

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 14-0291

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

Worksheet S
Parts I-III
Date/Time Prepared:
7/26/2021 10:11 am

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/26/2021	Time: 10:11 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	number of times reopened = 0-9.
	(4) Reopened		
	(5) Amended		

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 GOOD SHEPHERD HOSPITAL (14-0291) 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)

VICE PRESIDENT CORPORATE REIMBURSEMENT

Title

(Dated when report is electronically signed.)

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	446,556	184,450	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
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	446,556	184,450	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: 14-0291		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/26/2021 10:11 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 450 W. HIGHWAY 22			PO Box:				1.00	
2.00	City: BARRINGTON			State: IL		Zip Code: 60010-		County: LAKE	
		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			GOOD SHEPHERD HOSPITAL	140291	29404	1	10/17/1979	N
4.00	Subprovider - IPF							P	0
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								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			992	0	0	0	2,100	24

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0291		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/26/2021 10:11 am	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00
						Urban/Rural S	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
					1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.				Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1		60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/26/2021 10:11 am

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

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

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			1.00	2.00	3.00
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)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/26/2021 10:11 am	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	
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	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					115.00
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:	183,461	871,750	2,897,088	118.01		
						1.00	
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.	Y				5.05	122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/26/2021 10:11 am	
		1.00		2.00			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036		140.00	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600				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.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/26/2021 10:11 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: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/26/2021 10:11 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		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.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/17/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/26/2021 10:11 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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		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.	SCOTT	MITCHELL		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.	7082543198	SCOTT.MITCHELL@AAH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/26/2021 10:11 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: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/26/2021 10:11 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 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	144	52,704	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)		144	52,704	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	32	11,712	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		176	64,416	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		176				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: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/26/2021 10:11 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)	14,529	772	30,727		1.00
2.00	HMO and other (see instructions)	4,615	2,100			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)	14,529	772	30,727		7.00
8.00	INTENSIVE CARE UNIT	3,076	194	7,243		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		26	1,301		13.00
14.00	Total (see instructions)	17,605	992	39,271	0.00	890.49
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00	SUBPROVIDER		0	0	0.00	0.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
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
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	890.49
28.00	Observation Bed Days		125	8,473		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	24	334		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: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/26/2021 10:11 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	4,113	185	10,039	1.00
2.00 HMO and other (see instructions)			1,011	516		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	4,113	185	10,039	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/26/2021 10:11 am

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	76,555,766	0	76,555,766	1,824,603.00	41.96	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		386,839	24,267	411,106	13,083.20	31.42	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,169,631	0	1,169,631	7,486.37	156.23	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		11,322,539	0	11,322,539	165,751.00	68.31	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,324,789	0	21,324,789			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		29,033	0	29,033			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		2,514,589	0	2,514,589			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/26/2021 10:11 am

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	1,206,177	-1,014,495	191,682	3,286.00	58.33	26.00
27.00	Administrative & General	5.00	13,847,917	-4,611,265	9,236,652	248,726.00	37.14	27.00
28.00	Administrative & General under contract (see inst.)		465,208	0	465,208	2,273.00	204.67	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	1,219,527	105,793	1,325,320	22,672.00	58.46	38.00
39.00	Central Services and Supply	14.00	569,079	29,075	598,154	27,581.00	21.69	39.00
40.00	Pharmacy	15.00	3,024,596	0	3,024,596	60,050.00	50.37	40.00
41.00	Medical Records & Medical Records Library	16.00	166,006	13,904	179,910	3,328.00	54.06	41.00
42.00	Social Service	17.00	508,572	24,615	533,187	12,938.00	41.21	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/26/2021 10:11 am

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	77,020,974	0	77,020,974	1,826,876.00	42.16	1.00
2.00	Excluded area salaries (see instructions)	386,839	24,267	411,106	13,083.20	31.42	2.00
3.00	Subtotal salaries (line 1 minus line 2)	76,634,135	-24,267	76,609,868	1,813,792.80	42.24	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,492,170	0	12,492,170	173,237.37	72.11	4.00
5.00	Subtotal wage-related costs (see inst.)	23,839,378	0	23,839,378	0.00	31.12	5.00
6.00	Total (sum of lines 3 thru 5)	112,965,683	-24,267	112,941,416	1,987,030.17	56.84	6.00
7.00	Total overhead cost (see instructions)	21,007,082	-5,452,373	15,554,709	380,854.00	40.84	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
7/26/2021 10:11 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,248,596	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)	396,384	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	6,270,722	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,756,242	9.00
10.00	Dental, Hearing and Vision Plan	287,530	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	59,419	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)	696,041	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,298,200	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,507,628	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	104,657	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))	212,861	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	515,542	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,353,822	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: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/26/2021 10:11 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	0	21,353,822	1.00
2.00	Hospital	0	21,353,822	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/26/2021 10:11 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)			0.293699	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			9,871,079	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			55,750,092	6.00
7.00	Medicaid cost (line 1 times line 6)			16,373,746	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)			6,502,667	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)			6,502,667	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)	8,214,920	1,349,889	9,564,809	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,412,714	1,349,889	3,762,603	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,412,714	1,349,889	3,762,603	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)			14,664,929	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			400,954	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			616,852	27.01
28.00	Non-Medicare bad debt expense (see instructions)			14,048,077	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,341,804	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,104,407	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,607,074	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/26/2021 10:11 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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	13,434,747	13,434,747	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	9,554,567	9,554,567	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,206,177	15,051,556	16,257,733	-849,619	15,408,114	4.00
5.01	00540	NONPATIENT TELEPHONES	292,726	966,968	1,259,694	24,009	1,283,703	5.01
5.02	00550	DATA PROCESSING	42,403	103,528	145,931	-97,587	48,344	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,621,302	1,621,302	-127,965	1,493,337	5.03
5.04	00570	ADMITTING	1,180,905	176,661	1,357,566	-6,157	1,351,409	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	13,158,572	13,158,572	-1,054	13,157,518	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	12,331,883	65,424,695	77,756,578	-20,654,517	57,102,061	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	9,800,503	9,800,503	-652,616	9,147,887	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	814,125	814,125	0	814,125	8.00
9.00	00900	HOUSEKEEPING	0	2,718,720	2,718,720	-18,717	2,700,003	9.00
10.00	01000	DIETARY	0	3,323,068	3,323,068	-32,201	3,290,867	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,219,527	246,853	1,466,380	36,359	1,502,739	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	569,079	2,316,420	2,885,499	-1,666,114	1,219,385	14.00
15.00	01500	PHARMACY	3,024,596	7,760,298	10,784,894	-4,644,489	6,140,405	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	166,006	240,458	406,464	15,186	421,650	16.00
17.00	01700	SOCIAL SERVICE	508,572	113,789	622,361	30,948	653,309	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	191,848	15,456	207,304	6,592	213,896	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,673,055	3,989,001	21,662,056	1,340,547	23,002,603	30.00
31.00	03100	INTENSIVE CARE UNIT	5,519,843	2,226,960	7,746,803	-1,690,588	6,056,215	31.00
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	959,264	214,424	1,173,688	-90,010	1,083,678	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,411,824	26,277,741	33,689,565	-21,752,216	11,937,349	50.00
51.00	05100	RECOVERY ROOM	1,131,297	206,813	1,338,110	-9,920	1,328,190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,994,648	1,172,091	3,166,739	-187,348	2,979,391	52.00
53.00	05300	ANESTHESIOLOGY	158,825	573,346	732,171	-502,200	229,971	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,996,228	4,911,606	8,907,834	-2,346,315	6,561,519	54.00
56.00	05600	RADIOISOTOPE	514,132	1,114,434	1,628,566	-1,002,148	626,418	56.00
56.01	03630	ULTRA SOUND	810,850	128,676	939,526	2,243	941,769	56.01
57.00	05700	CT SCAN	923,306	570,827	1,494,133	-395,460	1,098,673	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	529,397	566,582	1,095,979	-466,899	629,080	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,760,145	12,051,154	13,811,299	-11,463,260	2,348,039	59.00
60.00	06000	LABORATORY	0	10,510,681	10,510,681	-540,113	9,970,568	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	1,652,137	473,544	2,125,681	21,097	2,146,778	65.00
66.00	06600	PHYSICAL THERAPY	2,416,194	349,304	2,765,498	223,271	2,988,769	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,153,612	1,126,925	2,280,537	21,816	2,302,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	71,945	8,141	80,086	6,959	87,045	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	23,012,916	23,012,916	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,080,986	16,080,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,111,237	5,111,237	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	376,630	51,324	427,954	110,741	538,695	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,547,989	2,329,070	4,877,059	151,518	5,028,577	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,025,732	1,612,008	5,637,740	-12,708	5,625,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	76,360,775	194,317,624	270,678,399	-24,482	270,653,917	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	194,991	254,167	449,158	24,482	473,640	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	76,555,766	194,571,791	271,127,557	0	271,127,557	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A

