

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: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/21/2021 10:29 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 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. 00130 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE GOOD SAMARITAN HOSPITAL (14-0288) 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) MICHAEL VOLANTE
 Officer or Administrator of Provider(s)

VP OF REIMBURSEMENT
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
			Part A 2.00	Part B 3.00			
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	74,142	33,827	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	74,142	33,827	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: 14-0288		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/21/2021 10:29 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 3815 HIGHLAND AVENUE			PO Box:				1.00	
2.00	City: DOWNERS GROVE			State: IL		Zip Code: 60515-		County: DUPAGE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ADVOCATE GOOD SAMARITAN HOSPITAL	140288	29404	1	10/11/1976	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
10.01	ICF/IID								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	
							2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		

Worksheet S-2
Part I
Date/Time Prepared:
7/21/2021 10:29 am

MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/21/2021 10:29 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	3		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
				1.00	2.00	3.00	
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			5,221,330	1,031,951	298,156	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
				N			125.00
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.						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

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		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/21/2021 10:29 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/21/2021 10:29 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/22/2021
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	N	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2021	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/21/2021 10:29 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBERT	SMALL		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764	ROBERT.SMALL@ADVOCATEHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/21/2021 10:29 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/21/2021 10:29 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	188	68,808	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)		188	68,808	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	64	23,424	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		252	92,232	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,176		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
20.01 ICF/IID	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		288				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/21/2021 10:29 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,078	3,877	56,093			1.00
2.00	HMO and other (see instructions)	10,964	6,788				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	20,078	3,877	56,093			7.00
8.00	INTENSIVE CARE UNIT	2,414	686	10,586			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		131	2,054			13.00
14.00	Total (see instructions)	22,492	4,694	68,733	0.00	1,196.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
20.01	ICF/IID	0	0	0	0.00	0.00	20.01
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
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,196.00	27.00
28.00	Observation Bed Days		176	6,542			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	147	436			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: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/21/2021 10:29 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,656	673	15,249	1.00
2.00 HMO and other (see instructions)			2,178	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,656	673	15,249	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
20.01 ICF/IID	0.00	0	0	117	1,030	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/21/2021 10:29 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	105,272,432	0	105,272,432	2,462,512.00	42.75
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		4,551	0	4,551	30.00	151.70
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)		1,058,972	21,084	1,080,056	21,861.00	49.41
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,849,104	0	1,849,104	24,568.00	75.26
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		2,789,628	0	2,789,628	18,328.00	152.21
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		14,410,862	0	14,410,862	210,961.00	68.31
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,455,886	0	26,455,886		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		268,845	0	268,845		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,155	0	1,155		
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)		3,200,466	0	3,200,466		
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: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/21/2021 10:29 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,372,928	-1,191,073	181,855	4,763.00	38.18	26.00
27.00	Administrative & General	5.00	17,690,053	659,811	18,349,864	272,251.00	67.40	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,057,601	78,548	3,136,149	61,027.00	51.39	38.00
39.00	Central Services and Supply	14.00	586,692	9,336	596,028	26,291.00	22.67	39.00
40.00	Pharmacy	15.00	4,266,832	51,851	4,318,683	86,653.00	49.84	40.00
41.00	Medical Records & Medical Records Library	16.00	672,167	0	672,167	15,059.00	44.64	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: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/21/2021 10:29 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	105,267,881	0	105,267,881	2,462,482.00	42.75	1.00
2.00	Excluded area salaries (see instructions)	1,058,972	21,084	1,080,056	21,861.00	49.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	104,208,909	-21,084	104,187,825	2,440,621.00	42.69	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,049,594	0	19,049,594	253,857.00	75.04	4.00
5.00	Subtotal wage-related costs (see inst.)	29,656,352	0	29,656,352	0.00	28.46	5.00
6.00	Total (sum of lines 3 thru 5)	152,914,855	-21,084	152,893,771	2,694,478.00	56.74	6.00
7.00	Total overhead cost (see instructions)	27,646,273	-391,527	27,254,746	466,044.00	58.48	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/21/2021 10:29 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		5,641,189	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		110,069	6.00
7.00	Employee Managed Care Program Administration Fees		897,200	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)		5,885,791	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,216,547	9.00
10.00	Dental, Hearing and Vision Plan		317,621	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		77,065	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)		870,407	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,725,600	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		7,699,883	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		118,537	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))		100,146	21.00
22.00	Day Care Cost and Allowances		506,596	22.00
23.00	Tuition Reimbursement		559,235	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		26,725,886	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: 14-0288

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 7/21/2021 10:29 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,849,104	26,725,886	1.00
2.00	Hospital	1,849,104	26,725,886	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/21/2021 10:29 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.266229 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	21,805,660		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	144,007,912		6.00
7.00	Medicaid cost (line 1 times line 6)	38,339,082		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)	16,533,422		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)	16,533,422		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)	16,510,061	1,560,109	18,070,170 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,395,457	1,560,109	5,955,566 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	4,395,457	1,560,109	5,955,566 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)	23,403,956		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	523,655		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	805,624		27.01
28.00	Non-Medicare bad debt expense (see instructions)	22,598,332		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	6,298,300		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	12,253,866		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	28,787,288		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

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

Worksheet A

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	13,178,940	13,178,940	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,681,219	8,681,219	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,372,928	19,182,971	20,555,899	2,719,654	23,275,553	4.00
5.01	00540	NONPATIENT TELEPHONES	383,729	653,189	1,036,918	2,261	1,039,179	5.01
5.02	00550	DATA PROCESSING	0	363,269	363,269	-348,730	14,539	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	449,041	449,041	0	449,041	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	27,805,949	27,805,949	18,800	27,824,749	5.05
5.06	00590	OTHER ADMIN AND GENERAL	17,306,324	66,525,641	83,831,965	-14,026,806	69,805,159	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	14,000,419	14,000,419	-546,083	13,454,336	6.00
7.00	00700	OPERATION OF PLANT	0	1,952	1,952	-113	1,839	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,128,319	1,128,319	74,917	1,203,236	8.00
9.00	00900	HOUSEKEEPING	0	3,883,407	3,883,407	-27,995	3,855,412	9.00
10.00	01000	DIETARY	0	4,352,772	4,352,772	-40,307	4,312,465	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,057,601	1,300,105	4,357,706	13,145	4,370,851	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	586,692	910,903	1,497,595	-338,004	1,159,591	14.00
15.00	01500	PHARMACY	4,266,832	10,854,197	15,121,029	-380,654	14,740,375	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	672,167	63,591	735,758	-118	735,640	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	487,149	220,559	707,708	39	707,747	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,821,191	6,196,712	34,017,903	-5,326,758	28,691,145	30.00
31.00	03100	INTENSIVE CARE UNIT	10,068,720	5,644,870	15,713,590	-2,414,737	13,298,853	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,431,324	1,615,952	4,047,276	-305,280	3,741,996	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,509,947	28,776,850	36,286,797	-25,003,524	11,283,273	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,142,246	130,927	1,273,173	-29,678	1,243,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,636,096	2,314,302	5,950,398	-416,142	5,534,256	52.00
53.00	05300	ANESTHESIOLOGY	155,476	1,013,538	1,169,014	-923,817	245,197	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,375,596	20,195,122	28,570,718	-16,519,095	12,051,623	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	11,352,546	11,352,546	-1,215,418	10,137,128	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	381,331	381,331	-120,373	260,958	62.00
65.00	06500	RESPIRATORY THERAPY	2,248,962	942,457	3,191,419	-729,710	2,461,709	65.00
66.00	06600	PHYSICAL THERAPY	3,924,855	497,989	4,422,844	-30,130	4,392,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	1,518,974	789,757	2,308,731	-380,055	1,928,676	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	113,117	105,283	218,400	-31,101	187,299	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	28,987,102	28,987,102	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,979,647	16,979,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	515,431	211,371	726,802	-106,322	620,480	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	237,782	38,472	276,254	-10,322	265,932	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	44,560	359,170	403,730	-26,360	377,370	90.01
90.02	09002	WOUND CARE CLINIC	483,114	407,384	890,498	-291,177	599,321	90.02
91.00	09100	EMERGENCY	6,339,796	4,762,497	11,102,293	-1,045,569	10,056,724	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

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

Worksheet A

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,700,609	237,432,814	342,133,423	21,346	342,154,769	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	571,823	890,587	1,462,410	-21,346	1,441,064	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	105,272,432	238,323,401	343,595,833	0	343,595,833	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

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

Worksheet A

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,514,657	14,693,597	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,955,548	10,636,767	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,344,690	27,620,243	4.00
5.01	00540	NONPATIENT TELEPHONES	-537,811	501,368	5.01
5.02	00550	DATA PROCESSING	16,959,974	16,974,513	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00570	ADMITTING	0	449,041	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-35,580	27,789,169	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-46,155,311	23,649,848	5.06
6.00	00600	MAINTENANCE & REPAIRS	-61,589	13,392,747	6.00
7.00	00700	OPERATION OF PLANT	0	1,839	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,203,236	8.00
9.00	00900	HOUSEKEEPING	-6,600	3,848,812	9.00
10.00	01000	DIETARY	-198,215	4,114,250	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-18,215	4,352,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-266	1,159,325	14.00
15.00	01500	PHARMACY	-22,762	14,717,613	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	735,640	16.00
17.00	01700	SOCIAL SERVICE	-4,230	-4,230	17.00
23.00	02300	PARAMED ED PRGM- EMS	-128,694	579,053	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-391,907	28,299,238	30.00
31.00	03100	INTENSIVE CARE UNIT	-281,034	13,017,819	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-1,109,487	2,632,509	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/IID	0	0	45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,140,498	10,142,775	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	-395	1,243,100	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,381,669	4,152,587	52.00
53.00	05300	ANESTHESIOLOGY	0	245,197	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-111,255	11,940,368	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-468,371	9,668,757	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	260,958	62.00
65.00	06500	RESPIRATORY THERAPY	-1,786	2,459,923	65.00
66.00	06600	PHYSICAL THERAPY	0	4,392,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	-176,328	1,752,348	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-412	186,887	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,987,102	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,979,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	-3,623	616,857	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-1,877	264,055	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	-605,662	-228,292	90.01
90.02	09002	WOUND CARE CLINIC	0	599,321	90.02
91.00	09100	EMERGENCY	-1,573,861	8,482,863	91.00
91.01	09101	CHEMOTHERAPY	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

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

Worksheet A

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-29,642,569	312,512,200	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	-735,832	705,232	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-30,378,401	313,217,432	200.00

RECLASSIFICATIONS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/21/2021 10:29 am

Increases						
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - VACATION ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,198,179		1.00
	TOTALS		0	1,198,179		
B - LAUNDRY COSTS						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	74,917		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
	TOTALS		0	74,917		
C - EQUIPMENT CAPITAL DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,681,219		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
	TOTALS		0	8,681,219		
D - INCENTIVE COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,856	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	2,261	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	18,800	0		3.00
4.00	OTHER ADMIN AND GENERAL	5.06	638,750	0		4.00
8.00	NURSING ADMINISTRATION	13.00	78,548	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	9,336	0		9.00
10.00	PHARMACY	15.00	51,851	0		10.00
11.00	PARAMED ED PRGM- EMS	23.00	1,421	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	114,282	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	48,185	0		13.00
14.00	NURSERY	43.00	7,940	0		14.00
15.00	OPERATING ROOM	50.00	60,624	0		15.00
16.00	RECOVERY ROOM	51.00	2,812	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	10,870	0		17.00
18.00	ANESTHESIOLOGY	53.00	1,159	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	47,871	0		19.00
20.00	RESPIRATORY THERAPY	65.00	9,102	0		20.00
21.00	PHYSICAL THERAPY	66.00	10,840	0		21.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	261	0		24.00
25.00	RENAL DIALYSIS	74.00	1,102	0		25.00
26.00	CARDIAC REHABILITATION	76.97	1,594	0		26.00

