

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/24/2020 5:10 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ASCENSION ST. VINCENT EVANSVILLE (15-0100) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 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	1,722,443	257,487	0	0	1.00
2.00	Subprovider - IPF	0	14,488	10		0	2.00
3.00	Subprovider - IRF	0	-43,713	23		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
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
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	1,693,218	257,520	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: 15-0100		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 5:10 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3700 WASHINGTON AVE			PO Box:				1.00		
2.00	City: EVANSVILLE			State: IN		Zip Code: 47750		County: VANDERBURGH		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ASCENSION ST. VINCENT EVANSVILLE	150100	21780	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		ST. VINCENT EVANSVILLE - STRESS CTR	15S100	21780	4	07/01/1987	N	P	O
5.00	Subprovider - IRF		ST. VINCENT EVANSVILLE - REHAB UNIT	15T100	21780	5	07/01/1999	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			23.00

Worksheet S-2
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

11/24/2020 5:10 pm Y:\27100 - St. Vincent Evansville\300 - Medicare Cost Report\20200630\HFS\27100-20.mcrx

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 5:10 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05	
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	
62.01	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	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	66.33	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 5:10 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		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.	N	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.	N	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.	N	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.	N	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.	N	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00		2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00		2.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	2,554,057		0		0118.01	
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		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	

11/24/2020 5:10 pm Y:\27100 - St. Vincent Evansville\300 - Medicare Cost Report\20200630\HFS\27100-20.mcrx

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 5:10 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H046		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: ST. VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08001		141.00	
142.00	Street: 250 WEST 96TH SREET, STE 215	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46260		143.00	
		1.00		2.00			
144.00	Are provider based physicians' costs included in worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
		1.00		2.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
		Title XIX		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
		1.00		2.00			
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	
		Zip Code		CBSA		FTE/Campus	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00 166.00	
		1.00		2.00			
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)	N				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: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 5:10 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 5:10 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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)	Y	10/08/2020	Y
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)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 5:10 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				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.		Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL	HILL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. VINCENT HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3519	JILL.HILL1@ASCENSION.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 5:10 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		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: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	233	85,278	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)		233	85,278	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	57	20,862	0.00	0	8.00
8.02 NICU	31.02	40	14,640	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	8	2,928	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		338	123,708	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,124		0	16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,784		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
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	99.00				0	25.00
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)		376			0	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: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,251	1,666	36,350			1.00
2.00	HMO and other (see instructions)	8,373	11,095				2.00
3.00	HMO IPF Subprovider	337	688				3.00
4.00	HMO IRF Subprovider	549	497				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)	13,251	1,666	36,350			7.00
8.00	INTENSIVE CARE UNIT	5,317	198	9,752			8.00
8.02	NICU	0	486	4,185			8.02
9.00	CORONARY CARE UNIT	447	0	1,157			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		1,102	2,410			13.00
14.00	Total (see instructions)	19,015	3,452	53,854	6.60	1,629.27	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	509	1,038	3,473	0.00	17.08	16.00
17.00	SUBPROVIDER - IRF	2,718	86	4,561	0.00	22.07	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				6.60	1,668.42	27.00
28.00	Observation Bed Days		0	2,324			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,075			30.00
31.00	Employee discount days - IRF			159			31.00
32.00	Labor & delivery days (see instructions)	0	117	1,527			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: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,494	442	14,475	1.00
2.00 HMO and other (see instructions)			1,724	2,310		2.00
3.00 HMO IPF Subprovider				64		3.00
4.00 HMO IRF Subprovider				43		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.02 NICU						8.02
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	4,494	442	14,475	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	64	96	588	16.00
17.00 SUBPROVIDER - IRF	0.00	0	212	10	367	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					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	0.00					25.00
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: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 5:10 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	106,237,065	-2,978,974	103,258,091	3,470,315.00	29.75
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		609,734	0	609,734	4,385.00	139.05
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		580,937	0	580,937	10,456.00	55.56
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	567,395	0	567,395	19,840.00	28.60
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		12,330	0	12,330	314.00	39.27
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,895,430	-2,215,715	6,679,715	229,049.00	29.16
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		290,325	0	290,325	2,847.00	101.98
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		31,774,492	0	31,774,492	707,132.00	44.93
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		31,463,514	0	31,463,514		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,474,680	0	2,474,680		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		94,258	0	94,258		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		131,407	0	131,407		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		192,144	0	192,144		
25.50	Home office wage-related (core)		9,477,456	0	9,477,456		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 5:10 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,972,956	0	2,972,956	344.00	8,642.31	26.00
27.00	Administrative & General	5.00	8,939,182	-3,265,575	5,673,607	384,243.00	14.77	27.00
28.00	Administrative & General under contract (see inst.)		3,118,503	0	3,118,503	21,322.00	146.26	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	-40	40	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	698,891	0	698,891	48,701.00	14.35	31.00
32.00	Housekeeping	9.00	37	0	37	3.00	12.33	32.00
33.00	Housekeeping under contract (see instructions)		3,508,065	0	3,508,065	167,766.00	20.91	33.00
34.00	Dietary	10.00	4,135	-2,462	1,673	83.00	20.16	34.00
35.00	Dietary under contract (see instructions)		3,093,453	0	3,093,453	134,936.00	22.93	35.00
36.00	Cafeteria	11.00	0	2,462	2,462	123.00	20.02	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,012,355	436,536	4,448,891	166,971.00	26.64	38.00
39.00	Central Services and Supply	14.00	2,521,355	20,181	2,541,536	130,568.00	19.47	39.00
40.00	Pharmacy	15.00	5,060,173	48,926	5,109,099	122,193.00	41.81	40.00
41.00	Medical Records & Medical Records Library	16.00	595,101	0	595,101	20,066.00	29.66	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/24/2020 5:10 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	114,796,424	-2,978,974	111,817,450	3,763,729.00	29.71	1.00
2.00	Excluded area salaries (see instructions)	8,895,430	-2,215,715	6,679,715	229,049.00	29.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	105,900,994	-763,259	105,137,735	3,534,680.00	29.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,064,817	0	32,064,817	709,979.00	45.16	4.00
5.00	Subtotal wage-related costs (see inst.)	41,035,228	0	41,035,228	0.00	39.03	5.00
6.00	Total (sum of lines 3 thru 5)	179,001,039	-763,259	178,237,780	4,244,659.00	41.99	6.00
7.00	Total overhead cost (see instructions)	34,524,166	-2,759,892	31,764,274	1,197,319.00	26.53	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
11/24/2020 5:10 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,495,237	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)	48,054	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	46,215	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	931,984	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)	16,080,100	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	4,695,525	9.00
10.00	Dental, Hearing and Vision Plan	72,581	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	85,474	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)	682,671	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	56,818	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	6,771,304	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	83,564	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	306,476	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	34,356,003	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: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	290,325	34,356,003	1.00
2.00	Hospital	290,325	31,463,513	2.00
3.00	Subprovider - IPF	0	301,019	3.00
4.00	Subprovider - IRF	0	403,095	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
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	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	2,188,376	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/24/2020 5:10 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.205404 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	42,690,072		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?	N		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	322,119,212		6.00
7.00	Medicaid cost (line 1 times line 6)	66,164,575		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)	23,474,503		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)	23,474,503		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)	56,402,695	5,765,730	62,168,425 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	11,585,339	5,765,730	17,351,069 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)	11,585,339	5,765,730	17,351,069 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)	13,014,268		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	989,101		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,521,693		27.01
28.00	Non-Medicare bad debt expense (see instructions)	11,492,575		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,893,213		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	20,244,282		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	43,718,785		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	17,669,712	17,669,712	0	17,669,712	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	11,954,047	11,954,047	0	11,954,047	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,972,956	31,325,041	46,667	34,344,664	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,939,182	150,096,063	-4,190,865	154,844,380	5.00
7.00	00700	OPERATION OF PLANT	-40	10,562,051	53,458	10,615,469	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	698,891	674,448	0	1,373,339	8.00
9.00	00900	HOUSEKEEPING	37	5,054,529	123	5,054,689	9.00
10.00	01000	DIETARY	4,135	5,594,370	-3,201,743	2,396,762	10.00
11.00	01100	CAFETERIA	0	0	3,384,764	3,384,764	11.00
13.00	01300	NURSING ADMINISTRATION	4,012,355	1,153,145	457,532	5,623,032	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,521,355	3,391,912	21,152	5,934,419	14.00
15.00	01500	PHARMACY	5,060,173	15,958,709	51,279	21,070,161	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	595,101	20,311	0	615,412	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	567,395	330,280	897,675	897,675	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	114,551	10,145	0	124,696	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,952,611	4,368,265	-490,365	18,830,511	30.00
31.00	03100	INTENSIVE CARE UNIT	8,365,607	1,370,416	255,958	9,991,981	31.00
31.02	03102	NICU	2,464,793	218,495	121,200	2,804,488	31.02
32.00	03200	CORONARY CARE UNIT	863,307	146,343	4,252	1,013,902	32.00
40.00	04000	SUBPROVIDER - IPF	1,069,792	884,732	19,603	1,974,127	40.00
41.00	04100	SUBPROVIDER - IRF	1,454,398	178,392	3,362	1,636,152	41.00
43.00	04300	NURSERY	0	0	882,871	882,871	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,636,048	31,264,916	697,325	41,598,289	50.00
51.00	05100	RECOVERY ROOM	1,516,841	153,866	89,680	1,760,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,268,048	212,333	37,471	2,517,852	52.00
53.00	05300	ANESTHESIOLOGY	68,322	4,135,768	199	4,204,289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,315,700	2,760,622	20,422	7,096,744	54.00
54.01	05401	ONCOLOGY (OHA)	2,250,727	3,062,094	-1,206,935	4,105,886	54.01
54.02	05402	ULTRASOUND	364,890	66,750	15,283	446,923	54.02
54.03	05403	NUCLEAR MEDICINE	531,631	1,396,454	0	1,928,085	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	753,502	241,300	17,982	1,012,784	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	444,328	149,135	24,611	618,074	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,184,097	2,979,003	86,590	4,249,690	59.00
60.00	06000	LABORATORY	1,639,239	13,306,388	49,501	14,995,128	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,468,003	0	1,468,003	63.00
64.00	06400	INTRAVENOUS THERAPY	1,453,615	320,143	48,682	1,822,440	64.00
65.00	06500	RESPIRATORY THERAPY	2,958,674	538,650	12,096	3,509,420	65.00
66.00	06600	PHYSICAL THERAPY	3,596,448	242,859	44,615	3,883,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,198,459	4,864	65,347	1,268,670	67.00
68.00	06800	SPEECH PATHOLOGY	441,145	7,847	15,064	464,056	68.00
69.00	06900	ELECTROCARDIOLOGY	899,905	588,584	56,184	1,544,673	69.00
69.02	06902	CARDIAC REHAB	492,382	138,647	78,414	709,443	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	328,366	122,236	27,592	478,194	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,261,777	0	5,261,777	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,089,098	0	23,089,098	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,570,367	0	49,570,367	73.00
74.00	07400	RENAL DIALYSIS	836,680	228,062	4,739	1,069,481	74.00
76.00	03951	ECT	86,672	13,689	2,575	102,936	76.00
76.01	03950	MOBILE OUTREACH CLINIC	374,278	43,857	26,779	444,914	76.01
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	448,265	1,139,057	29,733	1,617,055	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	5,469,695	5,739,115	131,583	11,340,393	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	1,027,155	1,149,740	78,103	2,254,998	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,177,937	525,514	2,703,451	2,706,299	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	738,665	1,335,346	2,074,011	2,080,548	97.00
98.00	09850	HOME OFFICE	2,622,302	4,603,920	7,226,222	8,072,646	98.00
99.00	09900	CMHC	0	0	0	0	99.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,780,615	416,821,410	521,602,025	-1,271,308	520,330,717	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	694,908	2,323,144	3,018,052	1,473	3,019,525	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	1,265,144	1,265,144	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	674,174	11,439,053	12,113,227	4,485	12,117,712	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	85,917	1,790	87,707	0	87,707	194.04
194.06	07956	MOB	0	104,447	104,447	0	104,447	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	2,001,379	2,001,379	0	2,001,379	194.08
194.09	07959	CONV CARE	1,451	6	1,457	206	1,663	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	106,237,065	432,691,229	538,928,294	0	538,928,294	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-313,949	17,355,763	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	11,954,047	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,701,193	32,643,471	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-36,352,395	118,491,985	5.00
7.00	00700	OPERATION OF PLANT	-849,041	9,766,428	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-176,003	1,197,336	8.00
9.00	00900	HOUSEKEEPING	-347,460	4,707,229	9.00
10.00	01000	DIETARY	-1,461,882	934,880	10.00
11.00	01100	CAFETERIA	-1,567,789	1,816,975	11.00
13.00	01300	NURSING ADMINISTRATION	-1,420	5,621,612	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-119	5,934,300	14.00
15.00	01500	PHARMACY	-35,662	21,034,499	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,936	613,476	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-11,039	886,636	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,471	131,167	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,915,781	16,914,730	30.00
31.00	03100	INTENSIVE CARE UNIT	-41	9,991,940	31.00
31.02	03102	NICU	-2,000	2,802,488	31.02
32.00	03200	CORONARY CARE UNIT	0	1,013,902	32.00
40.00	04000	SUBPROVIDER - IPF	-755,464	1,218,663	40.00
41.00	04100	SUBPROVIDER - IRF	-16,387	1,619,765	41.00
43.00	04300	NURSERY	0	882,871	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,036,047	40,562,242	50.00
51.00	05100	RECOVERY ROOM	0	1,760,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,190	2,516,662	52.00
53.00	05300	ANESTHESIOLOGY	-2,781,297	1,422,992	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-866,458	6,230,286	54.00
54.01	05401	ONCOLOGY (OHA)	-28,779	4,077,107	54.01
54.02	05402	ULTRASOUND	-1,390	445,533	54.02
54.03	05403	NUCLEAR MEDICINE	0	1,928,085	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-4,149	1,008,635	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	618,074	58.00
59.00	05900	CARDIAC CATHETERIZATION	-37,903	4,211,787	59.00
60.00	06000	LABORATORY	-402,173	14,592,955	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,468,003	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,822,440	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,509,420	65.00
66.00	06600	PHYSICAL THERAPY	-75	3,883,847	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,268,670	67.00
68.00	06800	SPEECH PATHOLOGY	0	464,056	68.00
69.00	06900	ELECTROCARDIOLOGY	-83,951	1,460,722	69.00
69.02	06902	CARDIAC REHAB	0	709,443	69.02
69.03	06903	DIABETIC EDUCATION	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	478,194	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,261,777	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,089,098	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,570,367	73.00
74.00	07400	RENAL DIALYSIS	-422,440	647,041	74.00
76.00	03951	ECT	0	102,936	76.00
76.01	03950	MOBILE OUTREACH CLINIC	-214,287	230,627	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	1,617,055	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARIATRICS	0	0	90.04
91.00	09100	EMERGENCY	-2,478,426	8,861,967	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	-203,114	2,051,884	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-31,908	2,674,391	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	2,080,548	97.00
98.00	09850	HOME OFFICE	-8,119,313	-46,667	98.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-62,215,990	458,114,727	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,019,525	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	1,265,144	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	APOTHECARY	0	12,117,712	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	194.03
194.04	07954	MARKETING	0	87,707	194.04
194.06	07956	MOB	0	104,447	194.06
194.07	07957	SENIOR PARTNERS	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	2,001,379	194.08
194.09	07959	CONV CARE	0	1,663	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	-62,215,990	476,712,304	200.00