Date/Time Prepared:
7/26/2021 10:11 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	2,348,487	15,783,234	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,823,564	11,378,131	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,244,461	18,652,575	4.00
5.01	00540	NONPATIENT TELEPHONES	-212	1,283,491	5.01
5.02	00550	DATA PROCESSING	14,107,700	14,156,044	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,493,337	5.03
5.04	00570	ADMITTING	0	1,351,409	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-10,928,673	2,228,845	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	-25,332,890	31,769,171	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	9,147,887	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	814,125	8.00
9.00	00900	HOUSEKEEPING	0	2,700,003	9.00
10.00	01000	DIETARY	-281,470	3,009,397	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-2,636	1,500,103	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-555	1,218,830	14.00
15.00	01500	PHARMACY	-1,064	6,139,341	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	421,650	16.00
17.00	01700	SOCIAL SERVICE	-55,826	597,483	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	-3,000	210,896	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-147,650	22,854,953	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,398	6,053,817	31.00
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	-95	1,083,583	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-949,356	10,987,993	50.00
51.00	05100	RECOVERY ROOM	0	1,328,190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-657,460	2,321,931	52.00
53.00	05300	ANESTHESIOLOGY	-400	229,571	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,630	6,553,889	54.00
56.00	05600	RADIOISOTOPE	0	626,418	56.00
56.01	03630	ULTRA SOUND	0	941,769	56.01
57.00	05700	CT SCAN	0	1,098,673	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	629,080	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,348,039	59.00
60.00	06000	LABORATORY	-199,920	9,770,648	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	-1,691	2,145,087	65.00
66.00	06600	PHYSICAL THERAPY	-189	2,988,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-473,529	1,828,824	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	87,045	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,012,916	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,080,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,111,237	73.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	538,695	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	-183,565	4,845,012	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	-3,830	5,621,202	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,709,827	252,944,090	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	-12,041	461,599	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-17,721,868	253,405,689	200.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
7/26/2021 10:11 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,434,747		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	9,554,567		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
38.00		0.00	0	0		38.00
	TOTALS		0	22,989,314		
	C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,072,473		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	5,072,473		
	F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	39,093,902		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
7.00		0.00	0	0		7.00
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
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
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
7/26/2021 10:11 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
38.00		0.00	0	0		38.00
	TOTALS		0	39,093,902		
G - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	16,080,986		1.00
	TOTALS		0	16,080,986		
H - COVID EXPENSE RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	164,876		1.00
2.00	NONPATIENT TELEPHONES	5.01	21,181	5,942		2.00
3.00	ADMITTING	5.04	14,391	4,037		3.00
4.00	NURSING ADMINISTRATION	13.00	84,170	23,611		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	29,075	8,156		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	13,904	3,900		6.00
7.00	SOCIAL SERVICE	17.00	24,615	6,905		7.00
8.00	PARAMED ED PRGM-PASTORAL CARE	23.00	5,148	1,444		8.00
9.00	ADULTS & PEDIATRICS	30.00	1,389,374	389,735		9.00
10.00	INTENSIVE CARE UNIT	31.00	439,330	123,237		10.00
11.00	NURSERY	43.00	30,248	8,485		11.00
12.00	OPERATING ROOM	50.00	792,686	222,357		12.00
13.00	RECOVERY ROOM	51.00	79,712	22,360		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	63,943	17,937		14.00
15.00	ANESTHESIOLOGY	53.00	7,894	2,214		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	298,068	83,611		16.00
17.00	RADIOISOTOPE	56.00	44,376	12,448		17.00
18.00	ULTRA SOUND	56.01	51,035	14,316		18.00
19.00	CT SCAN	57.00	41,733	11,707		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	38,825	10,891		20.00
21.00	CARDIAC CATHETERIZATION	59.00	92,658	25,992		21.00
22.00	LABORATORY	60.00	0	371,039		22.00
23.00	RESPIRATORY THERAPY	65.00	268,020	75,182		23.00
24.00	PHYSICAL THERAPY	66.00	200,201	56,159		24.00
25.00	ELECTROCARDIOLOGY	69.00	101,927	28,592		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	7,320	2,053		26.00
27.00	DRUGS CHARGED TO PATIENTS	73.00	30,272	8,492		27.00
28.00	CARDIAC REHABILITATION	76.97	100,300	28,135		28.00
29.00	CLINIC	90.00	433,884	121,709		29.00
30.00	EMERGENCY	91.00	655,244	183,803		30.00
31.00	NONREIMBURSABLE COST CENTERS	194.00	19,119	5,363		31.00
	TOTALS		5,378,653	2,044,688		
J - UNIVERSAL BEDS						
1.00	ADULTS & PEDIATRICS	30.00	1,191,130	362,661		1.00
	TOTALS		1,191,130	362,661		
L - INCENTIVE COMP						
1.00		0.00	0	0		1.00
3.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	731,816	0		3.00
5.00	NURSING ADMINISTRATION	13.00	21,623	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	3,712	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	93,912	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	10,259	0		8.00
9.00	OPERATING ROOM	50.00	9,762	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	11,514	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	29,492	0		11.00
12.00	RESPIRATORY THERAPY	65.00	10,219	0		12.00
13.00	EMERGENCY	91.00	23,322	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	49,410	0		14.00
15.00	CLINIC	90.00	9,540	0		15.00
16.00	PHYSICAL THERAPY	66.00	9,914	0		16.00
	TOTALS		1,014,495	0		
500.00	Grand Total: Increases		7,584,278	85,644,024		500.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
7/26/2021 10:11 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - DEPRECIATION						
1.00	SOCIAL SERVICE	17.00	0	509	9		1.00
2.00		0.00	0	0	9		2.00
3.00	DATA PROCESSING	5.02	0	97,587	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	127,965	9		4.00
5.00	ADMITTING	5.04	0	10,293	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	940	9		6.00
7.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	13,845,209	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	652,565	9		8.00
9.00	PHYSICAL THERAPY	66.00	0	24,320	9		9.00
10.00	HOUSEKEEPING	9.00	0	18,717	9		10.00
11.00	DIETARY	10.00	0	32,201	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	90,437	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	126,365	9		13.00
14.00	PHARMACY	15.00	0	116,643	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,618	9		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	860,417	9		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	128,815	9		17.00
18.00	NURSERY	43.00	0	82,988	9		18.00
19.00	OPERATING ROOM	50.00	0	2,774,414	9		19.00
20.00	RECOVERY ROOM	51.00	0	65,738	9		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,413	9		21.00
22.00	ANESTHESIOLOGY	53.00	0	29,819	9		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,714,383	9		23.00
24.00	RADIOISOTOPE	56.00	0	2,832	9		24.00
25.00	ULTRA SOUND	56.01	0	45,054	9		25.00
26.00	CT SCAN	57.00	0	132,085	9		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	368,502	9		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	1,193,729	9		28.00
29.00		0.00	0	0	9		29.00
30.00	RESPIRATORY THERAPY	65.00	0	77,226	9		30.00
31.00		0.00	0	0	9		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	137,844	9		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	844	9		33.00
34.00	CARDIAC REHABILITATION	76.97	0	12,751	9		34.00
35.00	CLINIC	90.00	0	45,460	9		35.00
36.00	EMERGENCY	91.00	0	154,631	9		36.00
37.00		0.00	0	0	9		37.00
38.00		0.00	0	0	9		38.00
	TOTALS		0	22,989,314			
	C - DRUGS						
1.00	PHARMACY	15.00	0	4,363,729	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	708,744	0		2.00
	TOTALS		0	5,072,473			
	F - MEDICAL SUPPLIES						
1.00		0.00	0	0	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	3,114	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	114	0		3.00
4.00	ADMITTING	5.04	0	14,292	0		4.00
5.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	117,783	0		5.00
7.00	MAINTENANCE & REPAIRS	6.00	0	51	0		7.00
11.00	NURSING ADMINISTRATION	13.00	0	2,608	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,576,980	0		12.00
13.00	PHARMACY	15.00	0	164,117	0		13.00
14.00	SOCIAL SERVICE	17.00	0	63	0		14.00
16.00	ADULTS & PEDIATRICS	30.00	0	1,225,848	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	580,808	0		17.00
18.00	NURSERY	43.00	0	45,755	0		18.00
19.00	OPERATING ROOM	50.00	0	20,002,607	0		19.00
20.00	RECOVERY ROOM	51.00	0	46,254	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	265,329	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	482,489	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	334,359	0		23.00
24.00	RADIOISOTOPE	56.00	0	1,056,140	0		24.00
25.00	ULTRA SOUND	56.01	0	18,054	0		25.00
26.00	CT SCAN	57.00	0	316,815	0		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	148,113	0		27.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
7/26/2021 10:11 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	CARDIAC CATHETERIZATION	59.00	0	10,391,893	0		28.00
29.00	LABORATORY	60.00	0	911,152	0		29.00
31.00	RESPIRATORY THERAPY	65.00	0	255,098	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	18,683	0		32.00
34.00	ELECTROCARDIOLOGY	69.00	0	20,269	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,570	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	4,943	0		36.00
37.00	CLINIC	90.00	0	368,155	0		37.00
38.00	EMERGENCY	91.00	0	720,446	0		38.00
	TOTALS		0	39,093,902			
G - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,080,986	0		1.00
	TOTALS		0	16,080,986			
H - COVID EXPENSE RECLASS							
1.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	5,378,653	2,044,688	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
	TOTALS		5,378,653	2,044,688			
J - UNIVERSAL BEDS							
1.00	INTENSIVE CARE UNIT	31.00	1,191,130	362,661	0		1.00
	TOTALS		1,191,130	362,661			
L - INCENTIVE COMP							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,014,495	0	0		1.00
3.00		0.00	0	0	0		3.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
	TOTALS		1,014,495	0			
500.00	Grand Total: Decreases		7,584,278	85,644,024			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/26/2021 10:11 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	10,962,657	0	0	0	1,612,209	1.00	
2.00	Land Improvements	16,021,096	1,548,708	0	1,548,708	3,041,416	2.00	
3.00	Buildings and Fixtures	330,771,492	3,730,836	0	3,730,836	10,993,282	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	86,279,477	3,993,960	0	3,993,960	3,614,494	5.00	
6.00	Movable Equipment	256,058	45,733	0	45,733	0	6.00	
7.00	HIT designated Assets	454,996	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	444,745,776	9,319,237	0	9,319,237	19,261,401	8.00	
9.00	Reconciling Items	-1,617,822	-4,137,693	0	-4,137,693	0	9.00	
10.00	Total (line 8 minus line 9)	446,363,598	13,456,930	0	13,456,930	19,261,401	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	9,350,448	0					1.00
2.00	Land Improvements	14,528,388	2,233,069					2.00
3.00	Buildings and Fixtures	323,509,046	46,755,544					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	86,658,943	28,510,659					5.00
6.00	Movable Equipment	301,791	146,683					6.00
7.00	HIT designated Assets	454,996	0					7.00
8.00	Subtotal (sum of lines 1-7)	434,803,612	77,645,955					8.00
9.00	Reconciling Items	-5,755,515	0					9.00
10.00	Total (line 8 minus line 9)	440,559,127	77,645,955					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/26/2021 10:11 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-Relat ed 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: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/26/2021 10:11 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	2	0	2	0.666667	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.333333	0	2.00
3.00	Total (sum of lines 1-2)	3	0	3	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	15,783,234	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	11,378,131	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	27,161,365	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	15,783,234	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,378,131	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	27,161,365	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
7/26/2021 10:11 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 #		
				3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,182,915			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	758,460			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	2,046,482	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	274,268	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
7/26/2021 10:11 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	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	INTERCOMPANY INTEREST	A	-4,656,328	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	33.00
34.00	MEDICAID PROVIDER TAX	A	-10,682,742	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	34.00
35.00	HOSPICE	A	-41,600	ADULTS & PEDIATRICS	30.00	0	35.00
36.00	ELIMINATE AHA/IHS/MCHC LOBBYING	A	-38,592	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	36.00
37.00	ELIMINATE CENTER 1090/1093/1099/1120	A	-48	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	37.00
37.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.50
38.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00
39.00	PATIENT TRANSPORT	A	-12,419	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	39.00
39.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.02
39.03	MISC INCOME	B	-245,931	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	39.03
40.00	MISC INCOME	B	-32,752	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	40.00
41.00	MISC INCOME	B	42,800	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
41.01	MISC INCOME	B	-974	ADULTS & PEDIATRICS	30.00	0	41.01
41.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.02
41.03	MISC INCOME	B	2,111	NURSING ADMINISTRATION	13.00	0	41.03
42.00	MISC INCOME	B	-281,470	DIETARY	10.00	0	42.00
43.00	MISC INCOME	B	-3,000	PARAMED ED PRGM-PASTORAL CARE	23.00	0	43.00
45.00	MISC INCOME		0		0.00	0	45.00
45.01	MISC INCOME	B	-59,808	CLINIC	90.00	0	45.01
45.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.02
45.03	MISC INCOME		0		0.00	0	45.03
45.04	MISC INCOME	B	-4,396	RADIOLOGY-DIAGNOSTIC	54.00	0	45.04
45.05	MISC INCOME	B	-199,920	LABORATORY	60.00	0	45.05
45.06	MISC INCOME	B	-1,020	RESPIRATORY THERAPY	65.00	0	45.06
45.07	NONALLOWABLE		0		0.00	0	45.07
45.08	AHP PHO CC 7623	A	-1,980,896	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	45.08
45.09	NONALLOWABLE		0		0.00	0	45.09
45.10	NONALLOWABLE		0		0.00	0	45.10
45.11	NONALLOWABLE		0		0.00	0	45.11
45.12	NONALLOWABLE	A	-4,747	NURSING ADMINISTRATION	13.00	0	45.12
45.13	NONALLOWABLE	A	-1,064	PHARMACY	15.00	0	45.13
45.14	NONALLOWABLE	A	-55,826	SOCIAL SERVICE	17.00	0	45.14
45.15	NONALLOWABLE	A	-555	CENTRAL SERVICES & SUPPLY	14.00	0	45.15
45.16	NONALLOWABLE	A	-71,219	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	45.16
45.17	NONALLOWABLE	A	-671	RESPIRATORY THERAPY	65.00	0	45.17
45.18	NONALLOWABLE	A	-3,426	ADULTS & PEDIATRICS	30.00	0	45.18
45.19	NONALLOWABLE	A	-1,518	INTENSIVE CARE UNIT	31.00	0	45.19
45.20	NONALLOWABLE	A	-56	OPERATING ROOM	50.00	0	45.20
45.21	NONALLOWABLE	A	-212	NONPATIENT TELEPHONES	5.01	0	45.21
45.22	NONALLOWABLE	A	-3,234	RADIOLOGY-DIAGNOSTIC	54.00	0	45.22
45.23	NONALLOWABLE		0		0.00	0	45.23
45.24	NONALLOWABLE		0		0.00	0	45.24
45.25	NONALLOWABLE		0		0.00	0	45.25
45.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.26
45.27	NONALLOWABLE	A	-3,830	EMERGENCY	91.00	0	45.27
45.28	NONALLOWABLE	A	-1,604	ELECTROCARDIOLOGY	69.00	0	45.28