RECLASSIFICATIONS

Provider CCN: 14-0288

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

Worksheet A-6

Date/Time Prepared:
7/21/2021 10:29 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
27.00	SPORTS MEDICINE	90.01	3,915	0	27.00
28.00	WOUND CARE CLINIC	90.02	9,162	0	28.00
29.00	EMERGENCY	91.00	40,724	0	29.00
30.00	OTHER NONREIMBURSABLE	190.01	19,663	0	30.00
	TOTALS		1,196,929	0	
E - GL BLDG CAPITAL DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,178,940	1.00
	TOTALS		0	13,178,940	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	45,966,749	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	TOTALS		0	45,966,749	
G - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	16,979,647	1.00
	TOTALS		0	16,979,647	
H - FAMILY CARE UNIT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,712,548	1.00
	TOTALS		0	2,712,548	
500.00	Grand Total: Increases		1,196,929	88,792,199	500.00

RECLASSIFICATIONS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/21/2021 10:29 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - VACATION ACCRUAL							
1.00	OTHER ADMIN AND GENERAL	5.06	0	1,198,179	0	1.00		
	TOTALS		0	1,198,179				
	B - LAUNDRY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	0	5,044	0	1.00		
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38,809	0	2.00		
3.00	PHYSICAL THERAPY	66.00	0	3,387	0	3.00		
4.00	ELECTROCARDIOLOGY	69.00	0	1,181	0	4.00		
5.00	SPORTS MEDICINE	90.01	0	15,347	0	5.00		
6.00	EMERGENCY	91.00	0	11,149	0	6.00		
	TOTALS		0	74,917				
	C - EQUIPMENT CAPITAL DEPRECIATION							
1.00		0.00	0	0	9	1.00		
2.00	DATA PROCESSING	5.02	0	348,730	9	2.00		
3.00	OTHER ADMIN AND GENERAL	5.06	0	288,437	9	3.00		
4.00	MAINTENANCE & REPAIRS	6.00	0	471,440	9	4.00		
5.00	HOUSEKEEPING	9.00	0	27,995	9	5.00		
6.00	DIETARY	10.00	0	40,307	9	6.00		
7.00	NURSING ADMINISTRATION	13.00	0	59,883	9	7.00		
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	33,557	9	8.00		
9.00	PHARMACY	15.00	0	148,689	9	9.00		
10.00	PARAMED ED PRGM- EMS	23.00	0	1,132	9	10.00		
11.00	ADULTS & PEDIATRICS	30.00	0	928,185	9	11.00		
12.00	INTENSIVE CARE UNIT	31.00	0	683,846	9	12.00		
13.00	NURSERY	43.00	0	170,777	9	13.00		
14.00	OPERATING ROOM	50.00	0	1,696,127	9	14.00		
15.00	RECOVERY ROOM	51.00	0	482	9	15.00		
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	116,775	9	16.00		
17.00	ANESTHESIOLOGY	53.00	0	94,913	9	17.00		
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,915,350	9	18.00		
19.00	LABORATORY	60.00	0	443	9	19.00		
20.00	RESPIRATORY THERAPY	65.00	0	159,435	9	20.00		
21.00	PHYSICAL THERAPY	66.00	0	32,624	9	21.00		
22.00	CARDIAC REHABILITATION	76.97	0	2,357	9	22.00		
23.00	ELECTROCARDIOLOGY	69.00	0	282,042	9	23.00		
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	24,483	9	24.00		
25.00	RENAL DIALYSIS	74.00	0	8,859	9	25.00		
26.00	EMERGENCY	91.00	0	118,625	9	26.00		
27.00	WOUND CARE CLINIC	90.02	0	10,486	9	27.00		
28.00	OTHER NONREIMBURSABLE	190.01	0	9,030	9	28.00		
29.00	SPORTS MEDICINE	90.01	0	6,210	9	29.00		
30.00		0.00	0	0	9	30.00		
31.00		0.00	0	0	9	31.00		
32.00		0.00	0	0	9	32.00		
33.00		0.00	0	0	9	33.00		
34.00		0.00	0	0	9	34.00		
35.00		0.00	0	0	9	35.00		
36.00		0.00	0	0	9	36.00		
37.00		0.00	0	0	9	37.00		
	TOTALS		0	8,681,219				
	D - INCENTIVE COMPENSATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,196,929	0	0	1.00		
2.00		0.00	0	0	0	2.00		
3.00		0.00	0	0	0	3.00		
4.00		0.00	0	0	0	4.00		
8.00		0.00	0	0	0	8.00		
9.00		0.00	0	0	0	9.00		
10.00		0.00	0	0	0	10.00		
11.00		0.00	0	0	0	11.00		
12.00		0.00	0	0	0	12.00		
13.00		0.00	0	0	0	13.00		
14.00		0.00	0	0	0	14.00		
15.00		0.00	0	0	0	15.00		
16.00		0.00	0	0	0	16.00		
17.00		0.00	0	0	0	17.00		
18.00		0.00	0	0	0	18.00		
19.00		0.00	0	0	0	19.00		
20.00		0.00	0	0	0	20.00		
21.00		0.00	0	0	0	21.00		
24.00		0.00	0	0	0	24.00		
25.00		0.00	0	0	0	25.00		
26.00		0.00	0	0	0	26.00		
27.00		0.00	0	0	0	27.00		
28.00		0.00	0	0	0	28.00		

RECLASSIFICATIONS

Provider CCN: 14-0288

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

Worksheet A-6

Date/Time Prepared:
7/21/2021 10:29 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0		30.00
	TOTALS		1,196,929	0			
E - GL BLDG CAPITAL DEPRECIATION							
1.00	OTHER ADMIN AND GENERAL	5.06	0	13,178,940	9	1.00	
	TOTALS		0	13,178,940			
F - MEDICAL SUPPLIES							
1.00	MAINTENANCE & REPAIRS	6.00	0	74,643	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	113	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	5,520	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	313,783	0	4.00	
5.00	PHARMACY	15.00	0	283,816	0	5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	118	0	6.00	
7.00	PARAMED ED PRGM- EMS	23.00	0	250	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	1,795,263	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	1,779,076	0	9.00	
10.00	NURSERY	43.00	0	142,443	0	10.00	
11.00	OPERATING ROOM	50.00	0	23,368,021	0	11.00	
12.00	RECOVERY ROOM	51.00	0	32,008	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	310,237	0	13.00	
14.00	ANESTHESIOLOGY	53.00	0	830,063	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,612,807	0	15.00	
16.00	LABORATORY	60.00	0	1,214,975	0	16.00	
17.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	120,373	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	579,377	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	4,959	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	96,832	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,879	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	98,565	0	22.00	
23.00	CARDIAC REHABILITATION	76.97	0	9,559	0	23.00	
24.00	SPORTS MEDICINE	90.01	0	8,718	0	24.00	
25.00	WOUND CARE CLINIC	90.02	0	289,853	0	25.00	
26.00	EMERGENCY	91.00	0	956,519	0	26.00	
27.00	OTHER NONREIMBURSABLE	190.01	0	31,979	0	27.00	
	TOTALS		0	45,966,749			
G - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,979,647	0	1.00	
	TOTALS		0	16,979,647			
H - FAMILY CARE UNIT							
1.00	ADULTS & PEDIATRICS	30.00	0	2,712,548	0	1.00	
	TOTALS		0	2,712,548			
500.00	Grand Total: Decreases		1,196,929	88,792,199			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/21/2021 10:29 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	5,056,313	0	0	0	0	1.00	
2.00	Land Improvements	11,238,521	16,048	0	16,048	4,376,435	2.00	
3.00	Buildings and Fixtures	337,379,574	6,691,241	0	6,691,241	6,357,371	3.00	
4.00	Building Improvements	5,557,572	261,641	0	261,641	775,124	4.00	
5.00	Fixed Equipment	90,415,236	8,642,217	0	8,642,217	4,569,599	5.00	
6.00	Movable Equipment	133,118	0	0	0	66,487	6.00	
7.00	HIT designated Assets	544,031	1,260,940	0	1,260,940	39,740	7.00	
8.00	Subtotal (sum of lines 1-7)	450,324,365	16,872,087	0	16,872,087	16,184,756	8.00	
9.00	Reconciling Items	-6,682,836	3,984,154	0	3,984,154	0	9.00	
10.00	Total (line 8 minus line 9)	457,007,201	12,887,933	0	12,887,933	16,184,756	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	5,056,313	0					1.00
2.00	Land Improvements	6,878,134	1,584,075					2.00
3.00	Buildings and Fixtures	337,713,444	97,080,155					3.00
4.00	Building Improvements	5,044,089	3,381,049					4.00
5.00	Fixed Equipment	94,487,854	36,822,649					5.00
6.00	Movable Equipment	66,631	25,000					6.00
7.00	HIT designated Assets	1,765,231	0					7.00
8.00	Subtotal (sum of lines 1-7)	451,011,696	138,892,928					8.00
9.00	Reconciling Items	-2,698,682	0					9.00
10.00	Total (line 8 minus line 9)	453,710,378	138,892,928					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/21/2021 10:29 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5	0	5	1.000000	0	2.00
3.00	Total (sum of lines 1-2)	5	0	5	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	14,693,597	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	10,636,767	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	25,330,364	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	14,693,597	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,636,767	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	25,330,364	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0288

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

Worksheet A-8

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-531,265	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,641,260			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	1,577,995			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	1,130,277	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-16,332	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 *** Cost Center Deleted ***	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0288