RECLASSIFICATIONS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/24/2020 5:10 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
1.00	B - Cafeteria					1.00
	CAFETERIA	11.00	2,462	3,331,309		
	TOTALS		2,462	3,331,309		
1.00	C - Nursery					1.00
	NURSERY	43.00	820,415	62,456		
			820,415	62,456		
1.00	D - Reclass Home Office Expense					1.00
	HOME OFFICE	98.00	0	489,752		
	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46,667		
2.00	TOTALS		0	536,419	2.00	
1.00	E - Reclass Home Office Salaries					1.00
	HOME OFFICE	98.00		356,672		
			0	356,672		
1.00	G - Old OHA Expense					1.00
	OHA PHYSICIANS' PRIVATE OFFICES	192.01	376,078	889,066		
	TOTALS		376,078	889,066		
1.00	H - Pandemic Other Expenses					1.00
	DIETARY	10.00	0	132,028		
	HOUSEKEEPING	9.00	0	123		
2.00	OPERATION OF PLANT	7.00	0	53,418	2.00	
3.00	CAFETERIA	11.00	0	50,993	3.00	
4.00	TOTALS		0	236,562	4.00	
1.00	I - Pandemic Salaries & Benefits					1.00
	NURSING ADMINISTRATION	13.00	436,536	20,996		
	CENTRAL SERVICES & SUPPLY	14.00	20,181	971		
	PHARMACY	15.00	48,926	2,353		
	ADULTS & PEDIATRICS	30.00	374,494	18,012		
	INTENSIVE CARE UNIT	31.00	244,212	11,746		
	NICU	31.02	115,638	5,562		
	CORONARY CARE UNIT	32.00	4,057	195		
	SUBPROVIDER - IPF	40.00	18,703	900		
	SUBPROVIDER - IRF	41.00	3,208	154		
	OPERATING ROOM	50.00	665,325	32,000		
	RECOVERY ROOM	51.00	85,565	4,115		
	DELIVERY ROOM & LABOR ROOM	52.00	35,751	1,720		
	ANESTHESIOLOGY	53.00	190	9		
	RADIOLOGY-DIAGNOSTIC	54.00	153,412	7,379		
	ONCOLOGY (OHA)	54.01	55,538	2,671		
	ULTRASOUND	54.02	14,582	701		
	CT SCAN	57.00	17,157	825		
	MAGNETIC RESONANCE IMAGING (MRI)	58.00	23,482	1,129		
	CARDIAC CATHETERIZATION	59.00	82,616	3,974		
	LABORATORY	60.00	47,229	2,272		
	INTRAVENOUS THERAPY	64.00	46,448	2,234		
	RESPIRATORY THERAPY	65.00	11,541	555		
	PHYSICAL THERAPY	66.00	154,691	7,440		
	OCCUPATIONAL THERAPY	67.00	62,348	2,999		
	SPEECH PATHOLOGY	68.00	14,373	691		
	ELECTROCARDIOLOGY	69.00	53,606	2,578		
	CARDIAC REHAB	69.02	74,816	3,598		
	ELECTROENCEPHALOGRAPHY	70.00	26,326	1,266		
	RENAL DIALYSIS	74.00	4,522	217		
	ECT	76.00	2,457	118		
	MOBILE OUTREACH CLINIC	76.01	25,550	1,229		
	CLINIC	90.00	28,369	1,364		
	EMERGENCY	91.00	125,545	6,038		
	DIAGNOSTIC TREATMENT CENTER	91.01	74,519	3,584		
	AMBULANCE SERVICES	95.00	2,717	131		
	DURABLE MEDICAL EQUIP-SOLD	97.00	6,237	300		
	PHYSICIANS' PRIVATE OFFICES	192.00	1,405	68		
	APOTHECARY	194.01	4,279	206		
CONV CARE	194.09	197	9			
	TOTALS		3,166,748	152,309		
1.00	J - NEGATIVE PLANT OPS SALARIES					1.00
	OPERATION OF PLANT	7.00	40	0		
	TOTALS		40	0		
1.00	M - Home Office Salaries					1.00
	HOME OFFICE	98.00	0	2,622,302		
	TOTALS		0	2,622,302		
500.00	Grand Total: Increases		4,365,743	8,187,095	500.00	

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RECLASSIFICATIONS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
11/24/2020 5:10 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - Cafeteria						
1.00	DIETARY	10.00	2,462	3,331,309	0		1.00
	TOTALS		2,462	3,331,309			
	C - Nursery						
1.00	ADULTS & PEDIATRICS	30.00	820,415	62,456			1.00
			820,415	62,456			
	D - Reclass Home Office Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	536,419	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	536,419			
	E - Reclass Home Office Salaries						
1.00	ADMINISTRATIVE & GENERAL	5.00	98,787				1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	140,369				2.00
3.00	PHYSICAL THERAPY	66.00	117,516				3.00
			356,672	0			
	G - Old OHA Expense						
1.00	ONCOLOGY (OHA)	54.01	376,078	889,066	0		1.00
	TOTALS		376,078	889,066			
	H - Pandemic Other Expenses						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	236,562	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
	TOTALS		0	236,562			
	I - Pandemic Salaries & Benefits						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,166,748	152,309	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
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
	TOTALS		3,166,748	152,309			
	J - NEGATIVE PLANT OPS SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	40	0	0		1.00
	TOTALS		40	0			
	M - Home Office Salaries						
1.00	HOME OFFICE	98.00	2,622,302	0	0		1.00
	TOTALS		2,622,302	0			
500.00	Grand Total: Decreases		7,344,717	5,208,121			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,736,792	0	0	0	0	1.00
2.00	Land Improvements	8,918,498	346,170	0	346,170	0	2.00
3.00	Buildings and Fixtures	145,646,581	10,926,721	0	10,926,721	0	3.00
4.00	Building Improvements	12,280,076	0	0	0	54,531	4.00
5.00	Fixed Equipment	70,261,611	802,036	0	802,036	0	5.00
6.00	Movable Equipment	151,711,861	28,507,326	0	28,507,326	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	396,555,419	40,582,253	0	40,582,253	54,531	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	396,555,419	40,582,253	0	40,582,253	54,531	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,736,792	0				1.00
2.00	Land Improvements	9,264,668	0				2.00
3.00	Buildings and Fixtures	156,573,302	0				3.00
4.00	Building Improvements	12,225,545	0				4.00
5.00	Fixed Equipment	71,063,647	0				5.00
6.00	Movable Equipment	180,219,187	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	437,083,141	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	437,083,141	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	7,839,889	9,684,622	0	0	145,201	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,865,977	2,088,070	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,705,866	11,772,692	0	0	145,201	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	17,669,712				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,954,047				2.00
3.00	Total (sum of lines 1-2)	0	29,623,759				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	256,863,954	0	256,863,954	0.587678	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	180,219,187	0	180,219,187	0.412322	0	2.00
3.00	Total (sum of lines 1-2)	437,083,141	0	437,083,141	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,525,940	9,684,622	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,865,977	2,088,070	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,391,917	11,772,692	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	145,201	0	17,355,763	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,954,047	2.00
3.00	Total (sum of lines 1-2)	0	0	145,201	0	29,309,810	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,544,805	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-207,490	ADMINISTRATIVE & GENERAL	5.00	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	-10,669,911			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	-2,895,357			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,461,882	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-17,831	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-968	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME - A&G	B	-70,709	ADMINISTRATIVE & GENERAL	5.00	0	33.00

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ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/24/2020 5:10 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 MISC INCOME - LAUNDRY	B	-176,003	LAUNDRY & LINEN SERVICE	8.00	0	33.01
33.02 MISC INCOME - NURSING ADMIN	B	-1,461,882	DIETARY	10.00	0	33.02
33.03 MISC INCOME - DIETARY	B	-1,420	NURSING ADMINISTRATION	13.00	0	33.03
33.04 MISC INCOME - CSS	B	-119	CENTRAL SERVICES & SUPPLY	14.00	0	33.04
33.05 MISC INCOME - PHARMACY	B	-17,831	PHARMACY	15.00	0	33.05
33.06 MISC INCOME - MEDICAL RECORDS	B	-968	MEDICAL RECORDS & LIBRARY	16.00	0	33.06
33.07 MISC INCOME - I&R SERVICES	B	-11,039	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.07
33.08 MISC INCOME - ADULTS & PEDS	B	-27,963	ADULTS & PEDIATRICS	30.00	0	33.08
33.09 MISC INCOME - ICU	B	-41	INTENSIVE CARE UNIT	31.00	0	33.09
33.10 MISC INCOME - L&D	B	-1,190	DELIVERY ROOM & LABOR ROOM	52.00	0	33.10
33.11 MISC INCOME - RADIOLOGY	B	-141,831	RADIOLOGY-DIAGNOSTIC	54.00	0	33.11
33.12 MISC INCOME - ONCOLOGY	B	-28,779	ONCOLOGY (OHA)	54.01	0	33.12
33.13 MISC INCOME - ULTRASOUND	B	-1,390	ULTRASOUND	54.02	0	33.13
33.14 MISC INCOME - CT SCAN	B	-99	CT SCAN	57.00	0	33.14
33.15 MISC INCOME - LAB	B	-60,266	LABORATORY	60.00	0	33.15
33.16 MISC INCOME - PHYSICAL THERAPY	B	-75	PHYSICAL THERAPY	66.00	0	33.16
33.17 MISC INCOME - DIALYSIS	B	-422,440	RENAL DIALYSIS	74.00	0	33.17
33.18 MISC INCOME - MOBILE CLINIC	B	-500	MOBILE OUTREACH CLINIC	76.01	0	33.18
33.19 MISC INCOME - ER	B	-42,151	EMERGENCY	91.00	0	33.19
33.20 MISC INCOME - AMBULANCE	B	-31,908	AMBULANCE SERVICES	95.00	0	33.20
33.21 ADVERTISING	A	-702,155	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22 VARIOUS N/A EXPENSES	A	-417	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.22
33.23 VARIOUS N/A EXPENSES	A	-81,220	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24 PROVIDER ASSESSMENT	A	-24,753,921	ADMINISTRATIVE & GENERAL	5.00	0	33.24
33.25 PATIENT PHONES	A	-7,011	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26 PHARM RESIDENT STARTUP AMORT	A	6,471	PARAMED ED PRGM-(SPECIFY)	23.00	0	33.26
33.27 PHYSICIAN GROUP LOSS	A	-14,374,991	ADMINISTRATIVE & GENERAL	5.00	0	33.27
33.28 LOBBYING	A	-5,898	ADMINISTRATIVE & GENERAL	5.00	0	33.28
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-62,215,990				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: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/24/2020 5:10 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - CAPITAL	8,853,288	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - INTEREST	146,626	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - OTHER	99,271,200	99,874,849	3.00
3.01	16.00	MEDICAL RECORDS & LIBRARY	SVH CHARGEBACKS	12,330	12,330	3.01
3.02	54.00	RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACKS	120,000	120,000	3.02
3.03	54.01	ONCOLOGY (OHA)	SVH CHARGEBACKS	1,280,198	1,280,198	3.03
3.04	90.00	CLINIC	SVH CHARGEBACKS	617,709	617,709	3.04
3.07	192.00	PHYSICIANS' PRIVATE OFFICES	SVH CHARGEBACKS	1,805,437	1,805,437	3.07
3.08	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE	20,999,329	21,798,802	3.08
3.10	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	4,544,805	0	3.10
3.12	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	60,864	4,605,669	3.12
3.13	1.00	CAP REL COSTS-BLDG & FIXT	HO	0	313,949	3.13
3.14	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO	0	756,479	3.14
3.15	7.00	OPERATION OF PLANT	HO	0	849,041	3.15
3.16	9.00	HOUSEKEEPING	HO	0	347,460	3.16
3.17	11.00	CAFETERIA	HO	0	105,907	3.17
4.00	98.00	HOME OFFICE	HO	0	8,119,313	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			137,711,786	140,607,143	5.00

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

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

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

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

6.00	B		0.00	St. Vincent Health	1.00	6.00
7.00	B		0.00	Ascension	1.00	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:				0.00	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.