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
7/26/2021 10:11 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 #		
				3.00	4.00		
45.29	NONALLOWABLE	A	-189	PHYSICAL THERAPY	66.00	0	45.29
45.30	NONALLOWABLE	A	-122,457	CLINIC	90.00	0	45.30
45.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.31
45.32	NONALLOWABLE	A	-12,041	NONREIMBURSABLE COST CENTERS	194.00	0	45.32
45.48	NONALLOWABLE	A	-95	NURSERY	43.00	0	45.48
45.49	HBP	A	-138,434	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	45.49
45.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.50
45.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.51
45.52	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.52
45.53	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.53
45.54	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.54
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,721,868				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:
7/26/2021 10:11 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	EMPL BENEFITS	3,201,661	0 1.00
2.00		5.02	DATA PROCESSING	DATA PROCESSING	14,107,700	0 2.00
3.00		1.00	NEW CAP REL COSTS-BLDG & FIX	NEW BLDG	302,005	0 3.00
4.00		2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW EQUIP	1,549,296	0 4.00
4.01		5.06	OTHER ADMINISTRATIVES AND GE	A&G	6,609,626	25,011,828 4.01
4.02		0.00			0	0 4.02
4.03		0.00			0	0 4.03
5.00	0		0	25,770,288	25,011,828	5.00

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

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

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

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

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

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

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

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

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

Provider CCN: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:
7/26/2021 10:11 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	3,201,661	0		1.00
2.00	14,107,700	0		2.00
3.00	302,005	9		3.00
4.00	1,549,296	9		4.00
4.01	-18,402,202	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	758,460			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	HEALTH CARE		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: 14-0291

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

Worksheet A-8-2

Date/Time Prepared:
7/26/2021 10:11 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	101,650	101,650	0	194,500	0	1.00
2.00	53.00	ANESTHESIOLOGY	400	400	0	194,500	0	2.00
3.00	50.00	OPERATING ROOM	949,300	949,300	0	204,100	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	657,460	657,460	0	194,500	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	471,925	471,925	0	171,400	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	880	880	0	194,500	0	6.00
7.00	90.00	CLINIC	1,300	1,300	0	194,500	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,182,915	2,182,915	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	101,650		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	400		2.00
3.00	50.00	OPERATING ROOM	0	0	0	949,300		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	657,460		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	471,925		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	880		6.00
7.00	90.00	CLINIC	0	0	0	1,300		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	2,182,915		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/26/2021 10:11 am

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	15,783,234	15,783,234			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	11,378,131		11,378,131		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	18,652,575	16,572	11,947	18,681,094	4.00
5.01	00540	NONPATIENT TELEPHONES	1,283,491	144,726	104,333	76,792	1,609,342
5.02	00550	DATA PROCESSING	14,156,044	73,083	52,686	10,373	897
5.03	00560	PURCHASING RECEIVING AND STORES	1,493,337	131,640	94,900	0	0
5.04	00570	ADMITTING	1,351,409	47,164	34,001	292,408	25,295
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,228,845	35,973	25,933	0	0
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	31,769,171	1,016,418	732,735	1,880,008	162,631
6.00	00600	MAINTENANCE & REPAIRS	9,147,887	4,504,041	3,246,962	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	814,125	32,487	23,420	0	0
9.00	00900	HOUSEKEEPING	2,700,003	289,478	208,684	0	0
10.00	01000	DIETARY	3,009,397	271,112	195,445	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,500,103	18,391	13,258	324,216	28,046
14.00	01400	CENTRAL SERVICES & SUPPLY	1,218,830	165,315	119,175	146,328	12,658
15.00	01500	PHARMACY	6,139,341	101,983	73,519	739,913	64,007
16.00	01600	MEDICAL RECORDS & LIBRARY	421,650	47,265	34,074	44,012	3,807
17.00	01700	SOCIAL SERVICE	597,483	3,410	2,459	130,435	11,283
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	210,896	52,419	37,789	48,192	4,169
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,854,953	2,968,995	2,140,348	4,977,636	430,563
31.00	03100	INTENSIVE CARE UNIT	6,053,817	762,206	549,474	1,168,926	101,118
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,083,583	87,028	62,738	242,066	20,940
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,987,993	1,536,361	1,107,562	2,009,474	173,830
51.00	05100	RECOVERY ROOM	1,328,190	148,793	107,265	296,252	25,627
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,321,931	199,014	143,469	506,414	43,808
53.00	05300	ANESTHESIOLOGY	229,571	25,262	18,211	40,785	3,528
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,553,889	444,839	320,684	1,057,737	91,500
56.00	05600	RADIOISOTOPE	626,418	43,931	31,670	136,629	11,819
56.01	03630	ULTRA SOUND	941,769	155,538	112,128	210,845	18,239
57.00	05700	CT SCAN	1,098,673	111,027	80,039	236,079	20,422
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	629,080	61,286	44,181	139,005	12,025
59.00	05900	CARDIAC CATHETERIZATION	2,348,039	419,097	302,127	454,163	39,288
60.00	06000	LABORATORY	9,770,648	234,558	169,093	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,145,087	7,579	5,463	472,232	40,851
66.00	06600	PHYSICAL THERAPY	2,988,580	130,706	94,226	642,479	55,578
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,828,824	147,833	106,573	319,232	27,615
70.00	07000	ELECTROENCEPHALOGRAPHY	87,045	0	0	19,391	1,677
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,012,916	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,080,986	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,111,237	0	0	7,405	641
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	538,695	136,541	98,433	116,672	10,093
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	4,845,012	539,294	388,777	731,795	63,304
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	5,621,202	569,962	410,885	1,150,822	99,552
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/26/2021 10:11 am

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	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	252,944,090	15,681,327	11,304,666	18,628,716	1,604,811	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	461,599	101,907	73,465	52,378	4,531	194.00
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)	253,405,689	15,783,234	11,378,131	18,681,094	1,609,342	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS 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	14,293,083					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,719,877				5.03
5.04	00570	ADMITTING	0	1,159	1,751,436			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	5	0	2,290,756		5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	8,735	21,038	0	1,400	35,592,136	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	5	0	0	16,898,895	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	870,032	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,198,165	9.00
10.00	01000	DIETARY	0	0	0	0	3,475,954	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,011	0	0	1,885,025	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	80,544	0	0	1,742,850	14.00
15.00	01500	PHARMACY	0	8,780	0	0	7,127,543	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	550,808	16.00
17.00	01700	SOCIAL SERVICE	0	83	0	0	745,153	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	353,465	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,115,451	65,079	296,752	178,761	35,028,538	30.00
31.00	03100	INTENSIVE CARE UNIT	298,920	21,482	79,524	47,905	9,083,372	31.00
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	47,227	2,265	12,564	7,569	1,565,980	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,766,977	857,351	154,357	283,329	18,877,234	50.00
51.00	05100	RECOVERY ROOM	269,609	2,156	23,333	43,207	2,244,432	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	203,407	13,286	52,419	32,598	3,516,346	52.00
53.00	05300	ANESTHESIOLOGY	304,108	21,043	29,890	48,736	721,134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,211,589	16,187	30,200	194,169	9,920,794	54.00
56.00	05600	RADIOISOTOPE	286,045	44,648	4,924	45,841	1,231,925	56.00
56.01	03630	ULTRA SOUND	225,847	847	12,592	36,194	1,713,999	56.01
57.00	05700	CT SCAN	896,254	13,599	64,727	143,633	2,664,453	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	280,297	6,287	15,261	44,920	1,232,342	58.00
59.00	05900	CARDIAC CATHETERIZATION	971,777	440,527	94,520	155,737	5,225,275	59.00
60.00	06000	LABORATORY	1,260,227	38,506	172,310	201,963	11,847,305	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	270,259	11,066	63,874	43,312	3,059,723	65.00
66.00	06600	PHYSICAL THERAPY	193,281	1,186	30,385	30,975	4,167,396	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	282,632	1,634	29,089	45,294	2,788,726	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,644	66	556	1,225	117,604	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	586,210	0	72,833	93,946	23,765,905	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	900,460	0	123,589	144,307	17,249,342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,653,616	0	300,512	265,008	7,338,419	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	35,754	293	229	5,730	942,440	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	297,382	17,432	6,829	47,658	6,937,483	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	919,375	32,229	80,167	147,339	9,031,533	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,293,083	1,719,794	1,751,436	2,290,756	252,711,726	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	83	0	0	693,963	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,293,083	1,719,877	1,751,436	2,290,756	253,405,689	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	35,592,136				5.06
6.00	00600	MAINTENANCE & REPAIRS	2,761,381	19,660,276			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	142,168	65,083	1,077,283		8.00
9.00	00900	HOUSEKEEPING	522,599	579,930	0	4,300,694	9.00
10.00	01000	DIETARY	567,992	543,137	0	122,842	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	308,024	36,843	0	8,333	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	284,792	331,186	0	74,905	14.00
15.00	01500	PHARMACY	1,164,683	204,309	0	46,209	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	90,005	94,690	0	21,416	16.00
17.00	01700	SOCIAL SERVICE	121,762	6,832	0	1,545	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	57,758	105,014	0	23,751	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,723,969	5,947,989	842,904	1,345,260	30.00
31.00	03100	INTENSIVE CARE UNIT	1,484,277	1,526,978	198,690	345,358	31.00
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	255,891	174,348	35,689	39,432	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,084,653	3,077,895	0	696,129	50.00
51.00	05100	RECOVERY ROOM	366,754	298,088	0	67,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	574,592	398,699	0	90,174	52.00
53.00	05300	ANESTHESIOLOGY	117,838	50,609	0	11,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,621,117	891,176	0	201,558	54.00
56.00	05600	RADIOISOTOPE	201,304	88,009	0	19,905	56.00
56.01	03630	ULTRA SOUND	280,078	311,600	0	70,475	56.01
57.00	05700	CT SCAN	435,388	222,427	0	50,306	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	201,372	122,778	0	27,769	58.00
59.00	05900	CARDIAC CATHETERIZATION	853,841	839,605	0	189,894	59.00
60.00	06000	LABORATORY	1,935,921	469,906	0	106,279	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	499,977	15,183	0	3,434	65.00
66.00	06600	PHYSICAL THERAPY	680,978	261,852	0	59,223	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	455,695	296,165	0	66,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,217	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,883,491	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,818,646	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,199,142	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	154,000	273,542	0	61,867	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	1,133,626	1,080,403	0	244,356	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,475,807	1,141,843	0	258,251	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,478,738	19,456,119	1,077,283	4,254,520	4,709,925	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	113,398	204,157	0	46,174	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,592,136	19,660,276	1,077,283	4,300,694	4,709,925	202.00

