.017247	0	0	59.00
60.00	06000 LABORATORY	720,606	87,717,341	0.008215	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	17,357	3,037,420	0.005714	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	274,782	20,631,110	0.013319	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	88,960	15,028,697	0.005919	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	47,343	11,071,637	0.004276	0	0	65.01
66.00	06600 PHYSICAL THERAPY	78,616	8,838,873	0.008894	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	21,517	5,166,159	0.004165	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	18,513	2,095,123	0.008836	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140 CARDIOLOGY	315,309	15,511,278	0.020328	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	23,525	3,798,983	0.006192	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	118,227	33,900,898	0.003487	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	287,936	51,092,254	0.005636	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	578,707	109,425,331	0.005289	0	0	73.00
74.00	07400 RENAL DIALYSIS	35,248	2,010,637	0.017531	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	81,050	4,321,722	0.018754	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	105,331	2,400,366	0.043881	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	210,305	15,426,939	0.013632	0	0	90.00
91.00	09100 EMERGENCY	810,656	68,248,155	0.011878	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	4,702,834	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	9,071,318	796,295,080		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/22/2021 3:23 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/22/2021 3:23 pm	
			Title XIX		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	81,523,446	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,003,524	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,705,834	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,291,238	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,988,435	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,518,416	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	6,294,381	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	45,241,831	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	67,998,183	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	4,885,953	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	76,418,082	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	87,717,341	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,037,420	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	20,631,110	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,028,697	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	11,071,637	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,838,873	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,166,159	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,095,123	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,511,278	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,798,983	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	33,900,898	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	51,092,254	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	109,425,331	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,010,637	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	4,321,722	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,400,366	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	15,426,939	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	68,248,155	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	4,702,834	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	796,295,080		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/22/2021 3:23 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/22/2021 3:23 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,275	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,275	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)		30,379	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)		9,649	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)		30,937,076	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)		30,937,076	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)		30,937,076	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)		877.03	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,462,462	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)		8,462,462	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0280

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

Worksheet D-1

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	9,632,298	5,744	1,676.93	1,911	3,204,613
43.01	NEONATAL INTENSIVE CARE UNIT	1,974,009	967	2,041.37	0	0
44.00	CORONARY CARE UNIT	6,101,745	5,916	1,031.40	2,348	2,421,727
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,248,077
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,336,879
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					685,376
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,008,051
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,693,427
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,643,452
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					4,896
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					877.03
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,293,939

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0280

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

Worksheet D-1

Date/Time Prepared:
7/22/2021 3:23 pm

		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	1,586,515	30,937,076	0.051282	4,293,939	220,202	90.00
91.00 Nursing School cost	0	30,937,076	0.000000	4,293,939	0	91.00
92.00 Allied health cost	0	30,937,076	0.000000	4,293,939	0	92.00
93.00 All other Medical Education	0	30,937,076	0.000000	4,293,939	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/22/2021 3:23 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,444	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,444	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)		4,444	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,467	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)		3,961,709	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)		3,961,709	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)		3,961,709	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)		891.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,199,256	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,199,256	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/22/2021 3:23 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,373,583	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,572,839	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)					93,623	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,987	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					129,610	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,443,229	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/22/2021 3:23 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	168,659	3,961,709	0.042572	0	0	90.00
91.00	Nursing School cost	0	3,961,709	0.000000	0	0	91.00
92.00	Allied health cost	0	3,961,709	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,961,709	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/22/2021 3:23 pm	
		Title XIX	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)		35,275	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,275	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)		30,379	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)		157	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)		1,771	15.00	
16.00	Nursery days (title V or XIX only)		902	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)		30,937,076	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)		30,937,076	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)		30,937,076	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)		877.03	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		137,694	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)		137,694	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0280