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

Worksheet A-8

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	33.00
34.02	PERINATAL	A	-69,029	NURSERY		43.00	0	34.02
35.00	INTEREST EXPS	A	-3,593,300	OTHER ADMIN AND GENERAL		5.06	0	35.00
38.00	00R	B	-198,215	DIETARY		10.00	0	38.00
39.00	00R	B	-3,149	NURSING ADMINISTRATION		13.00	0	39.00
40.00	00R	B	-567,860	OTHER NONREIMBURSABLE		190.01	0	40.00
43.00	00R	B	-115,810	PARAMED ED PRGM- EMS		23.00	0	43.00
44.00	00R	B	-191,958	ADULTS & PEDIATRICS		30.00	0	44.00
44.01	00R	B	-325	INTENSIVE CARE UNIT		31.00	0	44.01
44.02	00R	B	-5,770	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	44.02
44.03	00R	B	-13,988	NURSERY		43.00	0	44.03
44.04	00R	B	-35,580	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0	44.04
44.05	00R	B	-500	PHARMACY		15.00	0	44.05
45.00	00R	B	-61,362	MAINTENANCE & REPAIRS		6.00	0	45.00
45.01	00R	B	-463	DELIVERY ROOM & LABOR ROOM		52.00	0	45.01
45.02	00R	B	-1,759	RADIOLOGY-DIAGNOSTIC		54.00	0	45.02
45.03	00R	B	-468,195	LABORATORY		60.00	0	45.03
45.04	00R	B	-390	RESPIRATORY THERAPY		65.00	0	45.04
45.05	00R	B	-1,529	ELECTROCARDIOLOGY		69.00	0	45.05
45.06	00R	B	-1,877	CARDIAC REHABILITATION		76.97	0	45.06
45.07	00R	B	-6,600	HOUSEKEEPING		9.00	0	45.07
45.08	00R	B	-603,341	SPORTS MEDICINE		90.01	0	45.08
45.09	00R	B	-82,158	EMERGENCY		91.00	0	45.09
45.10	00R	B	-13,988	NURSERY		43.00	0	45.10
45.11	00R	B	-1,943,044	OTHER ADMIN AND GENERAL		5.06	0	45.11
45.12	00R	B	0			0.00	0	45.12
45.13	00R	B	0			0.00	0	45.13
45.14	00R	B	0			0.00	0	45.14
45.15	00R	B	0			0.00	0	45.15
45.16	00R	B	0			0.00	0	45.16
45.17	AHA LOBBYING	A	-36,013	OTHER ADMIN AND GENERAL		5.06	0	45.17
45.18	PA ASSESSMENT EXPENSE	A	-15,295,592	OTHER ADMIN AND GENERAL		5.06	0	45.18
45.19	PHO	A	-2,487,120	OTHER ADMIN AND GENERAL		5.06	0	45.19
45.20	NONALLOWABLE	A	-105	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	45.20
45.21	NONALLOWABLE	A	-6,546	NONPATIENT TELEPHONES		5.01	0	45.21
45.22	NONALLOWABLE	A	-380	DATA PROCESSING		5.02	0	45.22
45.23	NONALLOWABLE	A	-711,058	OTHER ADMIN AND GENERAL		5.06	0	45.23
45.24	NONALLOWABLE	A	-227	MAINTENANCE & REPAIRS		6.00	0	45.24
45.25	NONALLOWABLE	A	-15,066	NURSING ADMINISTRATION		13.00	0	45.25
45.26	NONALLOWABLE	A	-266	CENTRAL SERVICES & SUPPLY		14.00	0	45.26
45.27	NONALLOWABLE	A	-22,262	PHARMACY		15.00	0	45.27
45.28	NONALLOWABLE	A	-4,230	SOCIAL SERVICE		17.00	0	45.28
45.29	NONALLOWABLE	A	-12,884	PARAMED ED PRGM- EMS		23.00	0	45.29
45.30	NONALLOWABLE	A	-30,173	ADULTS & PEDIATRICS		30.00	0	45.30
45.31	NONALLOWABLE	A	-9,644	INTENSIVE CARE UNIT		31.00	0	45.31
45.32	NONALLOWABLE	A	-17,067	NURSERY		43.00	0	45.32
45.33	NONALLOWABLE	A	-40,947	OPERATING ROOM		50.00	0	45.33
45.34	NONALLOWABLE	A	-395	RECOVERY ROOM		51.00	0	45.34
45.35	NONALLOWABLE	A	-22,083	DELIVERY ROOM & LABOR ROOM		52.00	0	45.35
45.36	NONALLOWABLE	A	-8,516	RADIOLOGY-DIAGNOSTIC		54.00	0	45.36
45.37	NONALLOWABLE	A	-176	LABORATORY		60.00	0	45.37
45.38	NONALLOWABLE	A	-1,396	RESPIRATORY THERAPY		65.00	0	45.38
45.39	NONALLOWABLE	A	-5,043	ELECTROCARDIOLOGY		69.00	0	45.39
45.40	NONALLOWABLE	A	-412	ELECTROENCEPHALOGRAPHY		70.00	0	45.40
45.41	NONALLOWABLE	A	-3,623	RENAL DIALYSIS		74.00	0	45.41
45.42	NONALLOWABLE	A	-2,321	SPORTS MEDICINE		90.01	0	45.42
45.43	NONALLOWABLE	A	-16,109	EMERGENCY		91.00	0	45.43
45.44	NONALLOWABLE	A	-167,972	OTHER NONREIMBURSABLE		190.01	0	45.44
45.46	NONALLOWABLE	A	0			0.00	0	45.46
45.47	NONALLOWABLE	A	0			0.00	0	45.47
45.48	NONALLOWABLE	A	0			0.00	0	45.48
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,378,401					50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0288

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

Worksheet A-8

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	

(1) 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: 14-0288

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

Worksheet A-8-1

Date/Time Prepared:
7/21/2021 10:29 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	4,350,565	0 1.00
2.00		5.02	DATA PROCESSING	DATA PROCESSING	16,960,354	0 2.00
3.00		5.06	OTHER ADMIN AND GENERAL	ADMINISTRATIVE	7,845,883	29,935,067 3.00
4.00		0.00		BUSINESS OFFICE	0	0 4.00
4.01		0.00		OLD ME	0	0 4.01
4.02		1.00	NEW CAP REL COSTS-BLDG & FIX	NEW B&F	384,380	0 4.02
4.03		2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW ME	1,971,880	0 4.03
5.00	0				31,513,062	29,935,067 5.00

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

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

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

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

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

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

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

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

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

Provider CCN: 14-0288

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

Worksheet A-8-1

Date/Time Prepared:
7/21/2021 10:29 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4,350,565	0		1.00
2.00	16,960,354	0		2.00
3.00	-22,089,184	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	384,380	9		4.02
4.03	1,971,880	9		4.03
5.00	1,577,995			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0288