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
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 ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	2,238,225				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,602	2,435,335			14.00
15.00	01500	PHARMACY	0	0	10,260	8,553,004		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	756,919	16.00
17.00	01700	SOCIAL SERVICE	0	25,477	4	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,088,612	83,539	229,618	59,127	30.00
31.00	03100	INTENSIVE CARE UNIT	0	225,293	29,404	65,350	15,845	31.00
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	41,240	2,860	1,555	2,503	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	381,790	1,250,467	301,123	93,411	50.00
51.00	05100	RECOVERY ROOM	0	49,271	2,892	7,794	14,291	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	103,328	16,587	29,225	10,782	52.00
53.00	05300	ANESTHESIOLOGY	0	14,208	30,163	47,215	16,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,165	20,902	940,808	64,223	54.00
56.00	05600	RADIOISOTOPE	0	0	66,025	19,748	15,162	56.00
56.01	03630	ULTRA SOUND	0	0	1,129	55	11,972	56.01
57.00	05700	CT SCAN	0	0	19,806	40,114	47,508	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	9,259	8,983	14,858	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,478	649,649	52,420	51,511	59.00
60.00	06000	LABORATORY	0	0	56,961	0	66,801	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	4,150	15,947	623	14,326	65.00
66.00	06600	PHYSICAL THERAPY	0	723	1,168	0	10,245	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,726	1,267	3,287	14,981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	98	0	405	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	98,585	21,846	31,073	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	47,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,419,647	87,653	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	654	309	0	1,895	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	31,110	23,015	11,820	15,763	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	207,710	45,039	351,773	48,733	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,237,537	2,435,335	8,553,004	756,919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	688	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,238,225	2,435,335	8,553,004	756,919	202.00

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Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS	
		17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
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	900,773				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	704,796	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	166,135	0	0	0	31.00
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	29,842	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
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
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

 Worksheet B
 Part I
 Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	900,773	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	900,773	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
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 ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	539,988				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	294,956	55,034,518	0	55,034,518	30.00
31.00	03100	INTENSIVE CARE UNIT	123,790	14,133,173	0	14,133,173	31.00
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	18,339	2,323,713	0	2,323,713	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	27,762,702	0	27,762,702	50.00
51.00	05100	RECOVERY ROOM	0	3,050,941	0	3,050,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,739,733	0	4,739,733	52.00
53.00	05300	ANESTHESIOLOGY	0	1,008,733	0	1,008,733	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,773	13,676,516	0	13,676,516	54.00
56.00	05600	RADIOISOTOPE	0	1,642,078	0	1,642,078	56.00
56.01	03630	ULTRA SOUND	0	2,389,308	0	2,389,308	56.01
57.00	05700	CT SCAN	0	3,480,002	0	3,480,002	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,617,361	0	1,617,361	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,890,673	0	7,890,673	59.00
60.00	06000	LABORATORY	0	14,483,173	0	14,483,173	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	3,613,363	0	3,613,363	65.00
66.00	06600	PHYSICAL THERAPY	0	5,181,585	0	5,181,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,659,831	0	3,659,831	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	137,324	0	137,324	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,800,900	0	27,800,900	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,115,719	0	20,115,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,044,861	0	15,044,861	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,434,707	0	1,434,707	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	9,477,576	0	9,477,576	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	88,130	12,648,819	0	12,648,819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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From 01/01/2020
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Cost Center Description			PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	539,988	252,347,309	0	252,347,309		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	1,058,380	0	1,058,380		194.00
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	539,988	253,405,689	0	253,405,689		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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
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	16,572	11,947	28,519	4.00
5.01	00540	NONPATIENT TELEPHONES	0	144,726	104,333	249,059	5.01
5.02	00550	DATA PROCESSING	0	73,083	52,686	125,769	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	131,640	94,900	226,540	5.03
5.04	00570	ADMITTING	0	47,164	34,001	81,165	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	35,973	25,933	61,906	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	0	1,016,418	732,735	1,749,153	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,504,041	3,246,962	7,751,003	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	32,487	23,420	55,907	8.00
9.00	00900	HOUSEKEEPING	0	289,478	208,684	498,162	9.00
10.00	01000	DIETARY	0	271,112	195,445	466,557	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	18,391	13,258	31,649	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	165,315	119,175	284,490	14.00
15.00	01500	PHARMACY	0	101,983	73,519	175,502	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47,265	34,074	81,339	16.00
17.00	01700	SOCIAL SERVICE	0	3,410	2,459	5,869	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	52,419	37,789	90,208	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,968,995	2,140,348	5,109,343	30.00
31.00	03100	INTENSIVE CARE UNIT	0	762,206	549,474	1,311,680	31.00
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	0	87,028	62,738	149,766	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,536,361	1,107,562	2,643,923	50.00
51.00	05100	RECOVERY ROOM	0	148,793	107,265	256,058	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	199,014	143,469	342,483	52.00
53.00	05300	ANESTHESIOLOGY	0	25,262	18,211	43,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	444,839	320,684	765,523	54.00
56.00	05600	RADIOISOTOPE	0	43,931	31,670	75,601	56.00
56.01	03630	ULTRA SOUND	0	155,538	112,128	267,666	56.01
57.00	05700	CT SCAN	0	111,027	80,039	191,066	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	61,286	44,181	105,467	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	419,097	302,127	721,224	59.00
60.00	06000	LABORATORY	0	234,558	169,093	403,651	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	7,579	5,463	13,042	65.00
66.00	06600	PHYSICAL THERAPY	0	130,706	94,226	224,932	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	147,833	106,573	254,406	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
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
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
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	136,541	98,433	234,974	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	539,294	388,777	928,071	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	569,962	410,885	980,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
Directly Assigned New Capital Related Costs							
0			1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS							
109.00	109000	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	110000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	111000	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	15,681,327	11,304,666	26,985,993	28,439
NONREIMBURSABLE COST CENTERS							
190.00	190000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	101,907	73,465	175,372	80
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)	0	15,783,234	11,378,131	27,161,365	28,519

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS 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	249,176					5.01
5.02	00550	DATA PROCESSING	139	125,924				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	226,540			5.03
5.04	00570	ADMITTING	3,916	0	153	85,680		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1	0	61,907	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	25,176	77	2,771	0	38	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	1	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,342	0	133	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,960	0	10,610	0	0	14.00
15.00	01500	PHARMACY	9,909	0	1,157	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	589	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,747	0	11	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	645	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,693	9,800	8,573	14,535	4,801	30.00
31.00	03100	INTENSIVE CARE UNIT	15,654	2,626	2,830	3,895	1,287	31.00
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	3,242	415	298	615	203	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,910	15,876	112,921	7,560	7,991	50.00
51.00	05100	RECOVERY ROOM	3,967	2,369	284	1,143	1,160	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,782	1,787	1,750	2,567	876	52.00
53.00	05300	ANESTHESIOLOGY	546	2,672	2,772	1,464	1,309	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,165	10,644	2,132	1,479	5,215	54.00
56.00	05600	RADIOISOTOPE	1,830	2,513	5,881	241	1,231	56.00
56.01	03630	ULTRA SOUND	2,824	1,984	112	617	972	56.01
57.00	05700	CT SCAN	3,161	7,874	1,791	3,170	3,858	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,861	2,463	828	748	1,206	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,082	8,537	58,030	4,630	4,183	59.00
60.00	06000	LABORATORY	0	11,072	5,072	8,440	5,424	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	6,324	2,374	1,458	3,129	1,163	65.00
66.00	06600	PHYSICAL THERAPY	8,604	1,698	156	1,488	832	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,275	2,483	215	1,425	1,217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	260	67	9	27	33	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,150	0	3,567	2,523	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,911	0	6,053	3,876	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99	14,528	0	14,615	7,118	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,562	314	39	11	154	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,800	2,613	2,296	334	1,280	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	15,411	8,077	4,245	3,927	3,957	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	248,475	125,924	226,529	85,680	61,907	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	701	0	11	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	249,176	125,924	226,540	85,680	61,907	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMITTING						5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590 OTHER ADMINISTRATIVES AND GENERAL	1,780,082					5.06
6.00	00600 MAINTENANCE & REPAIRS	138,115	7,889,119				6.00
8.00	00800 LAUNDRY & LINEN SERVICE	7,111	26,116	89,134			8.00
9.00	00900 HOUSEKEEPING	26,139	232,710	0	757,011		9.00
10.00	01000 DIETARY	28,409	217,946	0	21,623	734,535	10.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	15,406	14,784	0	1,467	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	14,244	132,896	0	13,185	0	14.00
15.00	01500 PHARMACY	58,253	81,983	0	8,134	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	4,502	37,996	0	3,770	0	16.00
17.00	01700 SOCIAL SERVICE	6,090	2,742	0	272	0	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-PASTORAL CARE	2,889	42,139	0	4,181	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	286,177	2,386,759	69,741	236,792	574,726	30.00
31.00	03100 INTENSIVE CARE UNIT	74,238	612,734	16,440	60,790	135,475	31.00
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	12,799	69,961	2,953	6,941	24,334	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	154,284	1,235,073	0	122,533	0	50.00
51.00	05100 RECOVERY ROOM	18,344	119,614	0	11,867	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	28,739	159,987	0	15,872	0	52.00
53.00	05300 ANESTHESIOLOGY	5,894	20,308	0	2,015	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	81,083	357,604	0	35,478	0	54.00
56.00	05600 RADIOISOTOPE	10,069	35,316	0	3,504	0	56.00
56.01	03630 ULTRA SOUND	14,009	125,037	0	12,405	0	56.01
57.00	05700 CT SCAN	21,777	89,254	0	8,855	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	10,072	49,267	0	4,888	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	42,706	336,910	0	33,425	0	59.00
60.00	06000 LABORATORY	96,828	188,560	0	18,707	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
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	25,007	6,092	0	604	0	65.00
66.00	06600 PHYSICAL THERAPY	34,060	105,074	0	10,424	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	22,792	118,843	0	11,791	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	961	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	194,239	0	0	0	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	140,979	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	59,977	0	0	0	0	73.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	7,703	109,765	0	10,890	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	56,700	433,536	0	43,012	0	90.00
90.01	09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002 SPINE CENTER	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	73,815	458,190	0	45,458	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