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

Worksheet D-1

Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		Title XIX		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)	1,485,187	1,771	838.61	902	756,426	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	9,632,298	5,744	1,676.93	256	429,294	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	1,974,009	967	2,041.37	463	945,154	43.01
44.00	CORONARY CARE UNIT	6,101,745	5,916	1,031.40	614	633,280	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,901,848	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)					123,617	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					123,617	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,778,231	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)					4,896	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					877.03	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,293,939	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/22/2021 3:23 pm	
				Title XIX		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	1,586,515	30,937,076	0.051282	4,293,939	220,202		90.00	
91.00	Nursing School cost	0	30,937,076	0.000000	4,293,939	0		91.00	
92.00	Allied health cost	0	30,937,076	0.000000	4,293,939	0		92.00	
93.00	All other Medical Education	0	30,937,076	0.000000	4,293,939	0		93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/22/2021 3:23 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,444	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,444	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)		4,444	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)		213	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)		1,771	15.00
16.00	Nursery days (title V or XIX only)		902	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)		3,961,709	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)		3,961,709	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)		3,961,709	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)		891.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		189,883	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)		189,883	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/22/2021 3:23 pm
			Title XIX	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
	1.00				
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					189,883
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					8,083
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					8,083
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					181,800
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/22/2021 3:23 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	168,659	3,961,709	0.042572	0	0	90.00
91.00	Nursing School cost	0	3,961,709	0.000000	0	0	91.00
92.00	Allied health cost	0	3,961,709	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,961,709	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/22/2021 3:23 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,816,750	30.00
31.00	03100	INTENSIVE CARE UNIT		4,864,883	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		4,166,593	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.209367	10,945,167	50.00
51.00	05100	RECOVERY ROOM	0.448513	745,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451958	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063296	1,287,720	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.218599	2,132,885	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.466098	205,965	54.01
54.02	03630	ULTRA SOUND	0.147088	229,150	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.100674	32,525	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.042090	6,478,102	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.230339	1,187,927	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.080895	8,734,537	59.00
60.00	06000	LABORATORY	0.219529	9,641,576	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.373548	782,793	63.00
64.00	06400	INTRAVENOUS THERAPY	0.224224	1,567,699	64.00
65.00	06500	RESPIRATORY THERAPY	0.150427	4,650,136	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.192368	3,072,246	65.01
66.00	06600	PHYSICAL THERAPY	0.348796	1,363,930	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243249	665,926	67.00
68.00	06800	SPEECH PATHOLOGY	0.308659	231,454	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.141903	2,962,988	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226347	478,317	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.225405	6,849,280	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.521985	13,091,694	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.317299	12,582,016	73.00
74.00	07400	RENAL DIALYSIS	0.513208	885,447	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.346218	923,259	76.00
76.97	07697	CARDIAC REHABILITATION	0.468457	83,676	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.348169	755,764	90.00
91.00	09100	EMERGENCY	0.161697	4,347,114	91.00
92.00	09200	OBSERVATION BEDS	0.913053	274,276	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		97,189,276	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)		97,189,276	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/22/2021 3:23 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
41.00	04100 SUBPROVIDER - IRF		3,575,344		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.209367	23,385	4,896	50.00
51.00	05100 RECOVERY ROOM	0.448513	2,539	1,139	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.451958	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063296	3,802	241	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218599	63,023	13,777	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.466098	6,049	2,819	54.01
54.02	03630 ULTRA SOUND	0.147088	3,924	577	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.100674	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.042090	87,736	3,693	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.230339	20,907	4,816	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.080895	0	0	59.00
60.00	06000 LABORATORY	0.219529	317,496	69,700	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.373548	23,415	8,747	63.00
64.00	06400 INTRAVENOUS THERAPY	0.224224	347	78	64.00
65.00	06500 RESPIRATORY THERAPY	0.150427	293,019	44,078	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.192368	341,465	65,687	65.01
66.00	06600 PHYSICAL THERAPY	0.348796	1,261,019	439,838	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.243249	1,396,409	339,675	67.00
68.00	06800 SPEECH PATHOLOGY	0.308659	388,724	119,983	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03140 CARDIOLOGY	0.141903	21,968	3,117	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.226347	8,678	1,964	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.225405	235,976	53,190	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.521985	3,594	1,876	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.317299	360,465	114,375	73.00
74.00	07400 RENAL DIALYSIS	0.513208	143,701	73,749	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0.346218	5,711	1,977	76.00
76.97	07697 CARDIAC REHABILITATION	0.468457	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.348169	10,313	3,591	90.00
91.00	09100 EMERGENCY	0.161697	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.913053	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,023,665	1,373,583	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		5,023,665		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/22/2021 3:23 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			22,706,080	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			9,014,106	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)			238,770	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			82,305	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)			287.62	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)			5.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)			22.48	31.00
32.00	Sum of lines 30 and 31			27.50	32.00
33.00	Allowable disproportionate share percentage (see instructions)			11.90	33.00
34.00	Disproportionate share adjustment (see instructions)			943,676	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/22/2021 3:23 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
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)	1,880,926	1,777,915	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,408,125	448,132	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,856,257		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)	34,841,194		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)		34,841,194	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,457,994	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		81,793	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)		37,380,981	59.00
60.00	Primary payer payments		12,512	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,368,469	61.00
62.00	Deductibles billed to program beneficiaries		3,326,084	62.00
63.00	Coinurance billed to program beneficiaries		57,376	63.00
64.00	Allowable bad debts (see instructions)		692,438	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		450,085	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		480,323	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,435,094	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)		129,103	70.93
70.94	HRR adjustment amount (see instructions)		-252,625	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/22/2021 3:23 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			267,575	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			34,043,997	71.00
71.01	Sequestration adjustment (see instructions)			224,690	71.01
71.02	Demonstration payment adjustment amount after sequestration			271,435	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			33,375,728	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			172,144	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			616,764	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/22/2021 3:23 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,706,080	0	22,706,080		22,706,080
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,014,106	0		9,014,106	9,014,106
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	238,770	0	238,770		238,770
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	82,305	0		82,305	82,305
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1190	0.1190	0.1190	0.1190	
11.00	Disproportionate share adjustment (see instructions)	34.00	943,676	0	675,506	268,170	943,676
11.01	Uncompensated care payments	36.00	1,856,257	0	1,408,125	448,132	1,856,257
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	34,841,194	0	25,028,481	9,812,713	34,841,194
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	34,841,194	0	25,028,481	9,812,713	34,841,194
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,457,994	0	1,787,998	669,996	2,457,994