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

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/24/2020 5:10 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	8,853,288	0		1.00
2.00	146,626	0		2.00
3.00	-603,649	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.07	0	0		3.07
3.08	-799,473	0		3.08
3.10	4,544,805	11		3.10
3.12	-4,544,805	0		3.12
3.13	-313,949	9		3.13
3.14	-756,479	0		3.14
3.15	-849,041	0		3.15
3.16	-347,460	0		3.16
3.17	-105,907	0		3.17
4.00	-8,119,313	0		4.00
5.00	-2,895,357			5.00

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

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

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

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

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

6.00	Home Office		6.00
7.00	Home Office		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: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
11/24/2020 5:10 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	144,824	144,824	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	3,300	0	3,300	179,000	33	2.00
3.00	13.00	NURSING ADMINISTRATION	406	0	406	179,000	18	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,887,818	1,887,818	0	0	0	4.00
5.00	31.02	NICU	2,000	2,000	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	755,464	755,464	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	31,010	8,757	22,253	197,500	154	7.00
8.00	50.00	OPERATING ROOM	1,036,047	1,036,047	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	2,781,297	2,781,297	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	724,627	724,627	0	0	0	10.00
11.00	57.00	CT SCAN	4,050	4,050	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	37,903	37,903	0	0	0	12.00
13.00	60.00	LABORATORY	341,907	341,907	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	83,951	83,951	0	0	0	14.00
15.00	76.01	MOBILE OUTREACH CLINIC	213,787	213,787	0	0	0	15.00
16.00	91.00	EMERGENCY	2,436,275	2,436,275	0	0	0	16.00
17.00	91.01	DIAGNOSTIC TREATMENT CENTER	203,114	203,114	0	0	0	17.00
200.00			10,687,780	10,661,821	25,959		205	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	2,840	142	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	1,549	77	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.02	NICU	0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	14,623	731	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	57.00	CT SCAN	0	0	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
17.00	91.01	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	17.00
200.00			19,012	950	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	144,824		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	2,840	460	460		2.00
3.00	13.00	NURSING ADMINISTRATION	0	1,549	0	0		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,887,818		4.00
5.00	31.02	NICU	0	0	0	2,000		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	755,464		6.00
7.00	41.00	SUBPROVIDER - IRF	0	14,623	7,630	16,387		7.00
8.00	50.00	OPERATING ROOM	0	0	0	1,036,047		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	2,781,297		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	724,627		10.00
11.00	57.00	CT SCAN	0	0	0	4,050		11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	37,903		12.00
13.00	60.00	LABORATORY	0	0	0	341,907		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	83,951		14.00
15.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	213,787		15.00
16.00	91.00	EMERGENCY	0	0	0	2,436,275		16.00
17.00	91.01	DIAGNOSTIC TREATMENT CENTER	0	0	0	203,114		17.00
200.00			0	19,012	8,090	10,669,911		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	17,355,763	17,355,763			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	11,954,047		11,954,047		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	32,643,471	12,717	0	32,656,188	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	118,491,985	1,481,811	1,701,673	1,847,514	5.00
7.00	00700	OPERATION OF PLANT	9,766,428	1,472,973	1,479,240	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,197,336	140,653	31,019	227,582	8.00
9.00	00900	HOUSEKEEPING	4,707,229	329,390	0	12	9.00
10.00	01000	DIETARY	934,880	455,214	145,395	545	10.00
11.00	01100	CAFETERIA	1,816,975	0	0	802	11.00
13.00	01300	NURSING ADMINISTRATION	5,621,612	606,096	20,307	1,448,706	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,934,300	329,537	145,854	827,608	14.00
15.00	01500	PHARMACY	21,034,499	130,473	368,454	1,663,691	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	613,476	98,378	0	193,785	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	886,636	0	569	184,763	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	131,167	0	0	37,302	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,914,730	3,024,878	113,078	4,723,893	30.00
31.00	03100	INTENSIVE CARE UNIT	9,991,940	693,688	86,238	2,803,641	31.00
31.02	03102	NICU	2,802,488	207,755	118,127	840,273	31.02
32.00	03200	CORONARY CARE UNIT	1,013,902	92,372	49,908	282,442	32.00
40.00	04000	SUBPROVIDER - IPF	1,218,663	189,392	20,382	354,450	40.00
41.00	04100	SUBPROVIDER - IRF	1,619,765	577,962	10,205	474,645	41.00
43.00	04300	NURSERY	882,871	0	0	267,154	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,562,242	1,119,214	3,132,032	3,354,467	50.00
51.00	05100	RECOVERY ROOM	1,760,387	354,119	17,659	521,796	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,516,662	396,115	47,053	750,193	52.00
53.00	05300	ANESTHESIOLOGY	1,422,992	0	31,377	22,310	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,230,286	352,597	876,480	1,409,582	54.00
54.01	05401	ONCOLOGY (OHA)	4,077,107	570,319	193,545	628,533	54.01
54.02	05402	ULTRASOUND	445,533	30,605	42,646	123,569	54.02
54.03	05403	NUCLEAR MEDICINE	1,928,085	115,285	5,986	173,117	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	1,008,635	84,925	665,003	250,952	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	618,074	153,909	580,702	152,334	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,211,787	209,931	760,398	412,484	59.00
60.00	06000	LABORATORY	14,592,955	272,320	59,881	549,170	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,468,003	10,147	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,822,440	177,968	7,513	488,470	64.00
65.00	06500	RESPIRATORY THERAPY	3,509,420	51,178	79,871	967,200	65.00
66.00	06600	PHYSICAL THERAPY	3,883,847	115,514	43,902	1,183,228	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,268,670	0	0	410,560	67.00
68.00	06800	SPEECH PATHOLOGY	464,056	0	12,875	148,332	68.00
69.00	06900	ELECTROCARDIOLOGY	1,460,722	74,925	229,109	310,495	69.00
69.02	06902	CARDIAC REHAB	709,443	0	0	184,698	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	478,194	117,265	32,100	115,499	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,261,777	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,089,098	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,570,367	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	647,041	4,795	43,297	273,923	74.00
76.00	03951	ECT	102,936	0	0	29,023	76.00
76.01	03950	MOBILE OUTREACH CLINIC	230,627	0	76,280	130,197	76.01
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	1,617,055	16,726	165	155,208	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	8,861,967	393,677	138,142	1,821,995	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	2,051,884	193,303	228,426	358,741	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,674,391	0	353,999	710,093	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	2,080,548	0	0	242,565	97.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
98.00	09850	HOME OFFICE	-46,667	0	0	0	-46,667	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	458,114,727	14,658,126	11,948,890	32,057,542	454,813,287	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,019,525	301,878	5,157	226,742	3,553,302	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	1,265,144	0	0	122,463	1,387,607	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	12,117,712	2,979	0	220,927	12,341,618	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	646,684	0	0	646,684	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	87,707	0	0	27,977	115,684	194.04
194.06	07956	MOB	104,447	0	0	0	104,447	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	2,001,379	0	0	0	2,001,379	194.08
194.09	07959	CONV CARE	1,663	0	0	537	2,200	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	157,952	0	0	157,952	194.10
194.11	07961	ST ELIZABETH	0	17,954	0	0	17,954	194.11
194.14	07964	FREE STANDING CATH LAB	0	16,956	0	0	16,956	194.14
194.15	07965	FAMILY PRACTICE	0	48,903	0	0	48,903	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	1,504,331	0	0	1,504,331	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	476,712,304	17,355,763	11,954,047	32,656,188	476,712,304	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	123,522,983					5.00
7.00	00700	OPERATION OF PLANT	4,447,582	17,166,223				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	558,312	131,370	2,286,272			8.00
9.00	00900	HOUSEKEEPING	1,761,259	307,650	0	7,105,540		9.00
10.00	01000	DIETARY	537,136	429,512	0	182,452	2,685,134	10.00
11.00	01100	CAFETERIA	635,658	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,691,466	566,094	0	240,471	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,530,811	307,788	0	130,745	0	14.00
15.00	01500	PHARMACY	8,111,800	121,862	0	51,766	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	316,693	91,885	0	39,032	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	374,856	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	58,912	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,664,122	2,876,166	864,379	1,221,762	1,845,627	30.00
31.00	03100	INTENSIVE CARE UNIT	4,747,219	647,906	210,000	275,224	359,500	31.00
31.02	03102	NICU	1,387,795	194,043	61,292	82,428	0	31.02
32.00	03200	CORONARY CARE UNIT	503,072	86,275	53,033	36,649	33,789	32.00
40.00	04000	SUBPROVIDER - IPF	623,458	176,892	0	75,142	168,772	40.00
41.00	04100	SUBPROVIDER - IRF	938,070	539,817	100,073	229,309	200,728	41.00
43.00	04300	NURSERY	402,152	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,843,852	1,089,770	261,016	462,923	873	50.00
51.00	05100	RECOVERY ROOM	928,064	511,553	79,803	217,302	1,022	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,297,358	369,972	82,950	157,160	32,455	52.00
53.00	05300	ANESTHESIOLOGY	516,380	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,101,381	889,887	46,981	378,015	15,037	54.00
54.01	05401	ONCOLOGY (OHA)	1,912,631	532,679	0	226,276	0	54.01
54.02	05402	ULTRASOUND	224,624	63,010	0	26,766	0	54.02
54.03	05403	NUCLEAR MEDICINE	777,177	505,041	6,758	214,536	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	702,707	157,922	40,811	67,084	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	526,290	219,418	13,106	93,207	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,956,376	196,076	38,747	83,291	0	59.00
60.00	06000	LABORATORY	5,411,217	750,156	0	318,658	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	516,894	9,477	0	4,026	0	63.00
64.00	06400	INTRAVENOUS THERAPY	872,963	315,232	0	133,907	25,286	64.00
65.00	06500	RESPIRATORY THERAPY	1,611,256	47,800	0	20,305	0	65.00
66.00	06600	PHYSICAL THERAPY	1,827,652	250,740	8,795	106,512	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	587,210	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	218,648	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	725,695	188,173	20,047	79,934	0	69.00
69.02	06902	CARDIAC REHAB	312,672	0	16,486	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	259,840	109,526	13,722	46,525	1,858	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,839,991	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,074,027	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,334,154	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	338,869	4,479	2,902	1,903	0	74.00
76.00	03951	ECT	46,145	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	152,851	52,539	0	22,318	0	76.01
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	625,649	112,858	20,884	47,941	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,922,046	367,695	289,770	156,193	125	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	990,446	180,546	54,717	76,694	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,307,310	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	812,369	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	115,865,117	13,401,809	2,286,272	5,506,456	2,685,072	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,242,554	281,954	0	119,771	62	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	485,232	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	4,315,740	46,806	0	19,883	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	226,139	893,357	0	379,489	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	40,454	0	0	0	0	194.04
194.06	07956	MOB	36,524	154,467	0	65,616	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	699,862	0	0	0	0	194.08
194.09	07959	CONV CARE	769	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	55,234	147,527	0	62,668	0	194.10
194.11	07961	ST ELIZABETH	6,278	16,769	0	7,123	0	194.11
194.14	07964	FREE STANDING CATH LAB	5,929	15,837	0	6,727	0	194.14
194.15	07965	FAMILY PRACTICE	17,101	127,319	0	54,084	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	526,050	2,080,378	0	883,723	0	194.17
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)	123,522,983	17,166,223	2,286,272	7,105,540	2,685,134	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,453,435					11.00
13.00	01300	NURSING ADMINISTRATION	138,299	11,333,051				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	108,147	0	10,314,790			14.00
15.00	01500	PHARMACY	101,210	0	0	31,583,755		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,620	0	0	0	1,369,869	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	16,433	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	3,718	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	375,576	2,861,066	0	0	32,519	30.00
31.00	03100	INTENSIVE CARE UNIT	225,630	1,787,437	0	0	19,299	31.00
31.02	03102	NICU	55,537	605,516	0	0	2,331	31.02
32.00	03200	CORONARY CARE UNIT	19,218	342,350	0	0	2,080	32.00
40.00	04000	SUBPROVIDER - IPF	29,433	0	0	0	4,323	40.00
41.00	04100	SUBPROVIDER - IRF	38,019	605,516	0	0	3,473	41.00
43.00	04300	NURSERY	21,188	0	0	0	4,522	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	271,800	795,613	0	0	303,559	50.00
51.00	05100	RECOVERY ROOM	32,860	421,532	0	0	10,394	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,636	605,516	0	0	18,140	52.00
53.00	05300	ANESTHESIOLOGY	2,999	0	0	0	19,582	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	120,859	0	0	0	60,876	54.00
54.01	05401	ONCOLOGY (OHA)	63,344	0	0	0	30,972	54.01
54.02	05402	ULTRASOUND	9,164	0	0	0	10,494	54.02
54.03	05403	NUCLEAR MEDICINE	11,490	0	0	0	19,534	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	18,862	0	0	0	39,327	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,931	0	0	0	13,258	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,365	312,074	0	0	114,220	59.00
60.00	06000	LABORATORY	66,646	0	0	0	91,303	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	7,788	63.00
64.00	06400	INTRAVENOUS THERAPY	35,031	294,607	0	0	3,969	64.00
65.00	06500	RESPIRATORY THERAPY	73,254	0	0	0	13,322	65.00
66.00	06600	PHYSICAL THERAPY	90,548	0	0	0	10,848	66.00
67.00	06700	OCCUPATIONAL THERAPY	32,363	0	0	0	7,621	67.00
68.00	06800	SPEECH PATHOLOGY	10,407	0	0	0	2,832	68.00
69.00	06900	ELECTROCARDIOLOGY	25,700	193,882	0	0	43,949	69.00
69.02	06902	CARDIAC REHAB	14,282	104,801	0	0	1,024	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	9,335	0	813,648	0	4,594	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,501,142	0	69,448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	70,269	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31,583,755	224,220	73.00
74.00	07400	RENAL DIALYSIS	17,030	56,767	0	0	3,135	74.00
76.00	03951	ECT	2,562	0	0	0	1,523	76.00
76.01	03950	MOBILE OUTREACH CLINIC	8,247	0	0	0	335	76.01
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	14,752	0	0	0	3,115	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	139,973	1,211,032	0	0	77,037	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	22,865	310,909	0	0	15,821	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	88,326	605,516	0	0	3,211	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	5,602	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,419,659	11,114,134	10,314,790	31,583,755	1,369,869	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,067	218,917	0	0	0	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	13,648	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	1,810	0	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	32	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	219	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,453,435	11,333,051	10,314,790	31,583,755	1,369,869	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			21.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,463,257					21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		231,099				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,463,257	0	44,981,053	-1,463,257	43,517,796	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	21,847,722	0	21,847,722	31.00
31.02	03102	NICU	0	0	6,357,585	0	6,357,585	31.02
32.00	03200	CORONARY CARE UNIT	0	0	2,515,090	0	2,515,090	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,860,907	0	2,860,907	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,337,582	0	5,337,582	41.00
43.00	04300	NURSERY	0	0	1,577,887	0	1,577,887	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	68,197,361	0	68,197,361	50.00
51.00	05100	RECOVERY ROOM	0	0	4,856,491	0	4,856,491	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,325,210	0	6,325,210	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,015,640	0	2,015,640	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	13,481,981	0	13,481,981	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	8,235,406	0	8,235,406	54.01
54.02	05402	ULTRASOUND	0	0	976,411	0	976,411	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	3,757,009	0	3,757,009	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	3,036,228	0	3,036,228	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,380,229	0	2,380,229	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	8,321,749	0	8,321,749	59.00
60.00	06000	LABORATORY	0	0	22,112,306	0	22,112,306	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,016,335	0	2,016,335	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	4,177,386	0	4,177,386	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,373,606	0	6,373,606	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,521,586	0	7,521,586	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,306,424	0	2,306,424	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	857,150	0	857,150	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,352,631	0	3,352,631	69.00
69.02	06902	CARDIAC REHAB	0	0	1,343,406	0	1,343,406	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,002,106	0	2,002,106	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	16,672,358	0	16,672,358	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	31,233,394	0	31,233,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	231,099	98,943,595	0	98,943,595	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,394,141	0	1,394,141	74.00
76.00	03951	ECT	0	0	182,189	0	182,189	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	673,394	0	673,394	76.01
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	2,614,353	0	2,614,353	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	17,379,652	0	17,379,652	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	4,484,352	0	4,484,352	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	5,742,846	0	5,742,846	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	3,141,084	0	3,141,084	97.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALAR Y & FRINGES APPRV					
			21.00	23.00	24.00	25.00	26.00	
98.00	09850	HOME OFFICE	0	0	-46,667	0	-46,667	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,463,257	231,099	441,539,168	-1,463,257	440,075,911	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,434,627	0	5,434,627	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	1,872,839	0	1,872,839	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	0	0	16,737,695	0	16,737,695	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	2,145,669	0	2,145,669	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	157,948	0	157,948	194.04
194.06	07956	MOB	0	0	361,054	0	361,054	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	2,701,241	0	2,701,241	194.08
194.09	07959	CONV CARE	0	0	3,001	0	3,001	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	423,381	0	423,381	194.10
194.11	07961	ST ELIZABETH	0	0	48,124	0	48,124	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	45,449	0	45,449	194.14
194.15	07965	FAMILY PRACTICE	0	0	247,407	0	247,407	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	4,994,701	0	4,994,701	194.17
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)	1,463,257	231,099	476,712,304	-1,463,257	475,249,047	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,717	0	12,717	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,853,288	1,481,811	1,701,673	12,036,772	5.00
7.00	00700	OPERATION OF PLANT	0	1,472,973	1,479,240	2,952,213	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	140,653	31,019	171,672	8.00
9.00	00900	HOUSEKEEPING	0	329,390	0	329,390	9.00
10.00	01000	DIETARY	0	455,214	145,395	600,609	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	606,096	20,307	626,403	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	329,537	145,854	475,391	14.00
15.00	01500	PHARMACY	0	130,473	368,454	498,927	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	98,378	0	98,378	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	569	569	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,024,878	113,078	3,137,956	30.00
31.00	03100	INTENSIVE CARE UNIT	0	693,688	86,238	779,926	31.00
31.02	03102	NICU	0	207,755	118,127	325,882	31.02
32.00	03200	CORONARY CARE UNIT	0	92,372	49,908	142,280	32.00
40.00	04000	SUBPROVIDER - IPF	0	189,392	20,382	209,774	40.00
41.00	04100	SUBPROVIDER - IRF	0	577,962	10,205	588,167	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,119,214	3,132,032	4,251,246	50.00
51.00	05100	RECOVERY ROOM	0	354,119	17,659	371,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	396,115	47,053	443,168	52.00
53.00	05300	ANESTHESIOLOGY	0	0	31,377	31,377	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	352,597	876,480	1,229,077	54.00
54.01	05401	ONCOLOGY (OHA)	0	570,319	193,545	763,864	54.01
54.02	05402	ULTRASOUND	0	30,605	42,646	73,251	54.02
54.03	05403	NUCLEAR MEDICINE	0	115,285	5,986	121,271	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	84,925	665,003	749,928	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	153,909	580,702	734,611	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	209,931	760,398	970,329	59.00
60.00	06000	LABORATORY	0	272,320	59,881	332,201	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,147	0	10,147	63.00
64.00	06400	INTRAVENOUS THERAPY	0	177,968	7,513	185,481	64.00
65.00	06500	RESPIRATORY THERAPY	0	51,178	79,871	131,049	65.00
66.00	06600	PHYSICAL THERAPY	0	115,514	43,902	159,416	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	12,875	12,875	68.00
69.00	06900	ELECTROCARDIOLOGY	0	74,925	229,109	304,034	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	117,265	32,100	149,365	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,795	43,297	48,092	74.00
76.00	03951	ECT	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	76,280	76,280	76.01
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	16,726	165	16,891	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	393,677	138,142	531,819	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	193,303	228,426	421,729	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	353,999	353,999	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	98.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,853,288	14,658,126	11,948,890	35,460,304	12,484	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	301,878	5,157	307,035	88	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	48	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	0	2,979	0	2,979	86	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	646,684	0	646,684	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	0	11	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	0	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	157,952	0	157,952	0	194.10
194.11	07961	ST ELIZABETH	0	17,954	0	17,954	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	16,956	0	16,956	0	194.14
194.15	07965	FAMILY PRACTICE	0	48,903	0	48,903	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	1,504,331	0	1,504,331	0	194.17
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,853,288	17,355,763	11,954,047	38,163,098	12,717	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,037,493					5.00
7.00	00700	OPERATION OF PLANT	433,426	3,385,639				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	54,409	25,910	252,080			8.00
9.00	00900	HOUSEKEEPING	171,638	60,677	0	561,705		9.00
10.00	01000	DIETARY	52,345	84,711	0	14,423	752,088	10.00
11.00	01100	CAFETERIA	61,946	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	262,289	111,649	0	19,010	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	246,633	60,704	0	10,336	0	14.00
15.00	01500	PHARMACY	790,511	24,034	0	4,092	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,862	18,122	0	3,086	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	36,531	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	5,741	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	844,336	567,260	95,305	96,583	516,949	30.00