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Cost Center Description			OTHER ADMINISTRATIV ES AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,774,410	7,807,196	89,134	748,883	734,535	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	5,672	81,923	0	8,128	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,780,082	7,889,119	89,134	757,011	734,535	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
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 ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	68,275				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	49	457,657			14.00
15.00	01500	PHARMACY	0	0	1,928	337,994		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	128,263	16.00
17.00	01700	SOCIAL SERVICE	0	777	1	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	33,207	15,699	9,074	9,997	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,872	5,526	2,583	2,679	31.00
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	1,258	538	61	423	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,646	234,994	11,900	16,081	50.00
51.00	05100	RECOVERY ROOM	0	1,503	543	308	2,416	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,152	3,117	1,155	1,823	52.00
53.00	05300	ANESTHESIOLOGY	0	433	5,668	1,866	2,725	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36	3,928	37,179	10,859	54.00
56.00	05600	RADIOISOTOPE	0	0	12,408	780	2,564	56.00
56.01	03630	ULTRA SOUND	0	0	212	2	2,024	56.01
57.00	05700	CT SCAN	0	0	3,722	1,585	8,032	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,740	355	2,512	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	869	122,084	2,072	8,709	59.00
60.00	06000	LABORATORY	0	0	10,704	0	11,294	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	127	2,997	25	2,422	65.00
66.00	06600	PHYSICAL THERAPY	0	22	219	0	1,732	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	998	238	130	2,533	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	18	0	69	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	18,526	863	5,254	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	8,070	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	253,688	14,820	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	20	58	0	320	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	949	4,325	467	2,665	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	6,336	8,464	13,901	8,240	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	68,254	457,657	337,994	128,263	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	21	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	68,275	457,657	337,994	128,263	202.00

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Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS
		17.00	19.00	20.00	21.00	22.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
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	17,708			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			0 22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,855			30.00
31.00	03100	INTENSIVE CARE UNIT	3,266			31.00
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	587			43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0			50.00
51.00	05100	RECOVERY ROOM	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			52.00
53.00	05300	ANESTHESIOLOGY	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			54.00
56.00	05600	RADIOISOTOPE	0			56.00
56.01	03630	ULTRA SOUND	0			56.01
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	0			60.00
60.01	06001	BLOOD LABORATORY	0			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0			62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0			62.01
65.00	06500	RESPIRATORY THERAPY	0			65.00
66.00	06600	PHYSICAL THERAPY	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0			67.00
68.00	06800	SPEECH PATHOLOGY	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			73.00
76.00	03160	CARDIOPULMONARY	0			76.00
76.97	07697	CARDIAC REHABILITATION	0			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	WOMENS HEALTH	0			90.01
90.02	09002	SPINE CENTER	0			90.02
91.00	09100	EMERGENCY	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0			99.10
101.00	10100	HOME HEALTH AGENCY	0			101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0			109.00