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/22/2021 3:23 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	81,793	0	1,950	79,843	81,793	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	26,818,429	10,562,552	37,380,981	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,451,203	0	1,782,280	668,923	2,451,203	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	6,791	0	5,718	1,073	6,791	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,457,994	0	1,787,998	669,996	2,457,994	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/22/2021 3:23 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,706,080	22,706,080		22,706,080	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,014,106		9,014,106	9,014,106	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	238,770	238,770		238,770	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	82,305		82,305	82,305	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1190	0.1190	0.1190		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	943,676	675,506	268,170	943,676	11.00
11.01	Uncompensated care payments	36.00	1,856,257	1,408,125	448,132	1,856,257	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	34,841,194	25,028,481	9,812,713	34,841,194	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	34,841,194	25,028,481	9,812,713	34,841,194	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,457,994	1,787,998	669,996	2,457,994	16.00
17.00	Special add-on payments for new technologies	54.00	81,793	1,950	79,843	81,793	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			26,818,429	10,562,552	37,380,981	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/22/2021 3:23 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,451,203	1,782,280	668,923	2,451,203	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	6,791	5,718	1,073	6,791	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,457,994	1,787,998	669,996	2,457,994	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	129,103	98,037	31,066	129,103	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-252,625	-158,957	-93,668	-252,625	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		267,575	0	267,575	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/22/2021 3:23 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		33,451	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,669,852	2.00
3.00	OPPS payments		25,718,071	3.00
4.00	Outlier payment (see instructions)		27,923	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)		33,451	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		70,124	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)		70,124	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)		70,124	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		36,673	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)		33,451	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)		25,745,994	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		10,944	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,463,763	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)		21,304,738	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)		21,304,738	30.00
31.00	Primary payer payments		5,045	31.00
32.00	Subtotal (line 30 minus line 31)		21,299,693	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)		544,605	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		353,993	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		373,354	36.00
37.00	Subtotal (see instructions)		21,653,686	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-508	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)		21,654,194	40.00
40.01	Sequestration adjustment (see instructions)		142,918	40.01
40.02	Demonstration payment adjustment amount after sequestration		210,807	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		21,384,010	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)		-83,541	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: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/22/2021 3:23 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		33,375,728		21,384,010	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		33,375,728		21,384,010	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		172,144		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		83,541	6.02	
7.00	Total Medicare program liability (see instructions)		33,547,872		21,300,469	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2020 To 12/31/2020		Worksheet E-1 Part I Date/Time Prepared: 7/22/2021 3:23 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,725,402			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,725,402			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0			0	6.01
6.02	SETTLEMENT TO PROGRAM		39,903			0	6.02
7.00	Total Medicare program liability (see instructions)		3,685,499			0	7.00
				Contractor Number		NPR Date (Mo/Day/Yr)	
		0		1.00		2.00	
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/22/2021 3:23 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/22/2021 3:23 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,396,493 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0022 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			98,159 3.00
4.00	Outlier Payments			278,428 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.142077 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,773,080 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,773,080 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,773,080 19.00
20.00	Deductibles			15,488 20.00
21.00	Subtotal (line 19 minus line 20)			3,757,592 21.00
22.00	Coinsurance			14,432 22.00
23.00	Subtotal (line 21 minus line 22)			3,743,160 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,408 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,515 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,092 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,746,675 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,746,675 32.00
32.01	Sequestration adjustment (see instructions)			24,728 32.01
32.02	Demonstration payment adjustment amount after sequestration			36,448 32.02
33.00	Interim payments			3,725,402 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-39,903 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			3,735 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			278,428 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/22/2021 3:23 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	16,375	11,965		26.00
27.00	Total Inpatient Days (see instructions)	48,001	48,001		27.00
28.00	Ratio of inpatient days to total inpatient days	0.341139	0.249266		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/22/2021 3:23 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			2,010,637	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			41,909,718	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			12,512	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41,897,206	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			24,703,303	42.00
43.00	Primary payer payments (see instructions)			5,045	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			24,698,258	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			66,595,464	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.629130	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.370870	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0	50.00