31.00	03100	INTENSIVE CARE UNIT	462,626	127,784	23,154	21,757	100,694	31.00
31.02	03102	NICU	135,243	38,271	6,758	6,516	0	31.02
32.00	03200	CORONARY CARE UNIT	49,025	17,016	5,847	2,897	9,464	32.00
40.00	04000	SUBPROVIDER - IPF	60,757	34,888	0	5,940	47,272	40.00
41.00	04100	SUBPROVIDER - IRF	91,417	106,466	11,034	18,127	56,223	41.00
43.00	04300	NURSERY	39,191	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,641,468	214,932	28,779	36,595	244	50.00
51.00	05100	RECOVERY ROOM	90,442	100,892	8,799	17,178	286	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	126,430	72,968	9,146	12,424	9,090	52.00
53.00	05300	ANESTHESIOLOGY	50,322	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	302,236	175,510	5,180	29,883	4,212	54.00
54.01	05401	ONCOLOGY (OHA)	186,390	105,059	0	17,888	0	54.01
54.02	05402	ULTRASOUND	21,890	12,427	0	2,116	0	54.02
54.03	05403	NUCLEAR MEDICINE	75,737	99,608	745	16,959	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	68,480	31,146	4,500	5,303	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	51,288	43,275	1,445	7,368	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	190,653	38,671	4,272	6,584	0	59.00
60.00	06000	LABORATORY	527,334	147,951	0	25,190	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,372	1,869	0	318	0	63.00
64.00	06400	INTRAVENOUS THERAPY	85,072	62,172	0	10,586	7,082	64.00
65.00	06500	RESPIRATORY THERAPY	157,020	9,427	0	1,605	0	65.00
66.00	06600	PHYSICAL THERAPY	178,108	49,453	970	8,420	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	57,225	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	21,308	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	70,720	37,113	2,210	6,319	0	69.00
69.02	06902	CARDIAC REHAB	30,471	0	1,818	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	25,322	21,601	1,513	3,678	520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	179,311	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	786,830	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,689,176	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	33,023	883	320	150	0	74.00
76.00	03951	ECT	4,497	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	14,896	10,362	0	1,764	0	76.01
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	60,971	22,259	2,303	3,790	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	382,211	72,519	31,949	12,347	35	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	96,521	35,608	6,033	6,063	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	127,400	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	79,167	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,291,217	2,643,197	252,080	435,295	752,071	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	121,089	55,609	0	9,468	17	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	47,287	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	420,578	9,231	0	1,572	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	22,038	176,194	0	29,999	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	3,942	0	0	0	0	194.04
194.06	07956	MOB	3,559	30,465	0	5,187	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	68,203	0	0	0	0	194.08
194.09	07959	CONV CARE	75	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	5,383	29,096	0	4,954	0	194.10
194.11	07961	ST ELIZABETH	612	3,307	0	563	0	194.11
194.14	07964	FREE STANDING CATH LAB	578	3,123	0	532	0	194.14
194.15	07965	FAMILY PRACTICE	1,667	25,111	0	4,275	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	51,265	410,306	0	69,860	0	194.17
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)	12,037,493	3,385,639	252,080	561,705	752,088	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	61,946					11.00
13.00	01300	NURSING ADMINISTRATION	3,492	1,023,408				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,731	0	796,118			14.00
15.00	01500	PHARMACY	2,555	0	0	1,320,768		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	420	0	0	0	150,944	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	415	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	94	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,480	258,362	0	0	3,562	30.00
31.00	03100	INTENSIVE CARE UNIT	5,697	161,411	0	0	2,114	31.00
31.02	03102	NICU	1,402	54,680	0	0	255	31.02
32.00	03200	CORONARY CARE UNIT	485	30,915	0	0	228	32.00
40.00	04000	SUBPROVIDER - IPF	743	0	0	0	474	40.00
41.00	04100	SUBPROVIDER - IRF	960	54,680	0	0	380	41.00
43.00	04300	NURSERY	535	0	0	0	495	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,863	71,846	0	0	34,136	50.00
51.00	05100	RECOVERY ROOM	830	38,066	0	0	1,139	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,304	54,680	0	0	1,987	52.00
53.00	05300	ANESTHESIOLOGY	76	0	0	0	2,145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,052	0	0	0	6,669	54.00
54.01	05401	ONCOLOGY (OHA)	1,599	0	0	0	3,393	54.01
54.02	05402	ULTRASOUND	231	0	0	0	1,150	54.02
54.03	05403	NUCLEAR MEDICINE	290	0	0	0	2,140	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	476	0	0	0	4,308	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	251	0	0	0	1,452	58.00
59.00	05900	CARDIAC CATHETERIZATION	666	28,181	0	0	12,512	59.00
60.00	06000	LABORATORY	1,683	0	0	0	10,002	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	853	63.00
64.00	06400	INTRAVENOUS THERAPY	884	26,604	0	0	435	64.00
65.00	06500	RESPIRATORY THERAPY	1,850	0	0	0	1,459	65.00
66.00	06600	PHYSICAL THERAPY	2,286	0	0	0	1,188	66.00
67.00	06700	OCCUPATIONAL THERAPY	817	0	0	0	835	67.00
68.00	06800	SPEECH PATHOLOGY	263	0	0	0	310	68.00
69.00	06900	ELECTROCARDIOLOGY	649	17,508	0	0	4,814	69.00
69.02	06902	CARDIAC REHAB	361	9,464	0	0	112	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	236	0	62,799	0	503	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	733,319	0	7,608	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,698	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,320,768	24,562	73.00
74.00	07400	RENAL DIALYSIS	430	5,126	0	0	343	74.00
76.00	03951	ECT	65	0	0	0	167	76.00
76.01	03950	MOBILE OUTREACH CLINIC	208	0	0	0	37	76.01
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	372	0	0	0	341	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,534	109,360	0	0	8,439	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	577	28,076	0	0	1,733	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,230	54,680	0	0	352	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	614	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,092	1,003,639	796,118	1,320,768	150,944	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	456	19,769	0	0	0	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	345	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	46	0	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	1	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	6	0	0	0	0	194.17
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)	61,946	1,023,408	796,118	1,320,768	150,944	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			21.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	37,587					21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		5,850				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			5,531,614	0	5,531,614	30.00
31.00	03100	INTENSIVE CARE UNIT			1,686,256	0	1,686,256	31.00
31.02	03102	NICU			569,335	0	569,335	31.02
32.00	03200	CORONARY CARE UNIT			258,267	0	258,267	32.00
40.00	04000	SUBPROVIDER - IPF			359,986	0	359,986	40.00
41.00	04100	SUBPROVIDER - IRF			927,639	0	927,639	41.00
43.00	04300	NURSERY			40,325	0	40,325	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	0	44.00
45.00	04500	NURSING FACILITY			0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			6,287,417	0	6,287,417	50.00
51.00	05100	RECOVERY ROOM			629,614	0	629,614	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			731,490	0	731,490	52.00
53.00	05300	ANESTHESIOLOGY			83,929	0	83,929	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,756,369	0	1,756,369	54.00
54.01	05401	ONCOLOGY (OHA)			1,078,438	0	1,078,438	54.01
54.02	05402	ULTRASOUND			111,113	0	111,113	54.02
54.03	05403	NUCLEAR MEDICINE			316,818	0	316,818	54.03
56.00	05600	RADIOISOTOPE			0	0	0	56.00
57.00	05700	CT SCAN			864,239	0	864,239	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			839,749	0	839,749	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,252,029	0	1,252,029	59.00
60.00	06000	LABORATORY			1,044,575	0	1,044,575	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			63,559	0	63,559	63.00
64.00	06400	INTRAVENOUS THERAPY			378,507	0	378,507	64.00
65.00	06500	RESPIRATORY THERAPY			302,787	0	302,787	65.00
66.00	06600	PHYSICAL THERAPY			400,302	0	400,302	66.00
67.00	06700	OCCUPATIONAL THERAPY			59,037	0	59,037	67.00
68.00	06800	SPEECH PATHOLOGY			34,814	0	34,814	68.00
69.00	06900	ELECTROCARDIOLOGY			443,488	0	443,488	69.00
69.02	06902	CARDIAC REHAB			42,298	0	42,298	69.02
69.03	06903	DIABETIC EDUCATION			0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY			265,582	0	265,582	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			920,238	0	920,238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			794,528	0	794,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			3,034,506	0	3,034,506	73.00
74.00	07400	RENAL DIALYSIS			88,474	0	88,474	74.00
76.00	03951	ECT			4,740	0	4,740	76.00
76.01	03950	MOBILE OUTREACH CLINIC			103,598	0	103,598	76.01
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			106,988	0	106,988	90.00
90.01	09001	OUTPATIENT PSYCH			0	0	0	90.01
90.02	09002	PEDS CLINIC			0	0	0	90.02
90.04	09004	BIARIATRICS			0	0	0	90.04
91.00	09100	EMERGENCY			1,152,924	0	1,152,924	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER			596,480	0	596,480	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES			538,938	0	538,938	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			79,876	0	79,876	97.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALAR Y & FRINGES APPRV					
			21.00	23.00	24.00	25.00	26.00	
98.00	09850	HOME OFFICE			0	0	0	98.00
99.00	09900	CMHC			0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION			0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	33,780,866	0	33,780,866	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH			0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			513,531	0	513,531	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES			47,335	0	47,335	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			0	0	0	194.00
194.01	07951	APOTHECARY			434,791	0	434,791	194.01
194.02	07952	OCCUPATIONAL MEDICINE			874,915	0	874,915	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT			0	0	0	194.03
194.04	07954	MARKETING			3,999	0	3,999	194.04
194.06	07956	MOB			39,211	0	39,211	194.06
194.07	07957	SENIOR PARTNERS			0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT			68,203	0	68,203	194.08
194.09	07959	CONV CARE			76	0	76	194.09
194.10	07960	EMPLOYEE FITNESS CENTER			197,385	0	197,385	194.10
194.11	07961	ST ELIZABETH			22,436	0	22,436	194.11
194.14	07964	FREE STANDING CATH LAB			21,189	0	21,189	194.14
194.15	07965	FAMILY PRACTICE			79,956	0	79,956	194.15
194.17	07967	FOUNDATION/UNUSED SPACE			2,035,768	0	2,035,768	194.17
200.00		Cross Foot Adjustments	37,587	5,850	43,437	0	43,437	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,587	5,850	38,163,098	0	38,163,098	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,060,453					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,721,643				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	777	0	100,285,135			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	90,540	1,383,888	5,673,607	-123,522,983	353,235,988	5.00
7.00	00700	OPERATION OF PLANT	90,000	1,202,994	0	0	12,718,641	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	25,226	698,891	0	1,596,590	8.00
9.00	00900	HOUSEKEEPING	20,126	0	37	0	5,036,631	9.00
10.00	01000	DIETARY	27,814	118,243	1,673	0	1,536,034	10.00
11.00	01100	CAFETERIA	0	0	2,462	0	1,817,777	11.00
13.00	01300	NURSING ADMINISTRATION	37,033	16,515	4,448,891	0	7,696,721	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,135	118,616	2,541,536	0	7,237,299	14.00
15.00	01500	PHARMACY	7,972	299,646	5,109,099	0	23,197,117	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,011	0	595,101	0	905,639	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	463	567,395	0	1,071,968	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	114,551	0	168,469	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	184,823	91,961	14,506,690	0	24,776,579	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	70,133	8,609,819	0	13,575,507	31.00
31.02	03102	NICU	12,694	96,067	2,580,431	0	3,968,643	31.02
32.00	03200	CORONARY CARE UNIT	5,644	40,588	867,364	0	1,438,624	32.00
40.00	04000	SUBPROVIDER - IPF	11,572	16,576	1,088,495	0	1,782,887	40.00
41.00	04100	SUBPROVIDER - IRF	35,314	8,299	1,457,606	0	2,682,577	41.00
43.00	04300	NURSERY	0	0	820,415	0	1,150,025	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,385	2,547,126	10,301,373	0	48,167,955	50.00
51.00	05100	RECOVERY ROOM	21,637	14,361	1,602,406	0	2,653,961	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	38,266	2,303,799	0	3,710,023	52.00
53.00	05300	ANESTHESIOLOGY	0	25,517	68,512	0	1,476,679	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,544	712,799	4,328,743	0	8,868,945	54.00
54.01	05401	ONCOLOGY (OHA)	34,847	157,401	1,930,187	0	5,469,504	54.01
54.02	05402	ULTRASOUND	1,870	34,682	379,472	0	642,353	54.02
54.03	05403	NUCLEAR MEDICINE	7,044	4,868	531,631	0	2,222,473	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	5,189	540,815	770,659	0	2,009,515	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,404	472,257	467,810	0	1,505,019	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	618,395	1,266,713	0	5,594,600	59.00
60.00	06000	LABORATORY	16,639	48,698	1,686,468	0	15,474,326	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	0	0	1,478,150	63.00
64.00	06400	INTRAVENOUS THERAPY	10,874	6,110	1,500,063	0	2,496,391	64.00
65.00	06500	RESPIRATORY THERAPY	3,127	64,955	2,970,215	0	4,607,669	65.00
66.00	06600	PHYSICAL THERAPY	7,058	35,703	3,633,623	0	5,226,491	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,260,807	0	1,679,230	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,471	455,518	0	625,263	68.00
69.00	06900	ELECTROCARDIOLOGY	4,578	186,323	953,511	0	2,075,251	69.00
69.02	06902	CARDIAC REHAB	0	0	567,198	0	894,141	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	26,105	354,692	0	743,058	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,261,777	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23,089,098	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	49,570,367	73.00
74.00	07400	RENAL DIALYSIS	293	35,211	841,202	0	969,056	74.00
76.00	03951	ECT	0	0	89,129	0	131,959	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	62,035	399,828	0	437,104	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,022	134	476,634	0	1,789,154	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	24,054	112,344	5,595,240	0	11,215,781	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	185,768	1,101,674	0	2,832,354	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	287,890	2,180,654	0	3,738,483	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	744,902	0	2,323,113	97.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
98.00	09850	HOME OFFICE	0	0	0	46,667	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	895,625	9,717,449	98,446,726	-123,476,316	331,336,971	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,445	4,194	696,313	0	3,553,302	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	376,078	0	1,387,607	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	182	0	678,453	0	12,341,618	194.01
194.02	07952	OCCUPATIONAL MEDICINE	39,513	0	0	0	646,684	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	85,917	0	115,684	194.04
194.06	07956	MOB	0	0	0	0	104,447	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	2,001,379	194.08
194.09	07959	CONV CARE	0	0	1,648	0	2,200	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	9,651	0	0	0	157,952	194.10
194.11	07961	ST ELIZABETH	1,097	0	0	0	17,954	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	0	0	16,956	194.14
194.15	07965	FAMILY PRACTICE	2,988	0	0	0	48,903	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	91,916	0	0	0	1,504,331	194.17
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)	17,355,763	11,954,047	32,656,188		123,522,983	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.366367	1.229632	0.325633		0.349690	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			12,717		12,037,493	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000127		0.034078	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: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,122,987				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	4,281,762			8.00
9.00	00900	HOUSEKEEPING	20,126	0	1,094,267		9.00
10.00	01000	DIETARY	28,098	0	28,098	215,356	10.00
11.00	01100	CAFETERIA	0	0	0	2,962,081	11.00
13.00	01300	NURSING ADMINISTRATION	37,033	0	37,033	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,135	0	20,135	0	14.00
15.00	01500	PHARMACY	7,972	0	7,972	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,011	0	6,011	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	19,840	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	4,489	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,154	1,618,823	188,154	148,025	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	393,291	42,385	28,833	31.00
31.02	03102	NICU	12,694	114,789	12,694	0	31.02
32.00	03200	CORONARY CARE UNIT	5,644	99,320	5,644	2,710	32.00
40.00	04000	SUBPROVIDER - IPF	11,572	0	11,572	13,536	40.00
41.00	04100	SUBPROVIDER - IRF	35,314	187,419	35,314	16,099	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,291	488,834	71,291	70	50.00
51.00	05100	RECOVERY ROOM	33,465	149,456	33,465	82	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	155,349	24,203	2,603	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,215	87,987	58,215	1,206	54.00
54.01	05401	ONCOLOGY (OHA)	34,847	0	34,847	0	54.01
54.02	05402	ULTRASOUND	4,122	0	4,122	0	54.02
54.03	05403	NUCLEAR MEDICINE	33,039	12,657	33,039	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	10,331	76,432	10,331	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,354	24,545	14,354	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	72,565	12,827	0	59.00
60.00	06000	LABORATORY	49,074	0	49,074	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	620	0	63.00
64.00	06400	INTRAVENOUS THERAPY	20,622	0	20,622	2,028	64.00
65.00	06500	RESPIRATORY THERAPY	3,127	0	3,127	0	65.00
66.00	06600	PHYSICAL THERAPY	16,403	16,471	16,403	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	12,310	37,545	12,310	0	69.00
69.02	06902	CARDIAC REHAB	0	30,876	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	25,698	7,165	149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	293	5,434	293	0	74.00
76.00	03951	ECT	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	3,437	0	3,437	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	7,383	39,111	7,383	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	24,054	542,685	24,054	10	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	102,475	11,811	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	106,638	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	876,725	4,281,762	848,005	215,351	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,445	0	18,445	5	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	APOTHECARY	3,062	0	3,062	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	58,442	0	58,442	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	0	194.04
194.06	07956	MOB	10,105	0	10,105	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	194.08
194.09	07959	CONV CARE	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	9,651	0	9,651	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	1,097	0	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	1,036	0	194.14
194.15	07965	FAMILY PRACTICE	8,329	0	8,329	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	136,095	0	136,095	0	194.17
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)	17,166,223	2,286,272	7,105,540	2,685,134	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.286217	0.533956	6.493424	12.468350	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,385,639	252,080	561,705	752,088	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.014851	0.058873	0.513316	3.492301	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: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	38,930					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,712,379				14.00
15.00	01500	PHARMACY	0	0	1,000			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,142,715,340		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	100	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,828	0	0	50,889,758	100	30.00
31.00	03100	INTENSIVE CARE UNIT	6,140	0	0	30,201,347	0	31.00
31.02	03102	NICU	2,080	0	0	3,647,142	0	31.02
32.00	03200	CORONARY CARE UNIT	1,176	0	0	3,254,523	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,764,754	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,080	0	0	5,435,136	0	41.00
43.00	04300	NURSERY	0	0	0	7,076,369	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,733	0	0	474,003,189	0	50.00
51.00	05100	RECOVERY ROOM	1,448	0	0	16,266,343	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,080	0	0	28,388,397	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,644,674	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	95,267,334	0	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	48,468,817	0	54.01
54.02	05402	ULTRASOUND	0	0	0	16,423,187	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	30,570,249	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	61,544,268	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,747,274	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,072	0	0	178,747,498	0	59.00
60.00	06000	LABORATORY	0	0	0	142,884,795	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,187,968	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,012	0	0	6,210,687	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,848,153	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,976,067	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,926,405	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,431,327	0	68.00
69.00	06900	ELECTROCARDIOLOGY	666	0	0	68,777,712	0	69.00
69.02	06902	CARDIAC REHAB	360	0	0	1,602,276	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	450,602	0	7,188,900	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,261,777	0	108,681,859	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	109,967,841	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,000	350,892,360	0	73.00
74.00	07400	RENAL DIALYSIS	195	0	0	4,905,838	0	74.00
76.00	03951	ECT	0	0	0	2,382,874	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	524,180	0	76.01
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	4,875,111	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	4,160	0	0	120,559,110	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	1,068	0	0	24,759,316	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,080	0	0	5,024,855	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,767,447	0	97.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,178	5,712,379	1,000	2,142,715,340	100	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	752	0	0	0	0	192.00
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	0	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
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)	11,333,051	10,314,790	31,583,755	1,369,869	1,463,257	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	291.113563	1.805691	31,583.755000	0.000639	14,632.570000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,023,408	796,118	1,320,768	150,944	37,587	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	26.288415	0.139367	1,320.768000	0.000070	375.870000	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: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
		100	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.02	03102	NICU	31.02
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ONCOLOGY (OHA)	54.01
54.02	05402	ULTRASOUND	54.02
54.03	05403	NUCLEAR MEDICINE	54.03
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.02	06902	CARDIAC REHAB	69.02
69.03	06903	DIABETIC EDUCATION	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	ECT	76.00
76.01	03950	MOBILE OUTREACH CLINIC	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	OUTPATIENT PSYCH	90.01
90.02	09002	PEDS CLINIC	90.02
90.04	09004	BARIATRICS	90.04
91.00	09100	EMERGENCY	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
98.00	09850	HOME OFFICE	98.00
99.00	09900	CMHC	99.00
101.00	10100	HOME HEALTH AGENCY	101.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
SPECIAL PURPOSE COST CENTERS			
106.00	10600	HEART ACQUISITION	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100
NONREIMBURSABLE COST CENTERS			
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
192.01	19201	OHA PHYSICIANS' PRIVATE OFFICES	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0
194.01	07951	APOTHECARY	0
194.02	07952	OCCUPATIONAL MEDICINE	0
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0
194.04	07954	MARKETING	0
194.06	07956	MOB	0
194.07	07957	SENIOR PARTNERS	0
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0
194.09	07959	CONV CARE	0
194.10	07960	EMPLOYEE FITNESS CENTER	0
194.11	07961	ST ELIZABETH	0
194.14	07964	FREE STANDING CATH LAB	0
194.15	07965	FAMILY PRACTICE	0
194.17	07967	FOUNDATION/UNUSED SPACE	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	231,099
203.00		Unit cost multiplier (Wkst. B, Part I)	2,310.990000
204.00		Cost to be allocated (per Wkst. B, Part II)	5,850
205.00		Unit cost multiplier (Wkst. B, Part II)	58.500000
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

			Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	43,517,796		43,517,796	0
31.00	03100	INTENSIVE CARE UNIT	21,847,722		21,847,722	0
31.02	03102	NICU	6,357,585		6,357,585	0
32.00	03200	CORONARY CARE UNIT	2,515,090		2,515,090	0
40.00	04000	SUBPROVIDER - IPF	2,860,907		2,860,907	0
41.00	04100	SUBPROVIDER - IRF	5,337,582		5,337,582	7,630
43.00	04300	NURSERY	1,577,887		1,577,887	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0
45.00	04500	NURSING FACILITY	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	68,197,361		68,197,361	0
51.00	05100	RECOVERY ROOM	4,856,491		4,856,491	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,325,210		6,325,210	0
53.00	05300	ANESTHESIOLOGY	2,015,640		2,015,640	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,481,981		13,481,981	0
54.01	05401	ONCOLOGY (OHA)	8,235,406		8,235,406	0
54.02	05402	ULTRASOUND	976,411		976,411	0
54.03	05403	NUCLEAR MEDICINE	3,757,009		3,757,009	0
56.00	05600	RADIOISOTOPE	0		0	0
57.00	05700	CT SCAN	3,036,228		3,036,228	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,380,229		2,380,229	0
59.00	05900	CARDIAC CATHETERIZATION	8,321,749		8,321,749	0
60.00	06000	LABORATORY	22,112,306		22,112,306	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,016,335		2,016,335	0
64.00	06400	INTRAVENOUS THERAPY	4,177,386		4,177,386	0
65.00	06500	RESPIRATORY THERAPY	6,373,606	0	6,373,606	0
66.00	06600	PHYSICAL THERAPY	7,521,586	0	7,521,586	0
67.00	06700	OCCUPATIONAL THERAPY	2,306,424	0	2,306,424	0
68.00	06800	SPEECH PATHOLOGY	857,150	0	857,150	0
69.00	06900	ELECTROCARDIOLOGY	3,352,631		3,352,631	0
69.02	06902	CARDIAC REHAB	1,343,406		1,343,406	0
69.03	06903	DIABETIC EDUCATION	0		0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,002,106		2,002,106	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,672,358		16,672,358	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,233,394		31,233,394	0
73.00	07300	DRUGS CHARGED TO PATIENTS	98,943,595		98,943,595	0
74.00	07400	RENAL DIALYSIS	1,394,141		1,394,141	0
76.00	03951	ECT	182,189		182,189	0
76.01	03950	MOBILE OUTREACH CLINIC	673,394		673,394	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	2,614,353		2,614,353	0
90.01	09001	OUTPATIENT PSYCH	0		0	0
90.02	09002	PEDS CLINIC	0		0	0
90.04	09004	BARIATRICS	0		0	0
91.00	09100	EMERGENCY	17,379,652		17,379,652	0
91.01	09101	DIAGNOSTIC TREATMENT CENTER	4,484,352		4,484,352	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,615,081		2,615,081	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	5,742,846		5,742,846	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	3,141,084		3,141,084	0
98.00	09850	HOME OFFICE	0		0	0
99.00	09900	CMHC	0		0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0
SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0		0	0
200.00		Subtotal (see instructions)	442,737,659	0	442,737,659	7,630
201.00		Less Observation Beds	2,615,081		2,615,081	0
202.00		Total (see instructions)	440,122,578	0	440,122,578	7,630