ALLOCATION OF CAPITAL RELATED COSTS

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Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
110.00	11000	INTESTINAL ACQUISITION	0					110.00
111.00	11100	ISLET ACQUISITION	0					111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,708	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0					194.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	17,708	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
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 ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	140,135				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		8,857,397	0	8,857,397	30.00
31.00	03100	INTENSIVE CARE UNIT		2,260,357	0	2,260,357	31.00
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		274,763	0	274,763	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		4,604,756	0	4,604,756	50.00
51.00	05100	RECOVERY ROOM		420,028	0	420,028	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		570,862	0	570,862	52.00
53.00	05300	ANESTHESIOLOGY		91,207	0	91,207	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,326,938	0	1,326,938	54.00
56.00	05600	RADIOISOTOPE		152,146	0	152,146	56.00
56.01	03630	ULTRA SOUND		428,185	0	428,185	56.01
57.00	05700	CT SCAN		344,505	0	344,505	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		181,619	0	181,619	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,350,153	0	1,350,153	59.00
60.00	06000	LABORATORY		759,752	0	759,752	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST		0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY		65,484	0	65,484	65.00
66.00	06600	PHYSICAL THERAPY		390,221	0	390,221	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		421,833	0	421,833	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,474	0	1,474	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		230,122	0	230,122	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		166,889	0	166,889	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		364,856	0	364,856	73.00
76.00	03160	CARDIOPULMONARY		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		365,988	0	365,988	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		1,487,164	0	1,487,164	90.00
90.01	09001	WOMENS HEALTH		0	0	0	90.01
90.02	09002	SPINE CENTER		0	0	0	90.02
91.00	09100	EMERGENCY		1,632,623	0	1,632,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description		PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	26,749,322	0	26,749,322	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	271,908	0	271,908		194.00
200.00		Cross Foot Adjustments	140,135	0	140,135		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	140,135	27,161,365	0	27,161,365	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
			NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	624,781					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		624,781				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	656	656	76,364,084			4.00
5.01	00540	NONPATIENT TELEPHONES	5,729	5,729	313,907	76,050,177		5.01
5.02	00550	DATA PROCESSING	2,893	2,893	42,403	42,403	842,745,738	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,211	5,211	0	0	0	5.03
5.04	00570	ADMITTING	1,867	1,867	1,195,296	1,195,296	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,424	1,424	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	40,235	40,235	7,685,046	7,685,046	515,057	5.06
6.00	00600	MAINTENANCE & REPAIRS	178,293	178,293	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	1,286	0	0	0	8.00
9.00	00900	HOUSEKEEPING	11,459	11,459	0	0	0	9.00
10.00	01000	DIETARY	10,732	10,732	0	0	0	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	728	728	1,325,320	1,325,320	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,544	6,544	598,154	598,154	0	14.00
15.00	01500	PHARMACY	4,037	4,037	3,024,596	3,024,596	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,871	1,871	179,910	179,910	0	16.00
17.00	01700	SOCIAL SERVICE	135	135	533,187	533,187	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	2,075	2,075	196,996	196,996	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	117,528	117,528	20,347,471	20,347,471	65,769,496	30.00
31.00	03100	INTENSIVE CARE UNIT	30,172	30,172	4,778,302	4,778,302	17,624,980	31.00
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	3,445	3,445	989,512	989,512	2,784,611	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,817	60,817	8,214,272	8,214,272	104,178,257	50.00
51.00	05100	RECOVERY ROOM	5,890	5,890	1,211,009	1,211,009	15,896,743	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,878	7,878	2,070,105	2,070,105	11,993,322	52.00
53.00	05300	ANESTHESIOLOGY	1,000	1,000	166,719	166,719	17,930,868	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,609	17,609	4,323,788	4,323,788	71,438,016	54.00
56.00	05600	RADIOISOTOPE	1,739	1,739	558,508	558,508	16,865,857	56.00
56.01	03630	ULTRA SOUND	6,157	6,157	861,885	861,885	13,316,478	56.01
57.00	05700	CT SCAN	4,395	4,395	965,039	965,039	52,845,188	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,426	2,426	568,222	568,222	16,526,918	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,590	16,590	1,856,515	1,856,515	57,298,201	59.00
60.00	06000	LABORATORY	9,285	9,285	0	0	74,305,811	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	300	300	1,930,376	1,930,376	15,935,074	65.00
66.00	06600	PHYSICAL THERAPY	5,174	5,174	2,626,309	2,626,309	11,396,273	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,852	5,852	1,304,949	1,304,949	16,664,621	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	79,265	79,265	450,703	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	34,564,287	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	53,093,151	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	30,272	30,272	97,500,947	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,405	5,405	476,930	476,930	2,108,135	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	21,348	21,348	2,991,413	2,991,413	17,534,304	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	22,562	22,562	4,704,298	4,704,298	54,208,440	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
			NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
			1.00	2.00	4.00	5.01	5.02	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	620,747	620,747	76,149,974	75,836,067	842,745,738	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	4,034	4,034	214,110	214,110	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,783,234	11,378,131	18,681,094	1,609,342	14,293,083	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.262026	18.211391	0.244632	0.021162	0.016960	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			28,519	249,176	125,924	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000373	0.003276	0.000149	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: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS REVENUES)	Reconciliatio n	OTHER ADMINISTRATIV ES 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	40,696,345					5.03
5.04	00570	ADMITTING	27,427	388,199,834				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	114	0	842,745,738			5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	497,807	0	515,057	-35,592,136	217,813,553	5.06
6.00	00600	MAINTENANCE & REPAIRS	119	0	0	0	16,898,895	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	870,032	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,198,165	9.00
10.00	01000	DIETARY	0	0	0	0	3,475,954	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	23,915	0	0	0	1,885,025	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,905,876	0	0	0	1,742,850	14.00
15.00	01500	PHARMACY	207,767	0	0	0	7,127,543	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7	0	0	0	550,808	16.00
17.00	01700	SOCIAL SERVICE	1,968	0	0	0	745,153	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	353,465	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,539,934	65,769,496	65,769,496	0	35,028,538	30.00
31.00	03100	INTENSIVE CARE UNIT	508,321	17,624,980	17,624,980	0	9,083,372	31.00
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	53,607	2,784,611	2,784,611	0	1,565,980	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,286,796	34,210,298	104,178,257	0	18,877,234	50.00
51.00	05100	RECOVERY ROOM	51,007	5,171,394	15,896,743	0	2,244,432	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	314,384	11,617,579	11,993,322	0	3,516,346	52.00
53.00	05300	ANESTHESIOLOGY	497,921	6,624,510	17,930,868	0	721,134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	383,035	6,693,208	71,438,016	0	9,920,794	54.00
56.00	05600	RADIOISOTOPE	1,056,480	1,091,325	16,865,857	0	1,231,925	56.00
56.01	03630	ULTRA SOUND	20,038	2,790,690	13,316,478	0	1,713,999	56.01
57.00	05700	CT SCAN	321,793	14,345,530	52,845,188	0	2,664,453	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	148,769	3,382,371	16,526,918	0	1,232,342	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,423,970	20,948,599	57,298,201	0	5,225,275	59.00
60.00	06000	LABORATORY	911,152	38,189,332	74,305,811	0	11,847,305	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	261,846	14,156,392	15,935,074	0	3,059,723	65.00
66.00	06600	PHYSICAL THERAPY	28,069	6,734,252	11,396,273	0	4,167,396	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	38,676	6,447,101	16,664,621	0	2,788,726	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,570	123,158	450,703	0	117,604	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,142,133	34,564,287	0	23,765,905	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	27,391,160	53,093,151	0	17,249,342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,630,028	97,500,947	0	7,338,419	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,923	50,746	2,108,135	0	942,440	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	412,481	1,513,510	17,534,304	0	6,937,483	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	762,615	17,767,431	54,208,440	0	9,031,533	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS REVENUES)	Reconciliatio n	OTHER ADMINISTRATIV ES AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,694,387	388,199,834	842,745,738	-35,592,136	217,119,590
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	1,958	0	0	693,963	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,719,877	1,751,436	2,290,756	35,592,136	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.042261	0.004512	0.002718	0.163406	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	226,540	85,680	61,907	1,780,082	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005567	0.000221	0.000073	0.008173	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: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
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 ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	388,473				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	39,271			8.00
9.00	00900	HOUSEKEEPING	11,459	0	375,728		9.00
10.00	01000	DIETARY	10,732	0	10,732	39,271	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	728	0	728	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,544	0	6,544	0	14.00
15.00	01500	PHARMACY	4,037	0	4,037	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,871	0	1,871	0	16.00
17.00	01700	SOCIAL SERVICE	135	0	135	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	2,075	0	2,075	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	117,528	30,727	117,528	30,727	30.00
31.00	03100	INTENSIVE CARE UNIT	30,172	7,243	30,172	7,243	31.00
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	3,445	1,301	3,445	1,301	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,817	0	60,817	0	50.00
51.00	05100	RECOVERY ROOM	5,890	0	5,890	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,878	0	7,878	0	52.00
53.00	05300	ANESTHESIOLOGY	1,000	0	1,000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,609	0	17,609	0	54.00
56.00	05600	RADIOISOTOPE	1,739	0	1,739	0	56.00
56.01	03630	ULTRA SOUND	6,157	0	6,157	0	56.01
57.00	05700	CT SCAN	4,395	0	4,395	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,426	0	2,426	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,590	0	16,590	0	59.00
60.00	06000	LABORATORY	9,285	0	9,285	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	300	0	300	0	65.00
66.00	06600	PHYSICAL THERAPY	5,174	0	5,174	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,852	0	5,852	0	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
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
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
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,405	0	5,405	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	21,348	0	21,348	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	22,562	0	22,562	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			6.00	8.00	9.00	10.00	12.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	384,439	39,271	371,694	39,271	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	4,034	0	4,034	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,660,276	1,077,283	4,300,694	4,709,925	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	50.609118	27.432024	11.446296	119.933921	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,889,119	89,134	757,011	734,535	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	20.308024	2.269716	2.014785	18.704260	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			NURSING ADMINISTRATIO N (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
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 ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	1,126,171					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	806	38,955,940				14.00
15.00	01500	PHARMACY	0	164,117	5,913,788			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	842,230,681		16.00
17.00	01700	SOCIAL SERVICE	12,819	63	0	0	39,271	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	547,739	1,336,298	158,764	65,769,496	30,727	30.00
31.00	03100	INTENSIVE CARE UNIT	113,357	470,358	45,185	17,624,980	7,243	31.00
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	20,750	45,755	1,075	2,784,611	1,301	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	192,099	20,002,607	208,205	104,178,257	0	50.00
51.00	05100	RECOVERY ROOM	24,791	46,254	5,389	15,896,743	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,990	265,329	20,207	11,993,322	0	52.00
53.00	05300	ANESTHESIOLOGY	7,149	482,489	32,646	17,930,868	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	586	334,359	650,501	71,438,016	0	54.00
56.00	05600	RADIOISOTOPE	0	1,056,140	13,654	16,865,857	0	56.00
56.01	03630	ULTRA SOUND	0	18,054	38	13,316,478	0	56.01
57.00	05700	CT SCAN	0	316,815	27,736	52,845,188	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	148,113	6,211	16,526,918	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,329	10,391,893	36,245	57,298,201	0	59.00
60.00	06000	LABORATORY	0	911,152	0	74,305,811	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	2,088	255,098	431	15,935,074	0	65.00
66.00	06600	PHYSICAL THERAPY	364	18,683	0	11,396,273	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,466	20,269	2,273	16,664,621	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,570	0	450,703	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,576,980	15,105	34,564,287	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	53,093,151	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,438,724	97,500,947	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	329	4,943	0	2,108,135	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	15,653	368,155	8,173	17,534,304	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	104,510	720,446	243,226	54,208,440	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			NURSING ADMINISTRATIO N (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,125,825	38,955,940	5,913,788	842,230,681	39,271	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	346	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,238,225	2,435,335	8,553,004	756,919	900,773	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.987465	0.062515	1.446282	0.000899	22.937358	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	68,275	457,657	337,994	128,263	17,708	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.060626	0.011748	0.057154	0.000152	0.450918	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: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PASTORAL CARE (ASSIGNED TIME)	
					SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	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 ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE					1,060	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	579	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	243	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	36	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	29	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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
76.00	03160	CARDIOPULMONARY	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	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PASTORAL CARE (ASSIGNED TIME)	
					SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	1,060	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	539,988	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	509.422642	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	140,135	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	132.202830	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/26/2021 10:11 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,034,518		55,034,518	0	55,034,518	30.00
31.00	03100	INTENSIVE CARE UNIT	14,133,173		14,133,173	0	14,133,173	31.00
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	2,323,713		2,323,713	0	2,323,713	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,762,702		27,762,702	0	27,762,702	50.00
51.00	05100	RECOVERY ROOM	3,050,941		3,050,941	0	3,050,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,739,733		4,739,733	0	4,739,733	52.00
53.00	05300	ANESTHESIOLOGY	1,008,733		1,008,733	0	1,008,733	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,676,516		13,676,516	0	13,676,516	54.00
56.00	05600	RADIOISOTOPE	1,642,078		1,642,078	0	1,642,078	56.00
56.01	03630	ULTRA SOUND	2,389,308		2,389,308	0	2,389,308	56.01
57.00	05700	CT SCAN	3,480,002		3,480,002	0	3,480,002	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,617,361		1,617,361	0	1,617,361	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,890,673		7,890,673	0	7,890,673	59.00
60.00	06000	LABORATORY	14,483,173		14,483,173	0	14,483,173	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
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0		0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	3,613,363	0	3,613,363	0	3,613,363	65.00
66.00	06600	PHYSICAL THERAPY	5,181,585	0	5,181,585	0	5,181,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,659,831		3,659,831	0	3,659,831	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	137,324		137,324	0	137,324	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,800,900		27,800,900	0	27,800,900	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,115,719		20,115,719	0	20,115,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,044,861		15,044,861	0	15,044,861	73.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,434,707		1,434,707	0	1,434,707	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	9,477,576		9,477,576	0	9,477,576	90.00
90.01	09001	WOMENS HEALTH	0		0	0	0	90.01
90.02	09002	SPINE CENTER	0		0	0	0	90.02
91.00	09100	EMERGENCY	12,648,819		12,648,819	0	12,648,819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,895,584		11,895,584	0	11,895,584	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
200.00		Subtotal (see instructions)	264,242,893	0	264,242,893	0	264,242,893	200.00
201.00		Less Observation Beds	11,895,584		11,895,584		11,895,584	201.00
202.00		Total (see instructions)	252,347,309	0	252,347,309	0	252,347,309	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/26/2021 10:11 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	65,769,496		65,769,496		30.00
31.00	03100	INTENSIVE CARE UNIT	17,624,980		17,624,980		31.00
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	2,784,611		2,784,611		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,210,298	69,967,959	104,178,257	0.266492	0.000000
51.00	05100	RECOVERY ROOM	5,171,394	10,725,349	15,896,743	0.191922	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,617,579	375,743	11,993,322	0.395198	0.000000
53.00	05300	ANESTHESIOLOGY	6,624,510	11,306,358	17,930,868	0.056257	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,693,208	64,744,808	71,438,016	0.191446	0.000000
56.00	05600	RADIOISOTOPE	1,091,325	15,774,532	16,865,857	0.097361	0.000000
56.01	03630	ULTRA SOUND	2,790,690	10,525,788	13,316,478	0.179425	0.000000
57.00	05700	CT SCAN	14,345,530	38,499,658	52,845,188	0.065853	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,382,371	13,144,547	16,526,918	0.097862	0.000000
59.00	05900	CARDIAC CATHETERIZATION	20,948,599	36,349,602	57,298,201	0.137712	0.000000
60.00	06000	LABORATORY	38,189,332	36,116,479	74,305,811	0.194913	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	14,156,392	1,778,682	15,935,074	0.226755	0.000000
66.00	06600	PHYSICAL THERAPY	6,734,252	4,662,021	11,396,273	0.454674	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	6,447,101	10,217,520	16,664,621	0.219617	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	123,158	327,545	450,703	0.304688	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,142,133	18,422,154	34,564,287	0.804324	0.000000
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,391,160	25,701,991	53,093,151	0.378876	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	66,630,028	30,870,919	97,500,947	0.154305	0.000000
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	50,746	2,057,389	2,108,135	0.680557	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	1,513,510	16,020,794	17,534,304	0.540516	0.000000
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	0.000000
90.02	09002	SPINE CENTER	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	17,767,431	36,441,009	54,208,440	0.233337	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,328,958	10,645,196	16,974,154	0.700806	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	394,528,792	464,676,043	859,204,835		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	394,528,792	464,676,043	859,204,835		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/26/2021 10:11 am
				Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.266492			50.00
51.00	05100	RECOVERY ROOM	0.191922			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.395198			52.00
53.00	05300	ANESTHESIOLOGY	0.056257			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191446			54.00
56.00	05600	RADIOISOTOPE	0.097361			56.00
56.01	03630	ULTRA SOUND	0.179425			56.01
57.00	05700	CT SCAN	0.065853			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097862			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.137712			59.00
60.00	06000	LABORATORY	0.194913			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000			62.01
65.00	06500	RESPIRATORY THERAPY	0.226755			65.00
66.00	06600	PHYSICAL THERAPY	0.454674			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.219617			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304688			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.804324			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.378876			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154305			73.00
76.00	03160	CARDIOPULMONARY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.680557			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	0.540516			90.00
90.01	09001	WOMENS HEALTH	0.000000			90.01
90.02	09002	SPINE CENTER	0.000000			90.02
91.00	09100	EMERGENCY	0.233337			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.700806			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/26/2021 10:11 am

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	55,034,518		55,034,518	0	55,034,518
31.00	03100	INTENSIVE CARE UNIT	14,133,173		14,133,173	0	14,133,173
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	2,323,713		2,323,713	0	2,323,713
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,762,702		27,762,702	0	27,762,702
51.00	05100	RECOVERY ROOM	3,050,941		3,050,941	0	3,050,941
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,739,733		4,739,733	0	4,739,733
53.00	05300	ANESTHESIOLOGY	1,008,733		1,008,733	0	1,008,733
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,676,516		13,676,516	0	13,676,516
56.00	05600	RADIOISOTOPE	1,642,078		1,642,078	0	1,642,078
56.01	03630	ULTRA SOUND	2,389,308		2,389,308	0	2,389,308
57.00	05700	CT SCAN	3,480,002		3,480,002	0	3,480,002
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,617,361		1,617,361	0	1,617,361
59.00	05900	CARDIAC CATHETERIZATION	7,890,673		7,890,673	0	7,890,673
60.00	06000	LABORATORY	14,483,173		14,483,173	0	14,483,173
60.01	06001	BLOOD LABORATORY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	3,613,363	0	3,613,363	0	3,613,363
66.00	06600	PHYSICAL THERAPY	5,181,585	0	5,181,585	0	5,181,585
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,659,831		3,659,831	0	3,659,831
70.00	07000	ELECTROENCEPHALOGRAPHY	137,324		137,324	0	137,324
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,800,900		27,800,900	0	27,800,900
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,115,719		20,115,719	0	20,115,719
73.00	07300	DRUGS CHARGED TO PATIENTS	15,044,861		15,044,861	0	15,044,861
76.00	03160	CARDIOPULMONARY	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	1,434,707		1,434,707	0	1,434,707
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	9,477,576		9,477,576	0	9,477,576
90.01	09001	WOMENS HEALTH	0		0	0	0
90.02	09002	SPINE CENTER	0		0	0	0
91.00	09100	EMERGENCY	12,648,819		12,648,819	0	12,648,819
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,895,584		11,895,584	0	11,895,584
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0
101.00	10100	HOME HEALTH AGENCY	0		0		0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0
110.00	11000	INTESTINAL ACQUISITION	0		0		0
111.00	11100	ISLET ACQUISITION	0		0		0
200.00		Subtotal (see instructions)	264,242,893	0	264,242,893	0	264,242,893
201.00		Less Observation Beds	11,895,584		11,895,584		11,895,584
202.00		Total (see instructions)	252,347,309	0	252,347,309	0	252,347,309