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

Worksheet A-8-2

Date/Time Prepared:
7/21/2021 10:29 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	169,776	4,551	165,225	154	1	1.00
2.00	31.00	INTENSIVE CARE UNIT	271,065	0	271,065	208	1	2.00
3.00	43.00	NURSERY	995,415	0	995,415	200	1	3.00
4.00	50.00	OPERATING ROOM	1,099,551	0	1,099,551	225	1	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	1,359,123	150,689	1,208,434	208	1	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	100,980	0	100,980	208	1	6.00
7.00	69.00	ELECTROCARDIOLOGY	169,756	142,725	27,031	208	1	7.00
8.00	91.00	EMERGENCY	1,475,594	12,000	1,463,594	208	1	8.00
9.00	0.00		0	0	0	208	1	9.00
10.00	0.00		0	0	0	208	1	10.00
11.00	0.00		0	0	0	208	1	11.00
12.00	0.00		0	0	0	208	1	12.00
200.00			5,641,260	309,965	5,331,295		12	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	0.00		0	0	0	0	0	11.00
12.00	0.00		0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	165,225	169,776		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	271,065	271,065		2.00
3.00	43.00	NURSERY	0	0	995,415	995,415		3.00
4.00	50.00	OPERATING ROOM	0	0	1,099,551	1,099,551		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	1,208,434	1,359,123		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	100,980	100,980		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	27,031	169,756		7.00
8.00	91.00	EMERGENCY	0	0	1,463,594	1,475,594		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
11.00	0.00		0	0	0	0		11.00
12.00	0.00		0	0	0	0		12.00
200.00			0	0	5,331,295	5,641,260		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	14,693,597	14,693,597			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	10,636,767		10,636,767		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,620,243	26,694	19,324	27,666,261	4.00
5.01	00540	NONPATIENT TELEPHONES	501,368	86,984	62,968	108,907	5.01
5.02	00550	DATA PROCESSING	16,974,513	47,779	34,588	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	15,220	11,018	0	5.03
5.04	00570	ADMITTING	449,041	13,228	9,576	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	27,789,169	17,993	13,025	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	23,649,848	2,199,418	1,592,169	4,604,168	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,392,747	3,406,807	2,466,203	0	6.00
7.00	00700	OPERATION OF PLANT	1,839	0	0	283	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,203,236	9,753	7,061	0	8.00
9.00	00900	HOUSEKEEPING	3,848,812	68,561	49,632	0	9.00
10.00	01000	DIETARY	4,114,250	288,189	208,621	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,352,636	93,678	67,814	813,493	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,159,325	339,697	245,908	156,093	14.00
15.00	01500	PHARMACY	14,717,613	93,375	67,595	1,135,216	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	735,640	43,795	31,703	195,182	16.00
17.00	01700	SOCIAL SERVICE	-4,230	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	579,053	0	0	129,609	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,299,238	2,782,919	2,014,569	7,402,011	30.00
31.00	03100	INTENSIVE CARE UNIT	13,017,819	889,858	644,173	2,678,843	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,632,509	66,649	48,247	646,868	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,142,775	1,264,760	915,566	1,998,066	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,243,100	101,614	73,559	303,901	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,152,587	252,028	182,444	967,405	52.00
53.00	05300	ANESTHESIOLOGY	245,197	4,861	3,519	41,365	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,940,368	893,237	646,619	2,228,378	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	9,668,757	219,994	159,255	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	260,958	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,459,923	22,981	16,636	598,350	65.00
66.00	06600	PHYSICAL THERAPY	4,392,714	37,165	26,904	1,044,231	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	1,752,348	217,795	157,663	404,132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186,887	0	0	30,095	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,987,102	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,979,647	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	616,857	66,059	47,820	137,134	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	264,055	52,369	37,910	63,263	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	-228,292	57,134	41,360	11,855	90.01
90.02	09002	WOUND CARE CLINIC	599,321	41,452	30,007	128,535	90.02
91.00	09100	EMERGENCY	8,482,863	325,465	235,606	1,686,741	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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To 12/31/2020Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	312,512,200	14,047,511	10,169,062	27,514,124	751,709	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	705,232	646,086	467,705	152,137	8,518	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	313,217,432	14,693,597	10,636,767	27,666,261	760,227	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	17,073,064					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	26,664				5.03
5.04	00570	ADMITTING	0	1	480,364			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	27,824,446		5.05
5.06	00590	OTHER ADMIN AND GENERAL	0	251	0	0	32,169,364	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	19,310,050	6.00
7.00	00700	OPERATION OF PLANT	0	1	0	0	3,401	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,220,050	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,973,819	9.00
10.00	01000	DIETARY	0	0	0	0	4,621,707	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	14	0	0	5,340,838	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	192	0	0	1,910,159	14.00
15.00	01500	PHARMACY	0	172	0	0	16,029,729	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1	0	0	1,006,321	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	-1,675	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	4	0	0	708,666	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,321,691	1,076	99,175	3,783,698	46,862,812	30.00
31.00	03100	INTENSIVE CARE UNIT	574,191	1,066	24,436	935,768	18,821,095	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	299,146	126	12,731	487,523	4,198,910	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,724,614	13,390	37,899	2,810,633	18,979,680	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	238,205	20	4,931	388,207	2,360,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	391,008	202	13,759	637,232	6,620,941	52.00
53.00	05300	ANESTHESIOLOGY	268,842	465	6,538	438,136	1,010,201	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,187,562	7,710	54,315	5,195,013	24,243,066	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,402,284	681	40,585	2,285,325	13,798,176	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,801	67	798	33,899	319,504	62.00
65.00	06500	RESPIRATORY THERAPY	487,679	331	19,446	794,778	4,402,253	65.00
66.00	06600	PHYSICAL THERAPY	313,664	6	6,708	511,183	6,340,241	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	344,024	68	6,729	560,662	3,452,365	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,531	4	644	51,387	300,548	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	634,397	0	16,490	1,033,887	30,671,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,054,858	0	35,118	1,719,119	19,788,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,755,186	0	62,697	2,860,455	4,678,338	73.00
74.00	07400	RENAL DIALYSIS	57,056	59	2,428	92,986	1,020,825	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	27,695	7	0	45,136	493,416	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	8,876	7	0	14,465	-93,317	90.01
90.02	09002	WOUND CARE CLINIC	46,215	163	0	75,318	925,696	90.02
91.00	09100	EMERGENCY	1,861,577	554	34,509	3,033,843	15,691,397	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,051,102	26,638	479,936	27,788,653	311,179,545	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	21,962	26	428	35,793	2,037,887	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	17,073,064	26,664	480,364	27,824,446	313,217,432	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL	32,169,364					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,209,514	21,519,564				6.00
7.00	00700	OPERATION OF PLANT	389	0	3,790			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	139,602	23,638	4	1,383,294		8.00
9.00	00900	HOUSEKEEPING	454,696	166,159	29	0	4,594,703	9.00
10.00	01000	DIETARY	528,830	698,431	123	0	150,451	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	611,115	227,030	40	0	48,905	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	218,566	823,262	145	16,537	177,341	14.00
15.00	01500	PHARMACY	1,834,170	226,296	40	1,246	48,747	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	115,146	106,138	19	0	22,863	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	81,088	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,362,315	6,744,451	1,188	448,162	1,452,845	30.00
31.00	03100	INTENSIVE CARE UNIT	2,153,566	2,156,587	380	176,829	464,556	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	480,452	161,524	28	11,213	34,794	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,171,712	3,065,169	540	243,158	660,276	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	270,078	246,264	43	0	53,048	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	757,588	610,794	108	40,266	131,573	52.00
53.00	05300	ANESTHESIOLOGY	115,590	11,780	2	0	2,538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,773,964	2,164,776	381	81,421	466,320	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,578,829	533,160	94	9,342	114,849	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	36,559	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	503,719	55,695	10	0	11,997	65.00
66.00	06600	PHYSICAL THERAPY	725,469	90,070	16	71	19,402	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	395,030	527,830	93	43,344	113,701	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,390	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,509,568	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,264,287	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	535,309	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	116,806	160,095	28	0	34,486	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	56,458	126,917	22	8,764	27,340	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	138,466	24	0	29,827	90.01
90.02	09002	WOUND CARE CLINIC	105,921	100,460	18	0	21,640	90.02
91.00	09100	EMERGENCY	1,795,457	788,771	139	302,941	169,911	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,936,183	19,953,763	3,514	1,383,294	4,257,410	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	233,181	1,565,801	276	0	337,293	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	32,169,364	21,519,564	3,790	1,383,294	4,594,703	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,999,542					10.00
11.00	01100	CAFETERIA	1,811,644	1,811,644				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	1,812	1,812			12.00
13.00	01300	NURSING ADMINISTRATION	0	52,538	39	6,280,505		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,551	20	0	3,169,581	14.00
15.00	01500	PHARMACY	0	76,089	163	27,071	20,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,682	1	94,749	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	17	0	24	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	12,682	5	0	449	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,388,444	588,781	249	2,680,041	130,254	30.00
31.00	03100	INTENSIVE CARE UNIT	575,523	224,644	194	1,150,524	129,057	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	47,103	27	297,783	15,210	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	157,613	157	554,958	1,618,649	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	21,740	17	135,356	2,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	74,277	40	378,996	24,452	52.00
53.00	05300	ANESTHESIOLOGY	0	5,435	7	0	56,341	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	163,048	176	135,356	933,139	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	82	0	82,419	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	6	0	8,159	62.00
65.00	06500	RESPIRATORY THERAPY	0	52,538	33	0	40,085	65.00
66.00	06600	PHYSICAL THERAPY	197,593	72,466	22	0	666	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	34,421	27	67,678	8,245	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,812	5	0	501	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	165	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	170	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	27	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,247	6	40,607	7,101	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,435	6	13,536	900	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	7,247	13	0	800	90.01
90.02	09002	WOUND CARE CLINIC	0	3,623	3	0	19,669	90.02
91.00	09100	EMERGENCY	26,338	153,990	113	663,243	67,085	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,999,542	1,800,774	1,790	6,239,898	3,166,405	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	10,870	22	40,607	3,176	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,999,542	1,811,644	1,812	6,280,505	3,169,581	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	18,264,326					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,357,919				16.00
17.00	01700	SOCIAL SERVICE	0	0	-1,634			17.00
23.00	02300	PARAMED ED PRGM- EMS	5,847	0	0	808,737		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,277,761	140,231	0	0	71,077,534	30.00
31.00	03100	INTENSIVE CARE UNIT	2,965,807	248,091	0	0	29,066,853	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	155,045	46,744	0	0	5,448,833	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,990,755	82,943	0	0	30,525,610	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	92,865	1,276	0	0	3,183,463	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	579,030	13,231	0	0	9,231,296	52.00
53.00	05300	ANESTHESIOLOGY	1,204,676	2,418	0	0	2,408,988	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	739,173	52,587	0	0	31,753,407	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	127	244,330	0	0	16,361,408	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	364,228	62.00
65.00	06500	RESPIRATORY THERAPY	13,924	4,500	0	0	5,084,754	65.00
66.00	06600	PHYSICAL THERAPY	0	31,901	0	0	7,477,917	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	705,478	109,203	0	0	5,457,415	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	336	0	0	337,592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	34,181,609	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	22,053,199	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	64,676	0	0	5,278,350	73.00
74.00	07400	RENAL DIALYSIS	329,591	1,343	0	0	1,718,135	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,293	0	0	0	739,087	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	398	0	0	0	83,458	90.01
90.02	09002	WOUND CARE CLINIC	481,609	0	0	0	1,658,639	90.02
91.00	09100	EMERGENCY	4,712,378	314,109	0	808,737	25,494,609	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,260,757	1,357,919	0	808,737	308,986,384	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	3,569	0	0	0	4,232,682	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	-1,634	0	-1,634	201.00
202.00		TOTAL (sum lines 118 through 201)	18,264,326	1,357,919	-1,634	808,737	313,217,432	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
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
23.00	02300	PARAMED ED PRGM- EMS		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	71,077,534	30.00
31.00	03100	INTENSIVE CARE UNIT	29,066,853	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	5,448,833	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
45.01	04510	ICF/IID	0	45.01
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	30,525,610	50.00
50.01	05001	OPERATING ROOM	0	50.01
51.00	05100	RECOVERY ROOM	3,183,463	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,231,296	52.00
53.00	05300	ANESTHESIOLOGY	2,408,988	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,753,407	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	16,361,408	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	364,228	62.00
65.00	06500	RESPIRATORY THERAPY	5,084,754	65.00
66.00	06600	PHYSICAL THERAPY	7,477,917	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
69.00	06900	ELECTROCARDIOLOGY	5,457,415	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	337,592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,181,609	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,053,199	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,278,350	73.00
74.00	07400	RENAL DIALYSIS	1,718,135	74.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	739,087	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	SPORTS MEDICINE	83,458	90.01
90.02	09002	WOUND CARE CLINIC	1,658,639	90.02
91.00	09100	EMERGENCY	25,494,609	91.00
91.01	09101	CHEMOTHERAPY	0	91.01
91.02	09102	PAIN CLINIC	0	91.02
91.03	09103	INFUSION CLINIC	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	308,986,384	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	4,232,682	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	-1,634	201.00
202.00		TOTAL (sum lines 118 through 201)	0	313,217,432	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	26,694	19,324	46,018	46,018 4.00
5.01	00540	NONPATIENT TELEPHONES	0	86,984	62,968	149,952	181 5.01
5.02	00550	DATA PROCESSING	0	47,779	34,588	82,367	0 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	15,220	11,018	26,238	0 5.03
5.04	00570	ADMITTING	0	13,228	9,576	22,804	0 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	26	17,993	13,025	31,044	0 5.05
5.06	00590	OTHER ADMIN AND GENERAL	1,361,317	2,199,418	1,592,169	5,152,904	7,666 5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,406,807	2,466,203	5,873,010	0 6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,753	7,061	16,814	0 8.00
9.00	00900	HOUSEKEEPING	0	68,561	49,632	118,193	0 9.00
10.00	01000	DIETARY	0	288,189	208,621	496,810	0 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	93,678	67,814	161,492	1,355 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26	339,697	245,908	585,631	260 14.00
15.00	01500	PHARMACY	1,472	93,375	67,595	162,442	1,890 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,873	43,795	31,703	77,371	325 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00	02300	PARAMED ED PRGM- EMS	105,479	0	0	105,479	216 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,168	2,782,919	2,014,569	4,800,656	12,278 30.00
31.00	03100	INTENSIVE CARE UNIT	0	889,858	644,173	1,534,031	4,460 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	66,649	48,247	114,896	1,077 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
45.01	04510	ICF/IID	0	0	0	0	0 45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	109,375	1,264,760	915,566	2,289,701	3,327 50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	66	101,614	73,559	175,239	506 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	100,180	252,028	182,444	534,652	1,611 52.00
53.00	05300	ANESTHESIOLOGY	0	4,861	3,519	8,380	69 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	570,384	893,237	646,619	2,110,240	3,710 54.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	219,994	159,255	379,249	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	5,297	22,981	16,636	44,914	996 65.00
66.00	06600	PHYSICAL THERAPY	116,173	37,165	26,904	180,242	1,739 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
69.00	06900	ELECTROCARDIOLOGY	0	217,795	157,663	375,458	673 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	50 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	66,059	47,820	113,879	228 74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	345	52,369	37,910	90,624	105 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	SPORTS MEDICINE	317,640	57,134	41,360	416,134	20 90.01
90.02	09002	WOUND CARE CLINIC	0	41,452	30,007	71,459	214 90.02
91.00	09100	EMERGENCY	536,683	325,465	235,606	1,097,754	2,809 91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0 91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0 91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0 91.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
		OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,229,504	14,047,511	10,169,062	27,446,077	45,765
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	81,976	646,086	467,705	1,195,767	253
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,311,480	14,693,597	10,636,767	28,641,844	46,018