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

			Title XVIII			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,770,605		40,770,605			30.00	
31.00	03100	INTENSIVE CARE UNIT	30,201,347		30,201,347			31.00	
31.02	03102	NICU	3,647,142		3,647,142			31.02	
32.00	03200	CORONARY CARE UNIT	3,254,523		3,254,523			32.00	
40.00	04000	SUBPROVIDER - IPF	6,764,754		6,764,754			40.00	
41.00	04100	SUBPROVIDER - IRF	5,435,136		5,435,136			41.00	
43.00	04300	NURSERY	7,076,369		7,076,369			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
45.00	04500	NURSING FACILITY	0		0			45.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	158,069,499	315,933,690	474,003,189	0.143875	0.000000	50.00	
51.00	05100	RECOVERY ROOM	6,998,691	9,267,652	16,266,343	0.298561	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,069,761	318,636	28,388,397	0.222810	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	16,325,860	14,318,814	30,644,674	0.065775	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,320,305	73,947,029	95,267,334	0.141517	0.000000	54.00	
54.01	05401	ONCOLOGY (OHA)	210,505	48,258,312	48,468,817	0.169911	0.000000	54.01	
54.02	05402	ULTRASOUND	6,210,740	10,212,447	16,423,187	0.059453	0.000000	54.02	
54.03	05403	NUCLEAR MEDICINE	5,268,673	25,301,576	30,570,249	0.122898	0.000000	54.03	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	21,031,406	40,512,862	61,544,268	0.049334	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,461,313	16,285,961	20,747,274	0.114725	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	82,524,358	96,223,140	178,747,498	0.046556	0.000000	59.00	
60.00	06000	LABORATORY	49,808,156	93,076,639	142,884,795	0.154756	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,531,162	2,656,806	12,187,968	0.165437	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	2,590,432	3,620,255	6,210,687	0.672613	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	14,877,858	5,970,295	20,848,153	0.305716	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	11,564,187	5,411,880	16,976,067	0.443070	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	11,413,344	513,061	11,926,405	0.193388	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	4,118,362	312,965	4,431,327	0.193430	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	23,969,238	44,808,474	68,777,712	0.048746	0.000000	69.00	
69.02	06902	CARDIAC REHAB	2,240	1,600,036	1,602,276	0.838436	0.000000	69.02	
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	0.000000	69.03	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,304,234	4,884,666	7,188,900	0.278500	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,342,780	61,339,079	108,681,859	0.153405	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,364,498	48,603,343	109,967,841	0.284023	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	64,504,517	286,387,843	350,892,360	0.281977	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	4,369,302	536,536	4,905,838	0.284180	0.000000	74.00	
76.00	03951	ECT	432,501	1,950,373	2,382,874	0.076458	0.000000	76.00	
76.01	03950	MOBILE OUTREACH CLINIC	0	524,180	524,180	1.284662	0.000000	76.01	
	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	104,422	4,770,689	4,875,111	0.536265	0.000000	90.00	
90.01	09001	OUTPATIENT PSYCH	0	0	0	0.000000	0.000000	90.01	
90.02	09002	PEDS CLINIC	0	0	0	0.000000	0.000000	90.02	
90.04	09004	BARIATRICS	0	0	0	0.000000	0.000000	90.04	
91.00	09100	EMERGENCY	34,974,429	85,584,681	120,559,110	0.144159	0.000000	91.00	
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,755,549	17,003,767	24,759,316	0.181118	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,991,573	7,127,580	10,119,153	0.258429	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	5,024,855	5,024,855	1.142888	0.000000	95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	8,767,447	8,767,447	0.358267	0.000000	97.00	
98.00	09850	HOME OFFICE	0	0	0	0.000000	0.000000	98.00	
99.00	09900	CMHC	0	0	0			99.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
	SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0			106.00	
200.00		Subtotal (see instructions)	801,659,771	1,341,055,569	2,142,715,340			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	801,659,771	1,341,055,569	2,142,715,340			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.02	03102	NICU				31.02
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.143875			50.00
51.00	05100	RECOVERY ROOM	0.298561			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222810			52.00
53.00	05300	ANESTHESIOLOGY	0.065775			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141517			54.00
54.01	05401	ONCOLOGY (OHA)	0.169911			54.01
54.02	05402	ULTRASOUND	0.059453			54.02
54.03	05403	NUCLEAR MEDICINE	0.122898			54.03
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.049334			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114725			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046556			59.00
60.00	06000	LABORATORY	0.154756			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165437			63.00
64.00	06400	INTRAVENOUS THERAPY	0.672613			64.00
65.00	06500	RESPIRATORY THERAPY	0.305716			65.00
66.00	06600	PHYSICAL THERAPY	0.443070			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193388			67.00
68.00	06800	SPEECH PATHOLOGY	0.193430			68.00
69.00	06900	ELECTROCARDIOLOGY	0.048746			69.00
69.02	06902	CARDIAC REHAB	0.838436			69.02
69.03	06903	DIABETIC EDUCATION	0.000000			69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.278500			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153405			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.284023			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281977			73.00
74.00	07400	RENAL DIALYSIS	0.284180			74.00
76.00	03951	ECT	0.076458			76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.284662			76.01
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	0.536265			90.00
90.01	09001	OUTPATIENT PSYCH	0.000000			90.01
90.02	09002	PEDS CLINIC	0.000000			90.02
90.04	09004	BARIATRICS	0.000000			90.04
91.00	09100	EMERGENCY	0.144159			91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.181118			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.258429			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1.142888			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.358267			97.00
98.00	09850	HOME OFFICE	0.000000			98.00
99.00	09900	CMHC				99.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION				106.00
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: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,517,796		43,517,796	0	43,517,796
31.00	03100	INTENSIVE CARE UNIT	21,847,722		21,847,722	0	21,847,722
31.02	03102	NICU	6,357,585		6,357,585	0	6,357,585
32.00	03200	CORONARY CARE UNIT	2,515,090		2,515,090	0	2,515,090
40.00	04000	SUBPROVIDER - IPF	2,860,907		2,860,907	0	2,860,907
41.00	04100	SUBPROVIDER - IRF	5,337,582		5,337,582	7,630	5,345,212
43.00	04300	NURSERY	1,577,887		1,577,887	0	1,577,887
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
45.00	04500	NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	68,197,361		68,197,361	0	68,197,361
51.00	05100	RECOVERY ROOM	4,856,491		4,856,491	0	4,856,491
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,325,210		6,325,210	0	6,325,210
53.00	05300	ANESTHESIOLOGY	2,015,640		2,015,640	0	2,015,640
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,481,981		13,481,981	0	13,481,981
54.01	05401	ONCOLOGY (OHA)	8,235,406		8,235,406	0	8,235,406
54.02	05402	ULTRASOUND	976,411		976,411	0	976,411
54.03	05403	NUCLEAR MEDICINE	3,757,009		3,757,009	0	3,757,009
56.00	05600	RADIOISOTOPE	0		0	0	0
57.00	05700	CT SCAN	3,036,228		3,036,228	0	3,036,228
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,380,229		2,380,229	0	2,380,229
59.00	05900	CARDIAC CATHETERIZATION	8,321,749		8,321,749	0	8,321,749
60.00	06000	LABORATORY	22,112,306		22,112,306	0	22,112,306
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,016,335		2,016,335	0	2,016,335
64.00	06400	INTRAVENOUS THERAPY	4,177,386		4,177,386	0	4,177,386
65.00	06500	RESPIRATORY THERAPY	6,373,606	0	6,373,606	0	6,373,606
66.00	06600	PHYSICAL THERAPY	7,521,586	0	7,521,586	0	7,521,586
67.00	06700	OCCUPATIONAL THERAPY	2,306,424	0	2,306,424	0	2,306,424
68.00	06800	SPEECH PATHOLOGY	857,150	0	857,150	0	857,150
69.00	06900	ELECTROCARDIOLOGY	3,352,631		3,352,631	0	3,352,631
69.02	06902	CARDIAC REHAB	1,343,406		1,343,406	0	1,343,406
69.03	06903	DIABETIC EDUCATION	0		0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,002,106		2,002,106	0	2,002,106
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,672,358		16,672,358	0	16,672,358
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,233,394		31,233,394	0	31,233,394
73.00	07300	DRUGS CHARGED TO PATIENTS	98,943,595		98,943,595	0	98,943,595
74.00	07400	RENAL DIALYSIS	1,394,141		1,394,141	0	1,394,141
76.00	03951	ECT	182,189		182,189	0	182,189
76.01	03950	MOBILE OUTREACH CLINIC	673,394		673,394	0	673,394
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	2,614,353		2,614,353	0	2,614,353
90.01	09001	OUTPATIENT PSYCH	0		0	0	0
90.02	09002	PEDS CLINIC	0		0	0	0
90.04	09004	BARIATRICS	0		0	0	0
91.00	09100	EMERGENCY	17,379,652		17,379,652	0	17,379,652
91.01	09101	DIAGNOSTIC TREATMENT CENTER	4,484,352		4,484,352	0	4,484,352
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,615,081		2,615,081	0	2,615,081
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,742,846		5,742,846	0	5,742,846
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	3,141,084		3,141,084	0	3,141,084
98.00	09850	HOME OFFICE	0		0	0	0
99.00	09900	CMHC	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0		0	0	0
200.00		Subtotal (see instructions)	442,737,659	0	442,737,659	7,630	442,745,289
201.00		Less Observation Beds	2,615,081		2,615,081		2,615,081
202.00		Total (see instructions)	440,122,578	0	440,122,578	7,630	440,130,208