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/26/2021 10:11 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	65,769,496		65,769,496		30.00
31.00	03100	INTENSIVE CARE UNIT	17,624,980		17,624,980		31.00
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	2,784,611		2,784,611		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,210,298	69,967,959	104,178,257	0.266492	50.00
51.00	05100	RECOVERY ROOM	5,171,394	10,725,349	15,896,743	0.191922	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,617,579	375,743	11,993,322	0.395198	52.00
53.00	05300	ANESTHESIOLOGY	6,624,510	11,306,358	17,930,868	0.056257	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,693,208	64,744,808	71,438,016	0.191446	54.00
56.00	05600	RADIOISOTOPE	1,091,325	15,774,532	16,865,857	0.097361	56.00
56.01	03630	ULTRA SOUND	2,790,690	10,525,788	13,316,478	0.179425	56.01
57.00	05700	CT SCAN	14,345,530	38,499,658	52,845,188	0.065853	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,382,371	13,144,547	16,526,918	0.097862	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,948,599	36,349,602	57,298,201	0.137712	59.00
60.00	06000	LABORATORY	38,189,332	36,116,479	74,305,811	0.194913	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	14,156,392	1,778,682	15,935,074	0.226755	65.00
66.00	06600	PHYSICAL THERAPY	6,734,252	4,662,021	11,396,273	0.454674	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,447,101	10,217,520	16,664,621	0.219617	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	123,158	327,545	450,703	0.304688	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,142,133	18,422,154	34,564,287	0.804324	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,391,160	25,701,991	53,093,151	0.378876	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,630,028	30,870,919	97,500,947	0.154305	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	50,746	2,057,389	2,108,135	0.680557	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	1,513,510	16,020,794	17,534,304	0.540516	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPINE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	17,767,431	36,441,009	54,208,440	0.233337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,328,958	10,645,196	16,974,154	0.700806	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	394,528,792	464,676,043	859,204,835		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	394,528,792	464,676,043	859,204,835		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/26/2021 10:11 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
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03630	ULTRA SOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000			62.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03160	CARDIOPULMONARY	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	WOMENS HEALTH	0.000000			90.01
90.02	09002	SPINE CENTER	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/26/2021 10:11 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	8,857,397	0	8,857,397	39,200	225.95	30.00
31.00	INTENSIVE CARE UNIT	2,260,357		2,260,357	7,243	312.07	31.00
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	274,763		274,763	1,301	211.19	43.00
200.00	Total (lines 30 through 199)	11,392,517		11,392,517	47,744		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	14,529	3,282,828				30.00
31.00	INTENSIVE CARE UNIT	3,076	959,927				31.00
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
200.00	Total (lines 30 through 199)	17,605	4,242,755				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/26/2021 10:11 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	4,604,756	104,178,257	0.044201	13,909,511	614,814	50.00
51.00	05100	RECOVERY ROOM	420,028	15,896,743	0.026422	2,093,123	55,304	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	570,862	11,993,322	0.047598	0	0	52.00
53.00	05300	ANESTHESIOLOGY	91,207	17,930,868	0.005087	2,622,055	13,338	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,326,938	71,438,016	0.018575	3,468,528	64,428	54.00
56.00	05600	RADIOISOTOPE	152,146	16,865,857	0.009021	571,400	5,155	56.00
56.01	03630	ULTRA SOUND	428,185	13,316,478	0.032155	1,391,644	44,748	56.01
57.00	05700	CT SCAN	344,505	52,845,188	0.006519	7,196,553	46,914	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	181,619	16,526,918	0.010989	1,657,818	18,218	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,350,153	57,298,201	0.023564	10,253,926	241,624	59.00
60.00	06000	LABORATORY	759,752	74,305,811	0.010225	16,483,829	168,547	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	65,484	15,935,074	0.004109	7,436,907	30,558	65.00
66.00	06600	PHYSICAL THERAPY	390,221	11,396,273	0.034241	3,939,432	134,890	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	421,833	16,664,621	0.025313	3,378,242	85,513	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,474	450,703	0.003270	67,557	221	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	230,122	34,564,287	0.006658	7,219,621	48,068	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	166,889	53,093,151	0.003143	14,517,307	45,628	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	364,856	97,500,947	0.003742	29,479,436	110,312	73.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	365,988	2,108,135	0.173607	25,434	4,416	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	1,487,164	17,534,304	0.084815	859,244	72,877	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	1,632,623	54,208,440	0.030118	8,989,856	270,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,914,511	16,974,154	0.112790	3,153,488	355,682	92.00
200.00		Total (lines 50 through 199)	17,271,316	773,025,748		138,714,911	2,432,011	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0291		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/26/2021 10:11 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	294,956	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	123,790	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00			
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00			
43.00	04300	NURSERY	0	0	0	18,339	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	437,085	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	294,956	39,200	7.52	14,529	30.00			
31.00	03100	INTENSIVE CARE UNIT		123,790	7,243	17.09	3,076	31.00			
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		18,339	1,301	14.10	0	43.00			
200.00		Total (lines 30 through 199)		437,085	47,744		17,605	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	109,258							30.00	
31.00	03100	INTENSIVE CARE UNIT	52,569							31.00	
40.00	04000	SUBPROVIDER - IPF	0							40.00	
41.00	04100	SUBPROVIDER - IRF	0							41.00	
42.00	04200	SUBPROVIDER	0							42.00	
43.00	04300	NURSERY	0							43.00	
200.00		Total (lines 30 through 199)	161,827							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0291		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/26/2021 10:11 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
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	14,773	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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
76.00	03160	CARDIOPULMONARY	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	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	88,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	63,748	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	166,651	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0291		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/26/2021 10:11 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	0	104,178,257	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0	15,896,743	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	11,993,322	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0	17,930,868	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,773	14,773	0	71,438,016	0.000207
56.00	05600	RADIOISOTOPE	0	0	0	0	16,865,857	0.000000
56.01	03630	ULTRA SOUND	0	0	0	0	13,316,478	0.000000
57.00	05700	CT SCAN	0	0	0	0	52,845,188	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	16,526,918	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	57,298,201	0.000000
60.00	06000	LABORATORY	0	0	0	0	74,305,811	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0.000000
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	15,935,074	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	0	11,396,273	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	16,664,621	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	450,703	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	34,564,287	0.000000
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	53,093,151	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	97,500,947	0.000000
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2,108,135	0.000000
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000
90.00	09000	CLINIC	0	0	0	0	17,534,304	0.000000
90.01	09001	WOMENS HEALTH	0	0	0	0	0	0.000000
90.02	09002	SPINE CENTER	0	0	0	0	0	0.000000
91.00	09100	EMERGENCY	0	88,130	88,130	54,208,440	0.001626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	63,748	63,748	16,974,154	0.003756	92.00
200.00		Total (lines 50 through 199)	0	166,651	166,651	773,025,748		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/26/2021 10:11 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	13,909,511	0	19,970,879	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,093,123	0	2,580,843	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,622,055	0	3,035,335	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000207	3,468,528	718	20,205,063	4,182	54.00
56.00	05600	RADIOISOTOPE	0.000000	571,400	0	7,279,179	0	56.00
56.01	03630	ULTRA SOUND	0.000000	1,391,644	0	2,686,506	0	56.01
57.00	05700	CT SCAN	0.000000	7,196,553	0	12,866,638	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,657,818	0	3,611,993	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	10,253,926	0	18,085,706	0	59.00
60.00	06000	LABORATORY	0.000000	16,483,829	0	8,195,027	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	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.000000	7,436,907	0	682,170	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,939,432	0	195,903	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,378,242	0	3,029,638	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	67,557	0	80,246	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,219,621	0	6,947,327	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	14,517,307	0	9,106,959	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	29,479,436	0	9,152,437	0	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	25,434	0	1,100,345	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	859,244	0	2,593,986	0	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.001626	8,989,856	14,618	7,657,326	12,451	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.003756	3,153,488	11,845	3,225,743	12,116	92.00
200.00		Total (lines 50 through 199)		138,714,911	27,181	142,289,249	28,749	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/26/2021 10:11 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	0.266492	19,970,879	0	2,949	5,322,079	50.00
51.00	05100	RECOVERY ROOM	0.191922	2,580,843	0	0	495,321	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.395198	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.056257	3,035,335	0	0	170,759	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191446	20,205,063	0	13,179	3,868,178	54.00
56.00	05600	RADIOISOTOPE	0.097361	7,279,179	0	21,566	708,708	56.00
56.01	03630	ULTRA SOUND	0.179425	2,686,506	0	0	482,026	56.01
57.00	05700	CT SCAN	0.065853	12,866,638	0	2,396	847,307	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097862	3,611,993	0	0	353,477	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.137712	18,085,706	0	0	2,490,619	59.00
60.00	06000	LABORATORY	0.194913	8,195,027	0	0	1,597,317	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	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.226755	682,170	0	0	154,685	65.00
66.00	06600	PHYSICAL THERAPY	0.454674	195,903	0	0	89,072	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.219617	3,029,638	0	0	665,360	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304688	80,246	0	0	24,450	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.804324	6,947,327	0	0	5,587,902	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.378876	9,106,959	0	0	3,450,408	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154305	9,152,437	0	52,073	1,412,267	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.680557	1,100,345	0	0	748,847	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	0.540516	2,593,986	0	0	1,402,091	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.233337	7,657,326	0	0	1,786,737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.700806	3,225,743	0	0	2,260,620	92.00
200.00		Subtotal (see instructions)		142,289,249	0	92,163	33,918,230	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		142,289,249	0	92,163	33,918,230	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0291		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/26/2021 10:11 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	786					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,523					54.00
56.00	05600	RADIOISOTOPE	0	2,100					56.00
56.01	03630	ULTRA SOUND	0	0					56.01
57.00	05700	CT SCAN	0	158					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0					62.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0					71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,035					73.00
76.00	03160	CARDIOPULMONARY	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	WOMENS HEALTH	0	0					90.01
90.02	09002	SPINE CENTER	0	0					90.02
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
200.00		Subtotal (see instructions)	0	13,602					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	13,602					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/26/2021 10:11 am