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	150,133					5.01
5.02	00550	DATA PROCESSING	3,196	85,563				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	84	0	26,322			5.03
5.04	00570	ADMITTING	1,682	0	1	24,487		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	841	0	0	0	31,885	5.05
5.06	00590	OTHER ADMIN AND GENERAL	24,391	0	248	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	8,747	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	252	0	1	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,346	0	0	0	0	9.00
10.00	01000	DIETARY	2,103	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,607	0	14	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,766	0	190	0	0	14.00
15.00	01500	PHARMACY	3,112	0	170	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1	0	0	16.00
17.00	01700	SOCIAL SERVICE	505	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	4	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,290	11,670	1,063	5,278	4,357	30.00
31.00	03100	INTENSIVE CARE UNIT	10,850	2,886	1,053	1,231	1,077	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,009	1,504	124	642	561	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,214	8,669	13,213	1,910	3,236	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,346	1,197	20	249	447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,794	1,965	200	693	734	52.00
53.00	05300	ANESTHESIOLOGY	252	1,351	460	329	504	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,747	15,769	7,613	2,737	5,830	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,205	7,049	672	2,045	2,631	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	589	105	67	40	39	62.00
65.00	06500	RESPIRATORY THERAPY	421	2,451	327	980	915	65.00
66.00	06600	PHYSICAL THERAPY	1,514	1,577	5	338	589	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	1,766	1,729	67	339	646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	158	4	32	59	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,189	0	831	1,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,302	0	1,770	1,979	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,822	0	3,160	3,294	73.00
74.00	07400	RENAL DIALYSIS	84	287	58	122	107	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	589	139	7	0	52	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	252	45	7	0	17	90.01
90.02	09002	WOUND CARE CLINIC	925	232	160	0	87	90.02
91.00	09100	EMERGENCY	5,972	9,357	547	1,739	3,493	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	148,451	85,453	26,296	24,465	31,844	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	1,682	110	26	22	41	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	150,133	85,563	26,322	24,487	31,885	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL	5,185,209					5.06
6.00	00600	MAINTENANCE & REPAIRS	356,135	6,237,892				6.00
7.00	00700	OPERATION OF PLANT	63	0	316			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,501	6,852	0	46,167		8.00
9.00	00900	HOUSEKEEPING	73,289	48,165	2	0	240,995	9.00
10.00	01000	DIETARY	85,238	202,455	10	0	7,891	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	98,501	65,809	3	0	2,565	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,229	238,640	12	552	9,302	14.00
15.00	01500	PHARMACY	295,636	65,596	3	42	2,557	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,560	30,766	2	0	1,199	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	13,070	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	864,379	1,955,017	100	14,956	76,203	30.00
31.00	03100	INTENSIVE CARE UNIT	347,117	625,132	32	5,902	24,366	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	77,440	46,821	2	374	1,825	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	350,042	888,503	45	8,115	34,632	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	43,532	71,385	4	0	2,782	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,110	177,051	9	1,344	6,901	52.00
53.00	05300	ANESTHESIOLOGY	18,631	3,415	0	0	133	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	447,115	627,505	32	2,717	24,459	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	254,480	154,548	8	312	6,024	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,893	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	81,191	16,144	1	0	629	65.00
66.00	06600	PHYSICAL THERAPY	116,933	26,109	1	2	1,018	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	63,672	153,003	8	1,447	5,964	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,543	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	565,681	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	364,964	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,283	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	18,827	46,407	2	0	1,809	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,100	36,790	2	293	1,434	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	40,137	2	0	1,564	90.01
90.02	09002	WOUND CARE CLINIC	17,073	29,120	1	0	1,135	90.02
91.00	09100	EMERGENCY	289,396	228,642	12	10,111	8,912	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,147,624	5,784,012	293	46,167	223,304	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	37,585	453,880	23	0	17,691	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,185,209	6,237,892	316	46,167	240,995	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	794,507					10.00
11.00	01100	CAFETERIA	239,912	239,912				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	240	240			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,957	6	339,309		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,119	3	0	874,704	14.00
15.00	01500	PHARMACY	0	10,076	23	1,463	5,733	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,679	0	5,119	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	2	0	7	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	1,679	1	0	124	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	448,725	77,973	16	144,790	35,946	30.00
31.00	03100	INTENSIVE CARE UNIT	76,215	29,749	28	62,158	35,616	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	6,238	4	16,088	4,197	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	20,872	22	29,982	446,694	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	2,879	2	7,313	669	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,836	6	20,476	6,748	52.00
53.00	05300	ANESTHESIOLOGY	0	720	1	0	15,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,592	25	7,313	257,519	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	12	0	22,745	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1	0	2,252	62.00
65.00	06500	RESPIRATORY THERAPY	0	6,957	5	0	11,062	65.00
66.00	06600	PHYSICAL THERAPY	26,167	9,596	3	0	184	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	4,558	4	3,656	2,275	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	240	1	0	138	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	24	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	24	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	960	1	2,194	1,960	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	720	1	731	248	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	960	2	0	221	90.01
90.02	09002	WOUND CARE CLINIC	0	480	0	0	5,428	90.02
91.00	09100	EMERGENCY	3,488	20,393	16	35,832	18,513	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	794,507	238,473	237	337,115	873,827	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	1,439	3	2,194	877	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	794,507	239,912	240	339,309	874,704	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	548,743					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	135,022				16.00
17.00	01700	SOCIAL SERVICE	0	0	514			17.00
23.00	02300	PARAMED ED PRGM- EMS	176	0	0	120,749		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,479	13,944	0		8,597,120	30.00
31.00	03100	INTENSIVE CARE UNIT	89,106	24,668	0		2,875,677	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		0	41.00
42.00	04200	SUBPROVIDER	0	0	0		0	42.00
43.00	04300	NURSERY	4,658	4,648	0		282,108	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
45.01	04510	ICF/IID	0	0	0		0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	89,856	8,247	0		4,211,280	50.00
50.01	05001	OPERATING ROOM	0	0	0		0	50.01
51.00	05100	RECOVERY ROOM	2,790	127	0		310,487	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,397	1,316	0		907,843	52.00
53.00	05300	ANESTHESIOLOGY	36,194	240	0		86,227	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,208	5,229	0		3,579,360	54.00
57.00	05700	CT SCAN	0	0	0		0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		0	59.00
60.00	06000	LABORATORY	4	24,294	0		858,278	60.00
60.01	06001	BLOOD LABORATORY	0	0	0		0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		8,986	62.00
65.00	06500	RESPIRATORY THERAPY	418	447	0		167,858	65.00
66.00	06600	PHYSICAL THERAPY	0	3,172	0		369,189	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		0	67.00
69.00	06900	ELECTROCARDIOLOGY	21,196	10,858	0		647,319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33	0		6,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		570,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		374,039	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,431	0		107,994	73.00
74.00	07400	RENAL DIALYSIS	9,902	134	0		196,961	74.00
76.00	03140	CARDIOLOGY	0	0	0		0	76.00
76.97	07697	CARDIAC REHABILITATION	189	0	0		141,024	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	89.00
90.00	09000	CLINIC	0	0	0		0	90.00
90.01	09001	SPORTS MEDICINE	12	0	0		459,373	90.01
90.02	09002	WOUND CARE CLINIC	14,470	0	0		140,784	90.02
91.00	09100	EMERGENCY	141,581	31,234	0		1,909,801	91.00
91.01	09101	CHEMOTHERAPY	0	0	0		0	91.01
91.02	09102	PAIN CLINIC	0	0	0		0	91.02
91.03	09103	INFUSION CLINIC	0	0	0		0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0		0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	548,636	135,022	0	0	26,808,881	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	190.00
190.01	19001	OTHER NONREIMBURSABLE	107	0	0		1,711,700	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.00
200.00		Cross Foot Adjustments				120,749	120,749	200.00
201.00		Negative Cost Centers	0	0	514	0	514	201.00
202.00		TOTAL (sum lines 118 through 201)	548,743	135,022	514	120,749	28,641,844	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
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
23.00	02300	PARAMED ED PRGM- EMS		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	8,597,120	30.00
31.00	03100	INTENSIVE CARE UNIT	2,875,677	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	282,108	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
45.01	04510	ICF/IID	0	45.01
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,211,280	50.00
50.01	05001	OPERATING ROOM	0	50.01
51.00	05100	RECOVERY ROOM	310,487	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	907,843	52.00
53.00	05300	ANESTHESIOLOGY	86,227	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,579,360	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	858,278	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,986	62.00
65.00	06500	RESPIRATORY THERAPY	167,858	65.00
66.00	06600	PHYSICAL THERAPY	369,189	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
69.00	06900	ELECTROCARDIOLOGY	647,319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	570,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	374,039	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,994	73.00
74.00	07400	RENAL DIALYSIS	196,961	74.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	141,024	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	SPORTS MEDICINE	459,373	90.01
90.02	09002	WOUND CARE CLINIC	140,784	90.02
91.00	09100	EMERGENCY	1,909,801	91.00
91.01	09101	CHEMOTHERAPY	0	91.01
91.02	09102	PAIN CLINIC	0	91.02
91.03	09103	INFUSION CLINIC	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	26,808,881	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	0	1,711,700	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	Cross Foot Adjustments	0	120,749	200.00
201.00	Negative Cost Centers	0	514	201.00
202.00	TOTAL (sum lines 118 through 201)	0	28,641,844	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	
		NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	921,980				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		921,980			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,675	1,675	103,986,560		4.00
5.01	00540	NONPATIENT TELEPHONES	5,458	5,458	409,339	1,785	5.01
5.02	00550	DATA PROCESSING	2,998	2,998	0	38	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	955	955	0	1	5.03
5.04	00570	ADMITTING	830	830	0	20	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,129	1,129	0	10	5.05
5.06	00590	OTHER ADMIN AND GENERAL	138,007	138,007	17,305,259	290	5.06
6.00	00600	MAINTENANCE & REPAIRS	213,767	213,767	0	104	6.00
7.00	00700	OPERATION OF PLANT	0	0	1,065	3	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	612	612	0	0	8.00
9.00	00900	HOUSEKEEPING	4,302	4,302	0	16	9.00
10.00	01000	DIETARY	18,083	18,083	0	25	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,878	5,878	3,057,601	31	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,315	21,315	586,692	21	14.00
15.00	01500	PHARMACY	5,859	5,859	4,266,832	37	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,748	2,748	733,613	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	6	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	487,149	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	174,620	174,620	27,821,191	372	30.00
31.00	03100	INTENSIVE CARE UNIT	55,836	55,836	10,068,720	129	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	4,182	4,182	2,431,324	12	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	79,360	79,360	7,509,947	169	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	6,376	6,376	1,142,246	16	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,814	15,814	3,636,096	57	52.00
53.00	05300	ANESTHESIOLOGY	305	305	155,476	3	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,048	56,048	8,375,596	211	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	13,804	13,804	0	50	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7	62.00
65.00	06500	RESPIRATORY THERAPY	1,442	1,442	2,248,962	5	65.00
66.00	06600	PHYSICAL THERAPY	2,332	2,332	3,924,855	18	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	13,666	13,666	1,518,974	21	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	113,117	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,145	4,145	515,431	1	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,286	3,286	237,782	7	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	3,585	3,585	44,560	3	90.01
90.02	09002	WOUND CARE CLINIC	2,601	2,601	483,114	11	90.02
91.00	09100	EMERGENCY	20,422	20,422	6,339,796	71	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	
			NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)				
			1.00	2.00	4.00	5.01	5.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	881,440	881,440	103,414,737	1,765	1,142,789,907	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	40,540	40,540	571,823	20	1,471,915	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,693,597	10,636,767	27,666,261	760,227	17,073,064	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.937002	11.536874	0.266056	425.897479	0.014921	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			46,018	150,133	85,563	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000443	84.108123	0.000075	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: 14-0288

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

Worksheet B-1

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (I/P REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	47,585,686					5.03
5.04	00570	ADMITTING	1,827	755,897,565				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,144,261,822			5.05
5.06	00590	OTHER ADMIN AND GENERAL	448,209	0	0	-32,169,364	281,143,060	5.06
6.00	00600	MAINTENANCE & REPAIRS	56	0	0	0	19,310,050	6.00
7.00	00700	OPERATION OF PLANT	1,872	0	0	0	3,401	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,220,050	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,973,819	9.00
10.00	01000	DIETARY	0	0	0	0	4,621,707	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	24,659	0	0	0	5,340,838	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	343,465	0	0	0	1,910,159	14.00
15.00	01500	PHARMACY	306,510	0	0	0	16,029,729	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,805	0	0	0	1,006,321	16.00
17.00	01700	SOCIAL SERVICE	359	0	0	1,675	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	6,630	0	0	0	708,666	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,921,740	155,598,898	155,598,898	0	46,862,812	30.00
31.00	03100	INTENSIVE CARE UNIT	1,904,090	38,482,049	38,482,049	0	18,821,095	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	224,399	20,048,663	20,048,663	0	4,198,910	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,881,583	59,683,277	115,583,035	0	18,979,680	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	35,783	7,766,043	15,964,416	0	2,360,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	360,762	21,667,542	26,205,205	0	6,620,941	52.00
53.00	05300	ANESTHESIOLOGY	831,246	10,296,771	18,017,666	0	1,010,201	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,767,380	85,535,700	213,660,511	0	24,243,066	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,215,998	63,913,389	93,980,531	0	13,798,176	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	120,373	1,257,442	1,394,050	0	319,504	62.00
65.00	06500	RESPIRATORY THERAPY	591,412	30,623,425	32,684,062	0	4,402,253	65.00
66.00	06600	PHYSICAL THERAPY	9,826	10,564,207	21,021,631	0	6,340,241	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	121,644	10,596,158	23,056,379	0	3,452,365	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,391	1,014,136	2,113,199	0	300,548	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,968,269	42,517,042	0	30,671,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	55,303,402	70,696,198	0	19,788,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,735,077	117,631,897	0	4,678,338	73.00
74.00	07400	RENAL DIALYSIS	104,770	3,823,894	3,823,894	0	1,020,825	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	13,283	0	1,856,132	0	493,416	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	11,796	0	594,867	93,317	0	90.01
90.02	09002	WOUND CARE CLINIC	290,200	0	3,097,346	0	925,696	90.02
91.00	09100	EMERGENCY	989,754	54,344,923	124,762,236	0	15,691,397	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (I/P REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	47,538,822	755,223,265	1,142,789,907	-32,074,372	279,105,173	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	46,864	674,300	1,471,915	0	2,037,887	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	26,664	480,364	27,824,446		32,169,364	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000560	0.000635	0.024317		0.114423	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	26,322	24,487	31,885		5,185,209	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000553	0.000032	0.000028		0.018443	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: 14-0288