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

Provider CCN: 14-0280

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

Worksheet G

Date/Time Prepared:
7/22/2021 3:23 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	13,267,016	0	0	0	1.00
2.00	Temporary investments	3,981,543	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	158,060,802	0	0	0	4.00
5.00	Other receivable	2,597,566	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-113,463,761	0	0	0	6.00
7.00	Inventory	10,107,796	0	0	0	7.00
8.00	Prepaid expenses	2,385,043	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	25,956,649	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	102,892,654	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,970,173	0	0	0	12.00
13.00	Land improvements	10,719,782	0	0	0	13.00
14.00	Accumulated depreciation	-7,810,343	0	0	0	14.00
15.00	Buildings	303,036,825	0	0	0	15.00
16.00	Accumulated depreciation	-180,484,878	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	3,263,038	0	0	0	19.00
20.00	Accumulated depreciation	-1,259,853	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	120,289,694	0	0	0	23.00
24.00	Accumulated depreciation	-86,941,693	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)	167,782,745	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	47,580,983	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	223,770,275	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	271,351,258	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	542,026,657	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,643,144	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,739,390	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,582,774	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	129,391,657	0	0	0	43.00
44.00	Other current liabilities	41,508,877	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	198,865,842	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	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	48,409,834	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	48,409,834	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	247,275,676	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	294,750,981				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	294,750,981	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	542,026,657	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0280

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

Worksheet G-1

Date/Time Prepared:
7/22/2021 3:23 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		271,004,164		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		37,850,686				2.00
3.00	Total (sum of line 1 and line 2)		308,854,850		0		3.00
4.00	OTHER PROVIDER NET INCOME	4,930,157		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)		4,930,157		0		10.00
11.00	Subtotal (line 3 plus line 10)		313,785,007		0		11.00
12.00	OTHER ADJUSTMENTS	19,034,026		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)		19,034,026		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		294,750,981		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	OTHER PROVIDER NET INCOME		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	OTHER ADJUSTMENTS		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: 14-0280

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/22/2021 3:23 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	45,280,271		45,280,271	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,914,159		6,914,159	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	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)	52,194,430		52,194,430	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,414,870		16,414,870	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	1,833,318		1,833,318	11.01
12.00	CORONARY CARE UNIT	10,823,069		10,823,069	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	29,071,257		29,071,257	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	81,265,687		81,265,687	17.00
18.00	Ancillary services	275,306,539	545,734,497	821,041,036	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIANS	0	25,927,021	25,927,021	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	356,572,226	571,661,518	928,233,744	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		292,119,726		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)		292,119,726		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0280

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

Worksheet G-3

Date/Time Prepared:
7/22/2021 3:23 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	928,233,744	1.00
2.00	Less contractual allowances and discounts on patients' accounts	623,363,834	2.00
3.00	Net patient revenues (line 1 minus line 2)	304,869,910	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	292,119,726	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,750,184	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	66,019	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	37,311	21.00
22.00	Rental of hospital space	104,992	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC REVENUE	13,130,971	24.00
24.50	COVID-19 PHE Funding	11,761,209	24.50
25.00	Total other income (sum of lines 6-24)	25,100,502	25.00
26.00	Total (line 5 plus line 25)	37,850,686	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	37,850,686	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0280	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/22/2021 3:23 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,451,203	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		6,791	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)		120.20	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)		2,457,994	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