			Title XIX		Hospital	Cost		
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Cost	Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	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	0.266492	0	0	340,468	0	50.00
51.00	05100	RECOVERY ROOM	0.191922	0	0	58,185	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.395198	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.056257	0	0	59,688	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191446	0	0	163,345	0	54.00
56.00	05600	RADIOISOTOPE	0.097361	0	0	37,013	0	56.00
56.01	03630	ULTRA SOUND	0.179425	0	0	154,062	0	56.01
57.00	05700	CT SCAN	0.065853	0	0	341,877	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097862	0	0	53,862	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.137712	0	0	47,521	0	59.00
60.00	06000	LABORATORY	0.194913	0	0	459,615	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	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.226755	0	0	24,460	0	65.00
66.00	06600	PHYSICAL THERAPY	0.454674	0	0	33,041	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.219617	0	0	72,201	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304688	0	0	4,755	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.804324	0	0	28,803	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.378876	0	0	82,744	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154305	0	0	249,533	0	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.680557	0	0	2,244	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	0.540516	0	0	318,139	0	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.233337	0	0	687,535	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.700806	0	0	171,434	0	92.00
200.00		Subtotal (see instructions)		0	0	3,390,525	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	3,390,525	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0291		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/26/2021 10:11 am	
				Title XIX		Hospital		Cost	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	90,732					50.00
51.00	05100	RECOVERY ROOM	0	11,167					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	3,358					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	31,272					54.00
56.00	05600	RADIOISOTOPE	0	3,604					56.00
56.01	03630	ULTRA SOUND	0	27,643					56.01
57.00	05700	CT SCAN	0	22,514					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,271					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,544					59.00
60.00	06000	LABORATORY	0	89,585					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0					62.01
65.00	06500	RESPIRATORY THERAPY	0	5,546					65.00
66.00	06600	PHYSICAL THERAPY	0	15,023					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,857					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,449					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,167					71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0					71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	31,350					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	38,504					73.00
76.00	03160	CARDIOPULMONARY	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	1,527					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	171,959					90.00
90.01	09001	WOMENS HEALTH	0	0					90.01
90.02	09002	SPINE CENTER	0	0					90.02
91.00	09100	EMERGENCY	0	160,427					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	120,142					92.00
200.00		Subtotal (see instructions)	0	876,641					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	876,641					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/26/2021 10:11 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)			39,200	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			39,200	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			30,727	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)			14,529	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
	SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			55,034,518	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			55,034,518	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			55,034,518	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)			1,403.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			20,397,844	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)			20,397,844	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0291

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

Worksheet D-1

Date/Time Prepared:
7/26/2021 10:11 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	14,133,173	7,243	1,951.29	3,076	6,002,168
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,371,922
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					61,771,934
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,404,582
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,459,192
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,863,774
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					54,908,160
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)					8,473
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,403.94
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,895,584

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0291		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/26/2021 10:11 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	8,857,397	55,034,518	0.160943	11,895,584	1,914,511		90.00	
91.00	Nursing School cost	0	55,034,518	0.000000	11,895,584	0		91.00	
92.00	Allied health cost	294,956	55,034,518	0.005359	11,895,584	63,748		92.00	
93.00	All other Medical Education	0	55,034,518	0.000000	11,895,584	0		93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/26/2021 10:11 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			39,200 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			39,200 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			30,727 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)			772 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,301 15.00
16.00	Nursery days (title V or XIX only)			26 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			55,034,518 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			55,034,518 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			55,034,518 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)			1,403.94 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,083,842 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,083,842 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0291

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

Worksheet D-1

Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	
Cost Center Description			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		2,323,713	1,301	1,786.10	26	46,439	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		14,133,173	7,243	1,951.29	194	378,550	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
								1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,144,713	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,653,544	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						8,473	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,403.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						11,895,584	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/26/2021 10:11 am	
		Title XIX		Hospital		Cost	
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	8,857,397	55,034,518	0.160943	11,895,584	1,914,511	90.00
91.00	Nursing School cost	0	55,034,518	0.000000	11,895,584	0	91.00
92.00	Allied health cost	0	55,034,518	0.000000	11,895,584	0	92.00
93.00	All other Medical Education	0	55,034,518	0.000000	11,895,584	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/26/2021 10:11 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		27,716,401	30.00
31.00	03100	INTENSIVE CARE UNIT		6,785,899	31.00
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	0.266492	13,909,511	50.00
51.00	05100	RECOVERY ROOM	0.191922	2,093,123	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.395198	0	52.00
53.00	05300	ANESTHESIOLOGY	0.056257	2,622,055	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191446	3,468,528	54.00
56.00	05600	RADIOISOTOPE	0.097361	571,400	56.00
56.01	03630	ULTRA SOUND	0.179425	1,391,644	56.01
57.00	05700	CT SCAN	0.065853	7,196,553	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097862	1,657,818	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.137712	10,253,926	59.00
60.00	06000	LABORATORY	0.194913	16,483,829	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.226755	7,436,907	65.00
66.00	06600	PHYSICAL THERAPY	0.454674	3,939,432	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.219617	3,378,242	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304688	67,557	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.804324	7,219,621	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.378876	14,517,307	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154305	29,479,436	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.680557	25,434	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	0.540516	859,244	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.233337	8,989,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.700806	3,153,488	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		138,714,911	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)		138,714,911	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/26/2021 10:11 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		1,670,352	30.00
31.00	03100	INTENSIVE CARE UNIT		749,758	31.00
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		432,840	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.266492	245,547	50.00
51.00	05100	RECOVERY ROOM	0.191922	33,384	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.395198	0	52.00
53.00	05300	ANESTHESIOLOGY	0.056257	50,251	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191446	133,066	54.00
56.00	05600	RADIOISOTOPE	0.097361	21,453	56.00
56.01	03630	ULTRA SOUND	0.179425	45,825	56.01
57.00	05700	CT SCAN	0.065853	290,832	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097862	94,946	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.137712	300,084	59.00
60.00	06000	LABORATORY	0.194913	995,870	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.226755	294,981	65.00
66.00	06600	PHYSICAL THERAPY	0.454674	156,872	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.219617	123,367	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304688	3,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.804324	214,014	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.378876	64,164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.154305	1,641,173	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.680557	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	0.540516	31,265	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.233337	355,576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.700806	77,841	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,173,681	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		5,173,681	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/26/2021 10:11 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)		33,935,112	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,311,704	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)		590,686	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		196,895	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)		152.85	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)		1.42	30.00
31.00	Percentage of Medicaid patient days (see instructions)		7.87	31.00
32.00	Sum of lines 30 and 31		9.29	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/26/2021 10:11 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)		9,046,380,143	7,647,644,855
35.01	Factor 3 (see instructions)		0.000070382	0.000071400
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0	0
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		46,034,397	
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)		46,034,397	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,792,947	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		45,917	53.00
54.00	Special add-on payments for new technologies		194,457	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).		161,827	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		27,181	58.00
59.00	Total (sum of amounts on lines 49 through 58)		50,256,726	59.00
60.00	Primary payer payments		61,478	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		50,195,248	61.00
62.00	Deductibles billed to program beneficiaries		4,231,920	62.00
63.00	Coinurance billed to program beneficiaries		140,052	63.00
64.00	Allowable bad debts (see instructions)		353,150	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		229,548	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		232,746	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,052,824	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)		250,486	70.93
70.94	HRR adjustment amount (see instructions)		-12,060	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/26/2021 10:11 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)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		46,291,250	71.00	
71.01	Sequestration adjustment (see instructions)		305,522	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		45,539,172	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)		446,556	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		353,822	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/26/2021 10:11 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,602	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		33,889,481	2.00
3.00	OPPI payments		28,882,650	3.00
4.00	Outlier payment (see instructions)		64,625	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.780	5.00
6.00	Line 2 times line 5		26,433,795	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		28,749	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,602	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		92,163	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)		92,163	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)		92,163	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		78,561	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)		13,602	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)		28,976,024	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		4,705,178	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		24,284,448	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)		24,284,448	30.00
31.00	Primary payer payments		1,444	31.00
32.00	Subtotal (line 30 minus line 31)		24,283,004	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)		263,702	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		171,406	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		173,903	36.00
37.00	Subtotal (see instructions)		24,454,410	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)		24,454,410	40.00
40.01	Sequestration adjustment (see instructions)		161,399	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		24,108,561	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)		184,450	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/26/2021 10:11 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		45,539,172		24,108,561	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		45,539,172		24,108,561	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		446,556		184,450	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		45,985,728		24,293,011	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/26/2021 10:11 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: 14-0291

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

Worksheet G

Date/Time Prepared:

7/26/2021 10:11 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	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,587,671,000	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	706,475,000	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	3,379,077,000	0	0	0	11.00
FIXED ASSETS					
12.00 Land	461,831,000	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	8,014,348,000	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	2,520,502,000	0	0	0	23.00
24.00 Accumulated depreciation	0	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	-5,144,704,000	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	5,851,977,000	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	11,107,210,000	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	1,111,379,000	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	12,218,589,000	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	21,449,643,000	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	1,341,619,000	0	0	0	37.00
38.00 Salaries, wages, and fees payable	1,207,672,000	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	79,934,000	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	690,637,000	0	0	0	43.00
44.00 Other current liabilities	0	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	3,319,862,000	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	3,310,401,000	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	2,419,336,000	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	5,729,737,000	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	9,049,599,000	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	12,400,044,000				52.00
53.00 Specific purpose fund	0	0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	12,400,044,000	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	21,449,643,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0291

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

Worksheet G-1

Date/Time Prepared:
7/26/2021 10:11 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		12,333,379,504		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		66,664,496				2.00
3.00	Total (sum of line 1 and line 2)		12,400,044,000		0		3.00
4.00	Additions (credit adjustments) (specify)	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		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		12,400,044,000		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		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: 14-0291

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/26/2021 10:11 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	65,769,496		65,769,496	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	65,769,496		65,769,496	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,624,980		17,624,980	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	17,624,980		17,624,980	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	83,394,476		83,394,476	17.00
18.00	Ancillary services	300,467,004	438,565,343	739,032,347	18.00
19.00	Outpatient services	7,842,468	26,665,990	34,508,458	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	3,084,902	0	3,084,902	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	394,788,850	465,231,333	860,020,183	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		271,127,557		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)		271,127,557		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0291

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

Worksheet G-3

Date/Time Prepared:
7/26/2021 10:11 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	860,020,183	1.00
2.00	Less contractual allowances and discounts on patients' accounts	560,213,899	2.00
3.00	Net patient revenues (line 1 minus line 2)	299,806,284	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	271,127,557	4.00
5.00	Net income from service to patients (line 3 minus line 4)	28,678,727	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	2,005,584	24.00
24.50	COVID-19 PHE Funding	36,104,611	24.50
25.00	Total other income (sum of lines 6-24)	38,110,195	25.00
26.00	Total (line 5 plus line 25)	66,788,922	26.00
27.00	NET NON OPERATING EXPENSE	124,426	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	124,426	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	66,664,496	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0291	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/26/2021 10:11 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,541,446	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		184,214	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)		104.66	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)		1.42	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		7.87	8.00
9.00	Sum of lines 7 and 8		9.29	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.90	10.00
11.00	Disproportionate share adjustment (see instructions)		67,287	11.00
12.00	Total prospective capital payments (see instructions)		3,792,947	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