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

Worksheet B-1

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	557,161				6.00
7.00	00700	OPERATION OF PLANT	0	557,161			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	612	612	1,478,441		8.00
9.00	00900	HOUSEKEEPING	4,302	4,302	0	552,247	9.00
10.00	01000	DIETARY	18,083	18,083	0	18,083	10.00
11.00	01100	CAFETERIA	0	0	0	297,953	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	89,971	12.00
13.00	01300	NURSING ADMINISTRATION	5,878	5,878	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,315	21,315	17,674	21,315	14.00
15.00	01500	PHARMACY	5,859	5,859	1,332	5,859	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,748	2,748	0	2,748	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	174,620	174,620	478,988	174,620	30.00
31.00	03100	INTENSIVE CARE UNIT	55,836	55,836	188,992	55,836	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	4,182	4,182	11,984	4,182	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	79,360	79,360	259,883	79,360	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	6,376	6,376	0	6,376	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,814	15,814	43,036	15,814	52.00
53.00	05300	ANESTHESIOLOGY	305	305	0	305	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,048	56,048	87,021	56,048	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	13,804	13,804	9,985	13,804	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,442	1,442	0	1,442	65.00
66.00	06600	PHYSICAL THERAPY	2,332	2,332	76	2,332	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,813	67.00
69.00	06900	ELECTROCARDIOLOGY	13,666	13,666	46,325	13,666	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO 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	4,145	4,145	0	4,145	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,286	3,286	9,367	3,286	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	3,585	3,585	0	3,585	90.01
90.02	09002	WOUND CARE CLINIC	2,601	2,601	0	2,601	90.02
91.00	09100	EMERGENCY	20,422	20,422	323,778	20,422	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	516,621	516,621	1,478,441	511,707	297,953	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	40,540	40,540	0	40,540	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	21,519,564	3,790	1,383,294	4,594,703	5,999,542	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	38.623601	0.006802	0.935644	8.320014	20.135867	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,237,892	316	46,167	240,995	794,507	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	11.195852	0.000567	0.031227	0.436390	2.666551	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: 14-0288

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

Worksheet B-1

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	1,000				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	1	261,752,648			12.00
13.00	01300	NURSING ADMINISTRATION	29	5,639,977	464		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13	2,907,120	0	46,763,793	14.00
15.00	01500	PHARMACY	42	23,296,312	2	306,510	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7	86,304	7	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,456,708	0	359	17.00
23.00	02300	PARAMED ED PRGM- EMS	7	719,345	0	6,630	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	325	38,405,032	198	1,921,740	30.00
31.00	03100	INTENSIVE CARE UNIT	124	27,726,208	85	1,904,090	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	26	3,844,707	22	224,399	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	87	22,402,070	41	23,881,583	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	12	2,497,417	10	35,783	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41	5,758,463	28	360,762	52.00
53.00	05300	ANESTHESIOLOGY	3	981,826	0	831,246	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	90	25,197,734	10	13,767,380	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	11,663,060	0	1,215,998	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	870,414	0	120,373	62.00
65.00	06500	RESPIRATORY THERAPY	29	4,650,881	0	591,412	65.00
66.00	06600	PHYSICAL THERAPY	40	3,093,596	0	9,826	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	19	3,834,251	5	121,644	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1	653,878	0	7,391	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,540,355	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	24,309,708	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,831,285	0	0	73.00
74.00	07400	RENAL DIALYSIS	4	896,752	3	104,770	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3	870,509	1	13,283	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	4	1,867,416	0	11,796	90.01
90.02	09002	WOUND CARE CLINIC	2	482,579	0	290,200	90.02
91.00	09100	EMERGENCY	85	16,167,385	49	989,754	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	994	258,651,292	461	46,716,929	1,146,205	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	6	3,101,356	3	46,864	224	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,811,644	1,812	6,280,505	3,169,581	18,264,326	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,811.644000	0.000007	13,535.571121	0.067779	15.931493	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	239,912	240	339,309	874,704	548,743	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	239.912000	0.000001	731.269397	0.018705	0.478654	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: 14-0288

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

Worksheet B-1

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)	
			16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMIN AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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	20,219			16.00
17.00	01700	SOCIAL SERVICE	0	12,763		17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	28,740	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,088	11,197	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,694	242	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	696	361	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,235	0	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	50.01
51.00	05100	RECOVERY ROOM	19	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197	361	0	52.00
53.00	05300	ANESTHESIOLOGY	36	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	783	0	0	54.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	3,638	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	67	0	0	65.00
66.00	06600	PHYSICAL THERAPY	475	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	1,626	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED 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	963	0	0	73.00
74.00	07400	RENAL DIALYSIS	20	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	120	0	90.02
91.00	09100	EMERGENCY	4,677	482	28,740	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)	
		16.00	17.00	23.00	
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	20,219	12,763	28,740	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,357,919	-1,634	808,737	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	67.160542	0.000000	28.139770	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	135,022	514	120,749	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.677976	0.040273	4.201427	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,077,534		71,077,534	165,225	71,242,759	30.00	
31.00	03100	INTENSIVE CARE UNIT	29,066,853		29,066,853	271,065	29,337,918	31.00	
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
42.00	04200	SUBPROVIDER	0		0	0	0	42.00	
43.00	04300	NURSERY	5,448,833		5,448,833	995,415	6,444,248	43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00	
45.00	04500	NURSING FACILITY	0		0	0	0	45.00	
45.01	04510	ICF/IID	0		0	0	0	45.01	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,525,610		30,525,610	1,099,551	31,625,161	50.00	
50.01	05001	OPERATING ROOM	0		0	0	0	50.01	
51.00	05100	RECOVERY ROOM	3,183,463		3,183,463	0	3,183,463	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,231,296		9,231,296	1,208,434	10,439,730	52.00	
53.00	05300	ANESTHESIOLOGY	2,408,988		2,408,988	0	2,408,988	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,753,407		31,753,407	100,980	31,854,387	54.00	
57.00	05700	CT SCAN	0		0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00	06000	LABORATORY	16,361,408		16,361,408	0	16,361,408	60.00	
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	364,228		364,228	0	364,228	62.00	
65.00	06500	RESPIRATORY THERAPY	5,084,754	0	5,084,754	0	5,084,754	65.00	
66.00	06600	PHYSICAL THERAPY	7,477,917	0	7,477,917	0	7,477,917	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
69.00	06900	ELECTROCARDIOLOGY	5,457,415		5,457,415	27,031	5,484,446	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	337,592		337,592	0	337,592	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,181,609		34,181,609	0	34,181,609	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,053,199		22,053,199	0	22,053,199	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	5,278,350		5,278,350	0	5,278,350	73.00	
74.00	07400	RENAL DIALYSIS	1,718,135		1,718,135	0	1,718,135	74.00	
76.00	03140	CARDIOLOGY	0		0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	739,087		739,087	0	739,087	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00	09000	CLINIC	0		0	0	0	90.00	
90.01	09001	SPORTS MEDICINE	83,458		83,458	0	83,458	90.01	
90.02	09002	WOUND CARE CLINIC	1,658,639		1,658,639	0	1,658,639	90.02	
91.00	09100	EMERGENCY	25,494,609		25,494,609	1,463,594	26,958,203	91.00	
91.01	09101	CHEMOTHERAPY	0		0	0	0	91.01	
91.02	09102	PAIN CLINIC	0		0	0	0	91.02	
91.03	09103	INFUSION CLINIC	0		0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,441,067		7,441,067	0	7,441,067	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10	
	SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00	
200.00		Subtotal (see instructions)	316,427,451	0	316,427,451	5,331,295	321,758,746	200.00	
201.00		Less Observation Beds	7,441,067		7,441,067	0	7,441,067	201.00	
202.00		Total (see instructions)	308,986,384	0	308,986,384	5,331,295	314,317,679	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/21/2021 10:29 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	155,598,898		155,598,898			30.00	
31.00	03100	INTENSIVE CARE UNIT	38,482,049		38,482,049			31.00	
32.00	03200	CORONARY CARE UNIT	0		0			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	20,048,663		20,048,663			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
45.00	04500	NURSING FACILITY	0		0			45.00	
45.01	04510	ICF/IID	0		0			45.01	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	59,683,277	55,899,758	115,583,035	0.264101	0.000000	50.00	
50.01	05001	OPERATING ROOM	0	0	0	0.000000	0.000000	50.01	
51.00	05100	RECOVERY ROOM	7,766,043	8,198,373	15,964,416	0.199410	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,667,542	4,537,663	26,205,205	0.352270	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	10,296,771	7,720,895	18,017,666	0.133701	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,535,700	128,124,812	213,660,512	0.148616	0.000000	54.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	63,913,389	30,067,142	93,980,531	0.174094	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,257,442	136,608	1,394,050	0.261273	0.000000	62.00	
65.00	06500	RESPIRATORY THERAPY	30,623,425	2,060,637	32,684,062	0.155573	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	10,564,207	10,457,424	21,021,631	0.355725	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
69.00	06900	ELECTROCARDIOLOGY	10,596,158	12,460,221	23,056,379	0.236699	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,014,136	1,099,064	2,113,200	0.159754	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,968,269	16,548,773	42,517,042	0.803951	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	55,303,402	15,392,796	70,696,198	0.311943	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	98,735,077	18,896,820	117,631,897	0.044872	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	3,823,894	0	3,823,894	0.449316	0.000000	74.00	
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	1,856,132	1,856,132	0.398187	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	SPORTS MEDICINE	0	594,867	594,867	0.140297	0.000000	90.01	
90.02	09002	WOUND CARE CLINIC	0	3,097,346	3,097,346	0.535503	0.000000	90.02	
91.00	09100	EMERGENCY	54,344,923	70,417,313	124,762,236	0.204346	0.000000	91.00	
91.01	09101	CHEMOTHERAPY	0	0	0	0.000000	0.000000	91.01	
91.02	09102	PAIN CLINIC	0	0	0	0.000000	0.000000	91.02	
91.03	09103	INFUSION CLINIC	0	0	0	0.000000	0.000000	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,217,709	10,597,421	17,815,130	0.417682	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0			99.10	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	762,440,974	398,164,065	1,160,605,039			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	762,440,974	398,164,065	1,160,605,039			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
45.01	04510	ICF/IID				45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.273614			50.00
50.01	05001	OPERATING ROOM	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.199410			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.398384			52.00
53.00	05300	ANESTHESIOLOGY	0.133701			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149089			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.174094			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.261273			62.00
65.00	06500	RESPIRATORY THERAPY	0.155573			65.00
66.00	06600	PHYSICAL THERAPY	0.355725			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
69.00	06900	ELECTROCARDIOLOGY	0.237871			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.159754			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.803951			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.311943			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.044872			73.00
74.00	07400	RENAL DIALYSIS	0.449316			74.00
76.00	03140	CARDIOLOGY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.398187			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	SPORTS MEDICINE	0.140297			90.01
90.02	09002	WOUND CARE CLINIC	0.535503			90.02
91.00	09100	EMERGENCY	0.216077			91.00
91.01	09101	CHEMOTHERAPY	0.000000			91.01
91.02	09102	PAIN CLINIC	0.000000			91.02
91.03	09103	INFUSION CLINIC	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.417682			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/21/2021 10:29 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,077,534		71,077,534	165,225	71,242,759	30.00
31.00	03100	INTENSIVE CARE UNIT	29,066,853		29,066,853	271,065	29,337,918	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	5,448,833		5,448,833	995,415	6,444,248	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/IID	0		0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,525,610		30,525,610	1,099,551	31,625,161	50.00
50.01	05001	OPERATING ROOM	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,183,463		3,183,463	0	3,183,463	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,231,296		9,231,296	1,208,434	10,439,730	52.00
53.00	05300	ANESTHESIOLOGY	2,408,988		2,408,988	0	2,408,988	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,753,407		31,753,407	100,980	31,854,387	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	16,361,408		16,361,408	0	16,361,408	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	364,228		364,228	0	364,228	62.00
65.00	06500	RESPIRATORY THERAPY	5,084,754	0	5,084,754	0	5,084,754	65.00
66.00	06600	PHYSICAL THERAPY	7,477,917	0	7,477,917	0	7,477,917	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	5,457,415		5,457,415	27,031	5,484,446	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	337,592		337,592	0	337,592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,181,609		34,181,609	0	34,181,609	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,053,199		22,053,199	0	22,053,199	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,278,350		5,278,350	0	5,278,350	73.00
74.00	07400	RENAL DIALYSIS	1,718,135		1,718,135	0	1,718,135	74.00
76.00	03140	CARDIOLOGY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	739,087		739,087	0	739,087	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	SPORTS MEDICINE	83,458		83,458	0	83,458	90.01
90.02	09002	WOUND CARE CLINIC	1,658,639		1,658,639	0	1,658,639	90.02
91.00	09100	EMERGENCY	25,494,609		25,494,609	1,463,594	26,958,203	91.00
91.01	09101	CHEMOTHERAPY	0		0	0	0	91.01
91.02	09102	PAIN CLINIC	0		0	0	0	91.02
91.03	09103	INFUSION CLINIC	0		0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,441,067		7,441,067	0	7,441,067	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	316,427,451	0	316,427,451	5,331,295	321,758,746	200.00
201.00		Less Observation Beds	7,441,067		7,441,067	0	7,441,067	201.00
202.00		Total (see instructions)	308,986,384	0	308,986,384	5,331,295	314,317,679	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/21/2021 10:29 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	155,598,898		155,598,898		30.00
31.00	03100	INTENSIVE CARE UNIT	38,482,049		38,482,049		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	20,048,663		20,048,663		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/IID	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	59,683,277	55,899,758	115,583,035	0.264101	0.000000
50.01	05001	OPERATING ROOM	0	0	0	0.000000	0.000000
51.00	05100	RECOVERY ROOM	7,766,043	8,198,373	15,964,416	0.199410	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,667,542	4,537,663	26,205,205	0.352270	0.000000
53.00	05300	ANESTHESIOLOGY	10,296,771	7,720,895	18,017,666	0.133701	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,535,700	128,124,812	213,660,512	0.148616	0.000000
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	63,913,389	30,067,142	93,980,531	0.174094	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,257,442	136,608	1,394,050	0.261273	0.000000
65.00	06500	RESPIRATORY THERAPY	30,623,425	2,060,637	32,684,062	0.155573	0.000000
66.00	06600	PHYSICAL THERAPY	10,564,207	10,457,424	21,021,631	0.355725	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	10,596,158	12,460,221	23,056,379	0.236699	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,014,136	1,099,064	2,113,200	0.159754	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,968,269	16,548,773	42,517,042	0.803951	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	55,303,402	15,392,796	70,696,198	0.311943	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	98,735,077	18,896,820	117,631,897	0.044872	0.000000
74.00	07400	RENAL DIALYSIS	3,823,894	0	3,823,894	0.449316	0.000000
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	0	1,856,132	1,856,132	0.398187	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	SPORTS MEDICINE	0	594,867	594,867	0.140297	0.000000
90.02	09002	WOUND CARE CLINIC	0	3,097,346	3,097,346	0.535503	0.000000
91.00	09100	EMERGENCY	54,344,923	70,417,313	124,762,236	0.204346	0.000000
91.01	09101	CHEMOTHERAPY	0	0	0	0.000000	0.000000
91.02	09102	PAIN CLINIC	0	0	0	0.000000	0.000000
91.03	09103	INFUSION CLINIC	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,217,709	10,597,421	17,815,130	0.417682	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	762,440,974	398,164,065	1,160,605,039		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	762,440,974	398,164,065	1,160,605,039		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
45.01	04510	ICF/IID				45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	OPERATING ROOM	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03140	CARDIOLOGY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	SPORTS MEDICINE	0.000000			90.01
90.02	09002	WOUND CARE CLINIC	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	CHEMOTHERAPY	0.000000			91.01
91.02	09102	PAIN CLINIC	0.000000			91.02
91.03	09103	INFUSION CLINIC	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/21/2021 10:29 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,597,120	0	8,597,120	62,635	137.26	30.00
31.00	INTENSIVE CARE UNIT	2,875,677		2,875,677	10,586	271.65	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	282,108		282,108	2,054	137.35	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/IID	0		0	0	0.00	45.01
200.00	Total (lines 30 through 199)	11,754,905		11,754,905	75,275		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	20,078	2,755,906				30.00
31.00	INTENSIVE CARE UNIT	2,414	655,763				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
45.01	ICF/IID	0	0				45.01
200.00	Total (lines 30 through 199)	22,492	3,411,669				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/21/2021 10:29 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,211,280	115,583,035	0.036435	20,049,867	730,517	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	310,487	15,964,416	0.019449	2,745,637	53,400	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	907,843	26,205,205	0.034644	0	0	52.00
53.00	05300	ANESTHESIOLOGY	86,227	18,017,666	0.004786	2,922,047	13,985	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,579,360	213,660,512	0.016753	36,163,604	605,849	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	858,278	93,980,531	0.009133	23,053,034	210,543	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,986	1,394,050	0.006446	523,208	3,373	62.00
65.00	06500	RESPIRATORY THERAPY	167,858	32,684,062	0.005136	12,951,373	66,518	65.00
66.00	06600	PHYSICAL THERAPY	369,189	21,021,631	0.017562	4,752,369	83,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	647,319	23,056,379	0.028075	4,724,434	132,638	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,258	2,113,200	0.002961	371,069	1,099	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	570,915	42,517,042	0.013428	10,130,892	136,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	374,039	70,696,198	0.005291	24,150,713	127,781	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,994	117,631,897	0.000918	37,234,479	34,181	73.00
74.00	07400	RENAL DIALYSIS	196,961	3,823,894	0.051508	2,164,457	111,487	74.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	141,024	1,856,132	0.075977	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SPORTS MEDICINE	459,373	594,867	0.772228	0	0	90.01
90.02	09002	WOUND CARE CLINIC	140,784	3,097,346	0.045453	0	0	90.02
91.00	09100	EMERGENCY	1,909,801	124,762,236	0.015308	18,938,879	289,916	91.00
91.01	09101	CHEMOTHERAPY	0	0	0.000000	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0.000000	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	897,943	17,815,130	0.050403	2,802,817	141,270	92.00
200.00		Total (lines 50 through 199)	15,951,919	946,475,429		203,678,879	2,742,056	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part III
Date/Time Prepared:
7/21/2021 10:29 am

				Title XVIII		Hospital		PPS	
Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00
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
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	0	45.01
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	62,635	0.00	20,078	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	10,586	0.00	2,414	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY		0	2,054	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00	
45.01	04510	ICF/IID		0	0	0.00	0	45.01	
200.00		Total (lines 30 through 199)		0	75,275		22,492	200.00	
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
				9.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0					30.00	
31.00	03100	INTENSIVE CARE UNIT	0					31.00	
32.00	03200	CORONARY CARE UNIT	0					32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00	
40.00	04000	SUBPROVIDER - IPF	0					40.00	
41.00	04100	SUBPROVIDER - IRF	0					41.00	
42.00	04200	SUBPROVIDER	0					42.00	
43.00	04300	NURSERY	0					43.00	
44.00	04400	SKILLED NURSING FACILITY	0					44.00	
45.00	04500	NURSING FACILITY	0					45.00	
45.01	04510	ICF/IID	0					45.01	
200.00		Total (lines 30 through 199)	0					200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0288		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/21/2021 10:29 am	
				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
50.01	05001	OPERATING ROOM		0	0	0	0	0	50.01
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
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03140	CARDIOLOGY		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE		0	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	808,737	91.00
91.01	09101	CHEMOTHERAPY		0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC		0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC		0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	808,737	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0288		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/21/2021 10:29 am		
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM		0	0	0	115,583,035	0.000000	50.00
50.01	05001	OPERATING ROOM		0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	15,964,416	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	26,205,205	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	18,017,666	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	213,660,512	0.000000	54.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	93,980,531	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	1,394,050	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	32,684,062	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	21,021,631	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	23,056,379	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	2,113,200	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	42,517,042	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	70,696,198	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	117,631,897	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	3,823,894	0.000000	74.00
76.00	03140	CARDIOLOGY		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,856,132	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	SPORTS MEDICINE		0	0	0	594,867	0.000000	90.01
90.02	09002	WOUND CARE CLINIC		0	0	0	3,097,346	0.000000	90.02
91.00	09100	EMERGENCY		0	808,737	808,737	124,762,236	0.006482	91.00
91.01	09101	CHEMOTHERAPY		0	0	0	0	0.000000	91.01
91.02	09102	PAIN CLINIC		0	0	0	0	0.000000	91.02
91.03	09103	INFUSION CLINIC		0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	17,815,130	0.000000	92.00
200.00		Total (lines 50 through 199)		0	808,737	808,737	946,475,429		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/21/2021 10:29 am

				Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	20,049,867	0	11,528,908	0	50.00	
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	2,745,637	0	1,581,320	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	2,922,047	0	1,504,079	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	36,163,604	0	40,975,466	0	54.00	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	23,053,034	0	7,924,464	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	523,208	0	49,127	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	12,951,373	0	676,732	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	4,752,369	0	2,229,721	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,724,434	0	3,992,588	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	371,069	0	183,328	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	10,130,892	0	6,150,408	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	24,150,713	0	4,647,359	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	37,234,479	0	4,395,491	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	2,164,457	0	0	0	74.00	
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	675,277	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	SPORTS MEDICINE	0.000000	0	0	196,639	0	90.01	
90.02	09002	WOUND CARE CLINIC	0.000000	0	0	1,648,387	0	90.02	
91.00	09100	EMERGENCY	0.006482	18,938,879	122,762	14,076,959	91,247	91.00	
91.01	09101	CHEMOTHERAPY	0.000000	0	0	0	0	91.01	
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	91.02	
91.03	09103	INFUSION CLINIC	0.000000	0	0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	2,802,817	0	3,291,426	0	92.00	
200.00		Total (lines 50 through 199)		203,678,879	122,762	105,727,679	91,247	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/21/2021 10:29 am		
				Title XVIII	Hospital	PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.264101	11,528,908	0	0	3,044,796	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.199410	1,581,320	0	0	315,331	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352270	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.133701	1,504,079	0	0	201,097	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148616	40,975,466	0	0	6,089,610	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.174094	7,924,464	0	350	1,379,602	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.261273	49,127	0	0	12,836	62.00
65.00	06500	RESPIRATORY THERAPY	0.155573	676,732	0	0	105,281	65.00
66.00	06600	PHYSICAL THERAPY	0.355725	2,229,721	0	0	793,168	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.236699	3,992,588	0	0	945,042	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.159754	183,328	0	0	29,287	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.803951	6,150,408	0	0	4,944,627	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.311943	4,647,359	0	0	1,449,711	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.044872	4,395,491	0	81,006	197,234	73.00
74.00	07400	RENAL DIALYSIS	0.449316	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.398187	675,277	0	0	268,887	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.140297	196,639	0	0	27,588	90.01
90.02	09002	WOUND CARE CLINIC	0.535503	1,648,387	0	0	882,716	90.02
91.00	09100	EMERGENCY	0.204346	14,076,959	0	0	2,876,570	91.00
91.01	09101	CHEMOTHERAPY	0.000000	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.417682	3,291,426	0	0	1,374,769	92.00
200.00		Subtotal (see instructions)		105,727,679	0	81,356	24,938,152	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		105,727,679	0	81,356	24,938,152	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0288		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/21/2021 10:29 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	OPERATING ROOM	0	0					50.01
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	61					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,635					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03140	CARDIOLOGY	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	0	0					90.00
90.01	09001	SPORTS MEDICINE	0	0					90.01
90.02	09002	WOUND CARE CLINIC	0	0					90.02
91.00	09100	EMERGENCY	0	0					91.00
91.01	09101	CHEMOTHERAPY	0	0					91.01
91.02	09102	PAIN CLINIC	0	0					91.02
91.03	09103	INFUSION CLINIC	0	0					91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
200.00		Subtotal (see instructions)	0	3,696					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	3,696					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/21/2021 10:29 am

			Title XIX		Hospital		Cost	
	Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00			
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.264101	0	346,482	0	0	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.199410	0	62,936	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352270	0	176,970	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.133701	0	57,318	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148616	0	1,361,787	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.174094	0	692,072	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.261273	0	4,265	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.155573	0	34,816	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.355725	0	219,558	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.236699	0	146,261	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.159754	0	4,537	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.803951	0	30,993	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.311943	0	94,697	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.044872	0	426,746	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.449316	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.398187	0	730	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.140297	0	1,365	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0.535503	0	37,195	0	0	90.02
91.00	09100	EMERGENCY	0.204346	0	2,004,034	0	0	91.00
91.01	09101	CHEMOTHERAPY	0.000000	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.417682	0	289,395	0	0	92.00
200.00		Subtotal (see instructions)		0	5,992,157	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	5,992,157	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/21/2021 10:29 am

			Title XIX		Hospital	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	91,506	0		50.00
50.01	05001	OPERATING ROOM	0	0		50.01
51.00	05100	RECOVERY ROOM	12,550	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,341	0		52.00
53.00	05300	ANESTHESIOLOGY	7,663	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	202,383	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	120,486	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,114	0		62.00
65.00	06500	RESPIRATORY THERAPY	5,416	0		65.00
66.00	06600	PHYSICAL THERAPY	78,102	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	34,620	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	725	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,917	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,540	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,149	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03140	CARDIOLOGY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	291	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	SPORTS MEDICINE	192	0		90.01
90.02	09002	WOUND CARE CLINIC	19,918	0		90.02
91.00	09100	EMERGENCY	409,516	0		91.00
91.01	09101	CHEMOTHERAPY	0	0		91.01
91.02	09102	PAIN CLINIC	0	0		91.02
91.03	09103	INFUSION CLINIC	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	120,875	0		92.00
200.00		Subtotal (see instructions)	1,241,304	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,241,304	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/21/2021 10:29 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			62,635	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			62,635	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)			56,093	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)			20,078	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)			71,242,759	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)			71,242,759	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)			71,242,759	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,137.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			22,837,320	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)			22,837,320	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0288

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

Worksheet D-1

Date/Time Prepared:
7/21/2021 10:29 am

		Title XVIII		Hospital	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	29,337,918	10,586	2,771.39	2,414	6,690,135
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					44,438,949
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					73,966,404
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,411,669
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,864,818
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,276,487
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					67,689,917
	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)					6,542
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,137.43
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,441,067

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0288

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

Worksheet D-1

Date/Time Prepared:
7/21/2021 10:29 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	8,597,120	71,242,759	0.120674	7,441,067	897,943	90.00
91.00 Nursing School cost	0	71,242,759	0.000000	7,441,067	0	91.00
92.00 Allied health cost	0	71,242,759	0.000000	7,441,067	0	92.00
93.00 All other Medical Education	0	71,242,759	0.000000	7,441,067	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/21/2021 10:29 am	
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		51,378,199		30.00
31.00	03100	INTENSIVE CARE UNIT		14,305,560		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.273614	20,049,867	5,485,924	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.199410	2,745,637	547,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.398384	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.133701	2,922,047	390,681	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149089	36,163,604	5,391,596	54.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.174094	23,053,034	4,013,395	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.261273	523,208	136,700	62.00
65.00	06500	RESPIRATORY THERAPY	0.155573	12,951,373	2,014,884	65.00
66.00	06600	PHYSICAL THERAPY	0.355725	4,752,369	1,690,536	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.237871	4,724,434	1,123,806	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.159754	371,069	59,280	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.803951	10,130,892	8,144,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.311943	24,150,713	7,533,646	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.044872	37,234,479	1,670,786	73.00
74.00	07400	RENAL DIALYSIS	0.449316	2,164,457	972,525	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.398187	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.140297	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0.535503	0	0	90.02
91.00	09100	EMERGENCY	0.216077	18,938,879	4,092,256	91.00
91.01	09101	CHEMOTHERAPY	0.000000	0	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	91.02
91.03	09103	INFUSION CLINIC	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.417682	2,802,817	1,170,686	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		203,678,879	44,438,949	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		203,678,879		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/21/2021 10:29 am
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,595,046	30.00
31.00	03100	INTENSIVE CARE UNIT		2,142,042	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		2,175,815	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.264101	1,407,735	50.00
50.01	05001	OPERATING ROOM	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.199410	117,018	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352270	457,938	52.00
53.00	05300	ANESTHESIOLOGY	0.133701	259,407	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148616	2,565,371	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.174094	2,539,503	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.261273	38,005	62.00
65.00	06500	RESPIRATORY THERAPY	0.155573	1,164,099	65.00
66.00	06600	PHYSICAL THERAPY	0.355725	360,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.236699	277,895	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.159754	82,025	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.803951	786,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.311943	598,500	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.044872	3,793,547	73.00
74.00	07400	RENAL DIALYSIS	0.449316	205,156	74.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.398187	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SPORTS MEDICINE	0.140297	0	90.01
90.02	09002	WOUND CARE CLINIC	0.535503	0	90.02
91.00	09100	EMERGENCY	0.204346	1,979,930	91.00
91.01	09101	CHEMOTHERAPY	0.000000	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	91.02
91.03	09103	INFUSION CLINIC	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.417682	189,473	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		16,822,218	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)		16,822,218	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/21/2021 10:29 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		39,832,798	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,277,599	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)		950,068	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		319,689	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)		234.13	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		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)		2.23	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.81	31.00
32.00	Sum of lines 30 and 31		19.04	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.13	33.00
34.00	Disproportionate share adjustment (see instructions)		681,141	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/21/2021 10:29 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521
35.01	Factor 3 (see instructions)		0.000319904	0.000257509
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,671,393	2,134,757
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,999,896	538,076
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,537,972	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		495.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		57,599,267	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		57,599,267	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,644,413	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		33,036	53.00
54.00	Special add-on payments for new technologies		0	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)		122,762	58.00
59.00	Total (sum of amounts on lines 49 through 58)		62,399,478	59.00
60.00	Primary payer payments		57,283	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		62,342,195	61.00
62.00	Deductibles billed to program beneficiaries		4,687,716	62.00
63.00	Coinurance billed to program beneficiaries		176,044	63.00
64.00	Allowable bad debts (see instructions)		549,168	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		356,959	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		323,066	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		57,835,394	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)		234,215	70.93
70.94	HRR adjustment amount (see instructions)		-284,072	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/21/2021 10:29 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		618,600	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		57,166,937	71.00
71.01	Sequestration adjustment (see instructions)		377,302	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		56,715,493	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		74,142	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,127,959	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)		2,874,943	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/21/2021 10:29 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		3,696	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,846,905	2.00	
3.00	OPPS payments		17,653,673	3.00	
4.00	Outlier payment (see instructions)		52,463	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		91,247	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,696	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		81,356	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)		81,356	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)		81,356	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		77,660	19.00	
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00	
21.00	Lesser of cost or charges (see instructions)		3,696	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)		17,797,383	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,803,182	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)		14,997,897	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)		14,997,897	30.00	
31.00	Primary payer payments		0	31.00	
32.00	Subtotal (line 30 minus line 31)		14,997,897	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)		256,456	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		166,696	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		144,927	36.00	
37.00	Subtotal (see instructions)		15,164,593	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		15,164,593	40.00	
40.01	Sequestration adjustment (see instructions)		100,086	40.01	
40.02	Demonstration payment adjustment amount after sequestration		0	40.02	
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03	
41.00	Interim payments		15,030,680	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)		33,827	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)		74,560	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: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/21/2021 10:29 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		56,535,249		15,020,270	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/07/2020	180,244	09/07/2020	10,410	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)		180,244		10,410	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)		56,715,493		15,030,680	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		74,142		33,827	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		56,789,635		15,064,507	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Stephen Booth		00130		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/21/2021 10:29 am

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

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

Provider CCN: 14-0288

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

Worksheet G

Date/Time Prepared:
7/21/2021 10:29 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	959,878,000	0	0	0	1.00
2.00 Temporary investments	125,053,000	1,002,000	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,587,671,000	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	706,475,000	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	3,379,077,000	1,002,000	0	0	11.00
FIXED ASSETS					
12.00 Land	461,831,000	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	8,014,348,000	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	2,520,502,000	0	0	0	23.00
24.00 Accumulated depreciation	-5,144,704,000	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	5,851,977,000	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	11,107,210,000	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	1,111,379,000	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	12,218,589,000	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	21,449,643,000	1,002,000	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	1,341,619,000	0	0	0	37.00
38.00 Salaries, wages, and fees payable	1,207,672,000	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	79,934,000	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	690,637,000	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	3,319,862,000	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	3,310,401,000	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	2,419,336,000	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	5,729,737,000	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	9,049,599,000	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	12,400,044,000				52.00
53.00 Specific purpose fund		1,002,000			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	12,400,044,000	1,002,000	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	21,449,643,000	1,002,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0288

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

Worksheet G-1

Date/Time Prepared:
7/21/2021 10:29 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		12,349,398,152		1,002,000		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		50,645,848				2.00
3.00	Total (sum of line 1 and line 2)		12,400,044,000		1,002,000		3.00
4.00	FUNDING RECEIVED	0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		12,400,044,000		1,002,000		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		12,400,044,000		1,002,000		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	FUNDING RECEIVED		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0288

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/21/2021 10:29 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	155,599,195		155,599,195	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/IID	0		0	8.01
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	155,599,195		155,599,195	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,482,049		38,482,049	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	38,482,049		38,482,049	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	194,081,244		194,081,244	17.00
18.00	Ancillary services	514,014,807	324,054,275	838,069,082	18.00
19.00	Outpatient services	55,019,223	74,907,405	129,926,628	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	763,115,274	398,961,680	1,162,076,954	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		343,595,833		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)		343,595,833		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0288

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

Worksheet G-3

Date/Time Prepared:
7/21/2021 10:29 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,162,076,954	1.00
2.00	Less contractual allowances and discounts on patients' accounts	771,563,460	2.00
3.00	Net patient revenues (line 1 minus line 2)	390,513,494	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	343,595,833	4.00
5.00	Net income from service to patients (line 3 minus line 4)	46,917,661	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	3,728,187	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	3,728,187	25.00
26.00	Total (line 5 plus line 25)	50,645,848	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)	50,645,848	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet I-5 Date/Time Prepared: 7/21/2021 10:29 am
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0288	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/21/2021 10:29 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,468,360	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	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)		183.37	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)		2.23	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.81	8.00
9.00	Sum of lines 7 and 8		19.04	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.94	10.00
11.00	Disproportionate share adjustment (see instructions)		176,053	11.00
12.00	Total prospective capital payments (see instructions)		4,644,413	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