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,770,605		40,770,605		30.00
31.00	03100	INTENSIVE CARE UNIT	30,201,347		30,201,347		31.00
31.02	03102	NICU	3,647,142		3,647,142		31.02
32.00	03200	CORONARY CARE UNIT	3,254,523		3,254,523		32.00
40.00	04000	SUBPROVIDER - IPF	6,764,754		6,764,754		40.00
41.00	04100	SUBPROVIDER - IRF	5,435,136		5,435,136		41.00
43.00	04300	NURSERY	7,076,369		7,076,369		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	158,069,499	315,933,690	474,003,189	0.143875	0.000000
51.00	05100	RECOVERY ROOM	6,998,691	9,267,652	16,266,343	0.298561	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,069,761	318,636	28,388,397	0.222810	0.000000
53.00	05300	ANESTHESIOLOGY	16,325,860	14,318,814	30,644,674	0.065775	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,320,305	73,947,029	95,267,334	0.141517	0.000000
54.01	05401	ONCOLOGY (OHA)	210,505	48,258,312	48,468,817	0.169911	0.000000
54.02	05402	ULTRASOUND	6,210,740	10,212,447	16,423,187	0.059453	0.000000
54.03	05403	NUCLEAR MEDICINE	5,268,673	25,301,576	30,570,249	0.122898	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	21,031,406	40,512,862	61,544,268	0.049334	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,461,313	16,285,961	20,747,274	0.114725	0.000000
59.00	05900	CARDIAC CATHETERIZATION	82,524,358	96,223,140	178,747,498	0.046556	0.000000
60.00	06000	LABORATORY	49,808,156	93,076,639	142,884,795	0.154756	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,531,162	2,656,806	12,187,968	0.165437	0.000000
64.00	06400	INTRAVENOUS THERAPY	2,590,432	3,620,255	6,210,687	0.672613	0.000000
65.00	06500	RESPIRATORY THERAPY	14,877,858	5,970,295	20,848,153	0.305716	0.000000
66.00	06600	PHYSICAL THERAPY	11,564,187	5,411,880	16,976,067	0.443070	0.000000
67.00	06700	OCCUPATIONAL THERAPY	11,413,344	513,061	11,926,405	0.193388	0.000000
68.00	06800	SPEECH PATHOLOGY	4,118,362	312,965	4,431,327	0.193430	0.000000
69.00	06900	ELECTROCARDIOLOGY	23,969,238	44,808,474	68,777,712	0.048746	0.000000
69.02	06902	CARDIAC REHAB	2,240	1,600,036	1,602,276	0.838436	0.000000
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	2,304,234	4,884,666	7,188,900	0.278500	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,342,780	61,339,079	108,681,859	0.153405	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,364,498	48,603,343	109,967,841	0.284023	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	64,504,517	286,387,843	350,892,360	0.281977	0.000000
74.00	07400	RENAL DIALYSIS	4,369,302	536,536	4,905,838	0.284180	0.000000
76.00	03951	ECT	432,501	1,950,373	2,382,874	0.076458	0.000000
76.01	03950	MOBILE OUTREACH CLINIC	0	524,180	524,180	1.284662	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	104,422	4,770,689	4,875,111	0.536265	0.000000
90.01	09001	OUTPATIENT PSYCH	0	0	0	0.000000	0.000000
90.02	09002	PEDS CLINIC	0	0	0	0.000000	0.000000
90.04	09004	BARIATRICS	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	34,974,429	85,584,681	120,559,110	0.144159	0.000000
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,755,549	17,003,767	24,759,316	0.181118	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,991,573	7,127,580	10,119,153	0.258429	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,024,855	5,024,855	1.142888	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	8,767,447	8,767,447	0.358267	0.000000
98.00	09850	HOME OFFICE	0	0	0	0.000000	0.000000
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	801,659,771	1,341,055,569	2,142,715,340		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	801,659,771	1,341,055,569	2,142,715,340		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.02	03102	NICU				31.02
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
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
54.01	05401	ONCOLOGY (OHA)	0.000000			54.01
54.02	05402	ULTRASOUND	0.000000			54.02
54.03	05403	NUCLEAR MEDICINE	0.000000			54.03
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.02	06902	CARDIAC REHAB	0.000000			69.02
69.03	06903	DIABETIC EDUCATION	0.000000			69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03951	ECT	0.000000			76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000			76.01
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	OUTPATIENT PSYCH	0.000000			90.01
90.02	09002	PEDS CLINIC	0.000000			90.02
90.04	09004	BARIATRICS	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	HOME OFFICE	0.000000			98.00
99.00	09900	CMHC				99.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION				106.00
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: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,531,614	0	5,531,614	38,674	143.03	30.00	
31.00	INTENSIVE CARE UNIT	1,686,256		1,686,256	9,752	172.91	31.00	
31.02	NICU	569,335		569,335	4,185	136.04	31.02	
32.00	CORONARY CARE UNIT	258,267		258,267	1,157	223.22	32.00	
40.00	SUBPROVIDER - IPF	359,986	0	359,986	3,473	103.65	40.00	
41.00	SUBPROVIDER - IRF	927,639	0	927,639	4,561	203.39	41.00	
43.00	NURSERY	40,325		40,325	2,410	16.73	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	9,373,422		9,373,422	64,212		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	13,251	1,895,291					30.00
31.00	INTENSIVE CARE UNIT	5,317	919,362					31.00
31.02	NICU	0	0					31.02
32.00	CORONARY CARE UNIT	447	99,779					32.00
40.00	SUBPROVIDER - IPF	509	52,758					40.00
41.00	SUBPROVIDER - IRF	2,718	552,814					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	22,242	3,520,004					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/24/2020 5:10 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,287,417	474,003,189	0.013265	87,091,039	1,155,263	50.00
51.00	05100	RECOVERY ROOM	629,614	16,266,343	0.038707	3,352,813	129,777	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	731,490	28,388,397	0.025767	40,395	1,041	52.00
53.00	05300	ANESTHESIOLOGY	83,929	30,644,674	0.002739	9,416,690	25,792	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,756,369	95,267,334	0.018436	5,136,658	94,699	54.00
54.01	05401	ONCOLOGY (OHA)	1,078,438	48,468,817	0.022250	117,178	2,607	54.01
54.02	05402	ULTRASOUND	111,113	16,423,187	0.006766	2,239,689	15,154	54.02
54.03	05403	NUCLEAR MEDICINE	316,818	30,570,249	0.010364	2,451,623	25,409	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	864,239	61,544,268	0.014043	8,147,914	114,421	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	839,749	20,747,274	0.040475	1,591,762	64,427	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,252,029	178,747,498	0.007004	10,539,328	73,817	59.00
60.00	06000	LABORATORY	1,044,575	142,884,795	0.007311	19,338,915	141,387	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63,559	12,187,968	0.005215	2,771,132	14,451	63.00
64.00	06400	INTRAVENOUS THERAPY	378,507	6,210,687	0.060944	5,420	330	64.00
65.00	06500	RESPIRATORY THERAPY	302,787	20,848,153	0.014523	5,425,821	78,799	65.00
66.00	06600	PHYSICAL THERAPY	400,302	16,976,067	0.023580	3,327,842	78,471	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,037	11,926,405	0.004950	2,864,575	14,180	67.00
68.00	06800	SPEECH PATHOLOGY	34,814	4,431,327	0.007856	949,583	7,460	68.00
69.00	06900	ELECTROCARDIOLOGY	443,488	68,777,712	0.006448	10,508,119	67,756	69.00
69.02	06902	CARDIAC REHAB	42,298	1,602,276	0.026399	1,920	51	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	265,582	7,188,900	0.036943	860,955	31,806	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	920,238	108,681,859	0.008467	16,919,516	143,258	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	794,528	109,967,841	0.007225	28,970,056	209,309	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,034,506	350,892,360	0.008648	22,793,356	197,117	73.00
74.00	07400	RENAL DIALYSIS	88,474	4,905,838	0.018034	1,467,323	26,462	74.00
76.00	03951	ECT	4,740	2,382,874	0.001989	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	103,598	524,180	0.197638	0	0	76.01
	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	106,988	4,875,111	0.021946	159	3	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,152,924	120,559,110	0.009563	12,452,661	119,085	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	596,480	24,759,316	0.024091	2,732,244	65,822	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	332,408	10,119,153	0.032849	1,133,667	37,240	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	79,876	8,767,447	0.009111	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	24,200,914	2,040,540,609		262,648,353	2,935,394	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/24/2020 5:10 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
31.02	03102	NICU	0	0	0	0	0	0	31.02		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	38,674	0.00	13,251	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	9,752	0.00	5,317	31.00			
31.02	03102	NICU	0	0	4,185	0.00	0	31.02			
32.00	03200	CORONARY CARE UNIT	0	0	1,157	0.00	447	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	3,473	0.00	509	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	4,561	0.00	2,718	41.00			
43.00	04300	NURSERY	0	0	2,410	0.00	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00			
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00			
200.00		Total (lines 30 through 199)	0	0	64,212		22,242	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								
31.02	03102	NICU	0								
32.00	03200	CORONARY CARE UNIT	0								
40.00	04000	SUBPROVIDER - IPF	0								
41.00	04100	SUBPROVIDER - IRF	0								
43.00	04300	NURSERY	0								
44.00	04400	SKILLED NURSING FACILITY	0								
45.00	04500	NURSING FACILITY	0								
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)		0	0	0	0	0	54.01
54.02	05402	ULTRASOUND		0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE		0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB		0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION		0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	231,099	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03951	ECT		0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC		0	0	0	0	0	76.01
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	OUTPATIENT PSYCH		0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC		0	0	0	0	0	90.02
90.04	09004	BARIATRICS		0	0	0	0	0	90.04
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
98.00	09850	HOME OFFICE		0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	231,099	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 5:10 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	474,003,189	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,266,343	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	28,388,397	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,644,674	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	95,267,334	0.000000	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	48,468,817	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	16,423,187	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	30,570,249	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	61,544,268	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,747,274	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	178,747,498	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	142,884,795	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,187,968	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	6,210,687	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,848,153	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,976,067	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,926,405	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,431,327	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	68,777,712	0.000000	69.00
69.02	06902	CARDIAC REHAB	0	0	0	1,602,276	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,188,900	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	108,681,859	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	109,967,841	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	231,099	231,099	350,892,360	0.000659	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,905,838	0.000000	74.00
76.00	03951	ECT	0	0	0	2,382,874	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	524,180	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	4,875,111	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	120,559,110	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	24,759,316	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,119,153	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,767,447	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)		0	231,099	231,099	2,040,540,609		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	87,091,039	0	100,171,707	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	3,352,813	0	7,462,410	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	40,395	0	68,116	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	9,416,690	0	13,051,173	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,136,658	0	7,438,956	0	54.00	
54.01	05401 ONCOLOGY (OHA)	0.000000	117,178	0	23,459,836	0	54.01	
54.02	05402 ULTRASOUND	0.000000	2,239,689	0	2,347,411	0	54.02	
54.03	05403 NUCLEAR MEDICINE	0.000000	2,451,623	0	10,466,214	0	54.03	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700 CT SCAN	0.000000	8,147,914	0	14,961,268	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,591,762	0	5,281,405	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	10,539,328	0	18,868,238	0	59.00	
60.00	06000 LABORATORY	0.000000	19,338,915	0	10,610,218	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,771,132	0	843,841	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	5,420	0	2,914,342	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	5,425,821	0	1,992,759	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	3,327,842	0	118,884	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,864,575	0	90,734	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	949,583	0	40,863	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	10,508,119	0	13,164,457	0	69.00	
69.02	06902 CARDIAC REHAB	0.000000	1,920	0	779,136	0	69.02	
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	860,955	0	1,524,870	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	16,919,516	0	17,424,110	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	28,970,056	0	19,043,586	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000659	22,793,356	15,021	106,683,951	70,305	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	1,467,323	0	185,746	0	74.00	
76.00	03951 ECT	0.000000	0	0	320,886	0	76.00	
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01	
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	159	0	2,603,796	0	90.00	
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01	
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02	
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04	
91.00	09100 EMERGENCY	0.000000	12,452,661	0	12,168,945	0	91.00	
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	2,732,244	0	6,744,347	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,133,667	0	1,879,321	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00	
200.00	Total (lines 50 through 199)		262,648,353	15,021	402,711,526	70,305	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.143875	100,171,707	183,012	0	14,412,204	50.00	
51.00	05100	RECOVERY ROOM	0.298561	7,462,410	0	0	2,227,985	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222810	68,116	0	0	15,177	52.00	
53.00	05300	ANESTHESIOLOGY	0.065775	13,051,173	0	0	858,441	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141517	7,438,956	0	0	1,052,739	54.00	
54.01	05401	ONCOLOGY (OHA)	0.169911	23,459,836	0	0	3,986,084	54.01	
54.02	05402	ULTRASOUND	0.059453	2,347,411	0	0	139,561	54.02	
54.03	05403	NUCLEAR MEDICINE	0.122898	10,466,214	0	0	1,286,277	54.03	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.049334	14,961,268	0	0	738,099	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114725	5,281,405	0	0	605,909	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.046556	18,868,238	0	0	878,430	59.00	
60.00	06000	LABORATORY	0.154756	10,610,218	0	0	1,641,995	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165437	843,841	0	0	139,603	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.672613	2,914,342	0	0	1,960,224	64.00	
65.00	06500	RESPIRATORY THERAPY	0.305716	1,992,759	0	0	609,218	65.00	
66.00	06600	PHYSICAL THERAPY	0.443070	118,884	0	0	52,674	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.193388	90,734	0	0	17,547	67.00	
68.00	06800	SPEECH PATHOLOGY	0.193430	40,863	0	0	7,904	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.048746	13,164,457	0	0	641,715	69.00	
69.02	06902	CARDIAC REHAB	0.838436	779,136	0	0	653,256	69.02	
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.278500	1,524,870	0	0	424,676	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153405	17,424,110	0	0	2,672,946	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.284023	19,043,586	0	0	5,408,816	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281977	106,683,951	652	36,679	30,082,420	73.00	
74.00	07400	RENAL DIALYSIS	0.284180	185,746	0	0	52,785	74.00	
76.00	03951	ECT	0.076458	320,886	0	0	24,534	76.00	
76.01	03950	MOBILE OUTREACH CLINIC	1.284662	0	0	0	0	76.01	
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	0.536265	2,603,796	0	318	1,396,325	90.00	
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01	
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02	
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0.144159	12,168,945	0	0	1,754,263	91.00	
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.181118	6,744,347	0	0	1,221,523	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.258429	1,879,321	0	0	485,671	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1.142888		0			95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.358267	0	0	0	0	97.00	
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00	
200.00		Subtotal (see instructions)		402,711,526	183,664	36,997	75,449,001	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		402,711,526	183,664	36,997	75,449,001	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/24/2020 5:10 pm

			Title XVIII		Hospital		11/24/2020 3:10 pm	
Cost Center Description			Costs				PPS	
			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	26,331	0				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300	ANESTHESIOLOGY	0	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
54.01	05401	ONCOLOGY (OHA)	0	0				54.01
54.02	05402	ULTRASOUND	0	0				54.02
54.03	05403	NUCLEAR MEDICINE	0	0				54.03
56.00	05600	RADIOISOTOPE	0	0				56.00
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00
65.00	06500	RESPIRATORY THERAPY	0	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
69.02	06902	CARDIAC REHAB	0	0				69.02
69.03	06903	DIABETIC EDUCATION	0	0				69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	184	10,343				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
76.00	03951	ECT	0	0				76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0				76.01
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				90.00
90.01	09001	OUTPATIENT PSYCH	0	0				90.01
90.02	09002	PEDS CLINIC	0	0				90.02
90.04	09004	BARIATRICS	0	0				90.04
91.00	09100	EMERGENCY	0	0				91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0				91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
98.00	09850	HOME OFFICE	0	0				98.00
200.00		Subtotal (see instructions)	26,515	10,514				200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00		Net Charges (line 200 - line 201)	26,515	10,514				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0100

Period:

Worksheet D

Component CCN: 15-S100

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:
11/24/2020 5:10 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,287,417	474,003,189	0.013265	0	0	50.00
51.00	05100 RECOVERY ROOM	629,614	16,266,343	0.038707	19,213	744	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	731,490	28,388,397	0.025767	0	0	52.00
53.00	05300 ANESTHESIOLOGY	83,929	30,644,674	0.002739	70,568	193	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,756,369	95,267,334	0.018436	13,651	252	54.00
54.01	05401 ONCOLOGY (OHA)	1,078,438	48,468,817	0.022250	0	0	54.01
54.02	05402 ULTRASOUND	111,113	16,423,187	0.006766	1,239	8	54.02
54.03	05403 NUCLEAR MEDICINE	316,818	30,570,249	0.010364	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	864,239	61,544,268	0.014043	18,838	265	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	839,749	20,747,274	0.040475	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,252,029	178,747,498	0.007004	0	0	59.00
60.00	06000 LABORATORY	1,044,575	142,884,795	0.007311	106,424	778	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	63,559	12,187,968	0.005215	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	378,507	6,210,687	0.060944	5,078	309	64.00
65.00	06500 RESPIRATORY THERAPY	302,787	20,848,153	0.014523	3,535	51	65.00
66.00	06600 PHYSICAL THERAPY	400,302	16,976,067	0.023580	13,685	323	66.00
67.00	06700 OCCUPATIONAL THERAPY	59,037	11,926,405	0.004950	10,052	50	67.00
68.00	06800 SPEECH PATHOLOGY	34,814	4,431,327	0.007856	2,205	17	68.00
69.00	06900 ELECTROCARDIOLOGY	443,488	68,777,712	0.006448	5,417	35	69.00
69.02	06902 CARDIAC REHAB	42,298	1,602,276	0.026399	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	265,582	7,188,900	0.036943	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	920,238	108,681,859	0.008467	4,872	41	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	794,528	109,967,841	0.007225	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,034,506	350,892,360	0.008648	142,085	1,229	73.00
74.00	07400 RENAL DIALYSIS	88,474	4,905,838	0.018034	1,967	35	74.00
76.00	03951 ECT	4,740	2,382,874	0.001989	52,120	104	76.00
76.01	03950 MOBILE OUTREACH CLINIC	103,598	524,180	0.197638	0	0	76.01
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	106,988	4,875,111	0.021946	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	1,152,924	120,559,110	0.009563	131,048	1,253	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	596,480	24,759,316	0.024091	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10,119,153	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	79,876	8,767,447	0.009111	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)	23,868,506	2,040,540,609		601,997	5,687	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)		0	0	0	0	0	54.01
54.02	05402	ULTRASOUND		0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE		0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB		0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION		0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	231,099	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03951	ECT		0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC		0	0	0	0	0	76.01
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	OUTPATIENT PSYCH		0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC		0	0	0	0	0	90.02
90.04	09004	BARIATRICS		0	0	0	0	0	90.04
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
98.00	09850	HOME OFFICE		0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	231,099	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	474,003,189	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	16,266,343	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	28,388,397	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	30,644,674	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	95,267,334	0.000000	54.00
54.01	05401	ONCOLOGY (OHA)		0	0	0	48,468,817	0.000000	54.01
54.02	05402	ULTRASOUND		0	0	0	16,423,187	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE		0	0	0	30,570,249	0.000000	54.03
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	61,544,268	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	20,747,274	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	178,747,498	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	142,884,795	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	12,187,968	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	6,210,687	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	20,848,153	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	16,976,067	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	11,926,405	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	4,431,327	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	68,777,712	0.000000	69.00
69.02	06902	CARDIAC REHAB		0	0	0	1,602,276	0.000000	69.02
69.03	06903	DIABETIC EDUCATION		0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	7,188,900	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	108,681,859	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	109,967,841	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	231,099	231,099	350,892,360	0.000659	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	4,905,838	0.000000	74.00
76.00	03951	ECT		0	0	0	2,382,874	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC		0	0	0	524,180	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	4,875,111	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH		0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC		0	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS		0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY		0	0	0	120,559,110	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER		0	0	0	24,759,316	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	10,119,153	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	8,767,447	0.000000	97.00
98.00	09850	HOME OFFICE		0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)		0	231,099	231,099	2,040,540,609		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	19,213	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	70,568	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	13,651	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.000000	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	1,239	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.000000	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	18,838	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	106,424	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	5,078	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,535	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	13,685	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	10,052	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	2,205	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,417	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,872	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000659	142,085	94	548	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,967	0	0	0	0	74.00
76.00	03951	ECT	0.000000	52,120	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	131,048	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		601,997	94	548	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.143875	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.298561	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222810	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.065775	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141517	0	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.169911	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.059453	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.122898	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.049334	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114725	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046556	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.154756	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165437	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.672613	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.305716	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.443070	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193388	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.193430	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048746	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0.838436	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.278500	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153405	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.284023	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281977	548	0	161	155	73.00	
74.00	07400	RENAL DIALYSIS	0.284180	0	0	0	0	74.00	
76.00	03951	ECT	0.076458	0	0	0	0	76.00	
76.01	03950	MOBILE OUTREACH CLINIC	1.284662	0	0	0	0	76.01	
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	0.536265	0	0	0	0	90.00	
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01	
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02	
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0.144159	0	0	0	0	91.00	
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.181118	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.258429	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1.142888		0			95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.358267	0	0	0	0	97.00	
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00	
200.00		Subtotal (see instructions)		548	0	161	155	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		548	0	161	155	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0100

Period:

Worksheet D

Component CCN: 15-S100

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/24/2020 5:10 pm

Title XVIII

Subprovider -
IPF

PPS

		Cost Center Description	Costs			IPF
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ONCOLOGY (OHA)	0	0		54.01
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0		54.03
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.02	06902	CARDIAC REHAB	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	ECT	0	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0		76.01
		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	OUTPATIENT PSYCH	0	0		90.01
90.02	09002	PEDS CLINIC	0	0		90.02
90.04	09004	BARIATRICS	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	HOME OFFICE	0	0		98.00
200.00		Subtotal (see instructions)	0	45		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	45		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/24/2020 5:10 pm
				Component CCN: 15-T100		
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	6,287,417	474,003,189	0.013265	303,876	4,031	50.00
51.00 05100 RECOVERY ROOM	629,614	16,266,343	0.038707	24,622	953	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	731,490	28,388,397	0.025767	0	0	52.00
53.00 05300 ANESTHESIOLOGY	83,929	30,644,674	0.002739	53,270	146	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,756,369	95,267,334	0.018436	83,334	1,536	54.00
54.01 05401 ONCOLOGY (OHA)	1,078,438	48,468,817	0.022250	0	0	54.01
54.02 05402 ULTRASOUND	111,113	16,423,187	0.006766	26,092	177	54.02
54.03 05403 NUCLEAR MEDICINE	316,818	30,570,249	0.010364	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00 05700 CT SCAN	864,239	61,544,268	0.014043	135,309	1,900	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	839,749	20,747,274	0.040475	37,986	1,537	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,252,029	178,747,498	0.007004	21,675	152	59.00
60.00 06000 LABORATORY	1,044,575	142,884,795	0.007311	541,287	3,957	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	63,559	12,187,968	0.005215	25,011	130	63.00
64.00 06400 INTRAVENOUS THERAPY	378,507	6,210,687	0.060944	32,222	1,964	64.00
65.00 06500 RESPIRATORY THERAPY	302,787	20,848,153	0.014523	88,767	1,289	65.00
66.00 06600 PHYSICAL THERAPY	400,302	16,976,067	0.023580	2,166,402	51,084	66.00
67.00 06700 OCCUPATIONAL THERAPY	59,037	11,926,405	0.004950	2,421,540	11,987	67.00
68.00 06800 SPEECH PATHOLOGY	34,814	4,431,327	0.007856	763,901	6,001	68.00
69.00 06900 ELECTROCARDIOLOGY	443,488	68,777,712	0.006448	54,824	354	69.00
69.02 06902 CARDIAC REHAB	42,298	1,602,276	0.026399	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	265,582	7,188,900	0.036943	8,589	317	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	920,238	108,681,859	0.008467	140,673	1,191	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	794,528	109,967,841	0.007225	20,493	148	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,034,506	350,892,360	0.008648	658,783	5,697	73.00
74.00 07400 RENAL DIALYSIS	88,474	4,905,838	0.018034	101,493	1,830	74.00
76.00 03951 ECT	4,740	2,382,874	0.001989	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	103,598	524,180	0.197638	0	0	76.01
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	106,988	4,875,111	0.021946	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0.000000	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04 09004 BARIATRICS	0	0	0.000000	0	0	90.04
91.00 09100 EMERGENCY	1,152,924	120,559,110	0.009563	195,494	1,870	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	596,480	24,759,316	0.024091	26,871	647	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10,119,153	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	79,876	8,767,447	0.009111	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0.000000	0	0	98.00
200.00 Total (lines 50 through 199)	23,868,506	2,040,540,609		7,932,514	98,898	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 5:10 pm

Component CCN: 15-T100

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	231,099	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
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	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	231,099	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	474,003,189	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	16,266,343	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	28,388,397	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	30,644,674	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	95,267,334	0.000000	54.00
54.01	05401	ONCOLOGY (OHA)		0	0	0	48,468,817	0.000000	54.01
54.02	05402	ULTRASOUND		0	0	0	16,423,187	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE		0	0	0	30,570,249	0.000000	54.03
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	61,544,268	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	20,747,274	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	178,747,498	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	142,884,795	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	12,187,968	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	6,210,687	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	20,848,153	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	16,976,067	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	11,926,405	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	4,431,327	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	68,777,712	0.000000	69.00
69.02	06902	CARDIAC REHAB		0	0	0	1,602,276	0.000000	69.02
69.03	06903	DIABETIC EDUCATION		0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	7,188,900	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	108,681,859	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	109,967,841	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	231,099	231,099	350,892,360	0.000659	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	4,905,838	0.000000	74.00
76.00	03951	ECT		0	0	0	2,382,874	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC		0	0	0	524,180	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	4,875,111	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH		0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC		0	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS		0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY		0	0	0	120,559,110	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER		0	0	0	24,759,316	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	10,119,153	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	8,767,447	0.000000	97.00
98.00	09850	HOME OFFICE		0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)		0	231,099	231,099	2,040,540,609		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		303,876	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		24,622	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53,270	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		83,334	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.000000		0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000		26,092	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.000000		0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000		0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		135,309	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		37,986	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		21,675	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		541,287	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		25,011	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		32,222	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		88,767	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		2,166,402	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		2,421,540	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		763,901	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		54,824	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0.000000		0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000		0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		8,589	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		140,673	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		20,493	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000659		658,783	434	959	1	73.00
74.00	07400	RENAL DIALYSIS	0.000000		101,493	0	0	0	74.00
76.00	03951	ECT	0.000000		0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000		0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000		0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000		0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000		0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000		195,494	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000		26,871	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000		0	0	0	0	98.00
200.00		Total (lines 50 through 199)			7,932,514	434	959	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XVIII		Subprovider - IRF		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	0.143875	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.298561	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222810	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.065775	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141517	0	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.169911	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.059453	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.122898	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.049334	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114725	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046556	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.154756	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165437	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.672613	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.305716	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.443070	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193388	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.193430	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048746	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0.838436	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.278500	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153405	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.284023	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281977	959	0	343	270	73.00	
74.00	07400	RENAL DIALYSIS	0.284180	0	0	0	0	74.00	
76.00	03951	ECT	0.076458	0	0	0	0	76.00	
76.01	03950	MOBILE OUTREACH CLINIC	1.284662	0	0	0	0	76.01	
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	0.536265	0	0	0	0	90.00	
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01	
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02	
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0.144159	0	0	0	0	91.00	
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.181118	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.258429	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1.142888		0			95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.358267	0	0	0	0	97.00	
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00	
200.00		Subtotal (see instructions)		959	0	343	270	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		959	0	343	270	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0100

Period:

Worksheet D

Component CCN: 15-T100

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/24/2020 5:10 pm

Title XVIII

Subprovider -
IRF

PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	97	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	ECT	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	76.01
	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	OUTPATIENT PSYCH	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARIATRICS	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	HOME OFFICE	0	0	98.00
200.00		Subtotal (see instructions)	0	97	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	97	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part III
Date/Time Prepared:
11/24/2020 5:10 pm

				Title XIX		Hospital		11/24/2020 3:10 pm	
Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
31.02	03102	NICU	0	0	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
				4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	38,674	0.00	1,666	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	9,752	0.00	198	31.00	
31.02	03102	NICU		0	4,185	0.00	486	31.02	
32.00	03200	CORONARY CARE UNIT		0	1,157	0.00	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,473	0.00	1,038	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,561	0.00	86	41.00	
43.00	04300	NURSERY		0	2,410	0.00	1,102	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)		0	64,212		4,576	200.00	
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
				9.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0					30.00	
31.00	03100	INTENSIVE CARE UNIT	0					31.00	
31.02	03102	NICU	0					31.02	
32.00	03200	CORONARY CARE UNIT	0					32.00	
40.00	04000	SUBPROVIDER - IPF	0					40.00	
41.00	04100	SUBPROVIDER - IRF	0					41.00	
43.00	04300	NURSERY	0					43.00	
44.00	04400	SKILLED NURSING FACILITY	0					44.00	
45.00	04500	NURSING FACILITY	0					45.00	
200.00		Total (lines 30 through 199)	0					200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0100 Period: From 07/01/2019 To 06/30/2020 Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	231,099	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	76.01
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	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	231,099	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description			Title XIX		Hospital	Cost	
			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	474,003,189	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	16,266,343	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	28,388,397	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	30,644,674	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	95,267,334	0.000000
54.01	05401	ONCOLOGY (OHA)	0	0	0	48,468,817	0.000000
54.02	05402	ULTRASOUND	0	0	0	16,423,187	0.000000
54.03	05403	NUCLEAR MEDICINE	0	0	0	30,570,249	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000
57.00	05700	CT SCAN	0	0	0	61,544,268	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,747,274	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	178,747,498	0.000000
60.00	06000	LABORATORY	0	0	0	142,884,795	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,187,968	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	6,210,687	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,848,153	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	16,976,067	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,926,405	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,431,327	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	68,777,712	0.000000
69.02	06902	CARDIAC REHAB	0	0	0	1,602,276	0.000000
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,188,900	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	108,681,859	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	109,967,841	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	231,099	231,099	350,892,360	0.000659
74.00	07400	RENAL DIALYSIS	0	0	0	4,905,838	0.000000
76.00	03951	ECT	0	0	0	2,382,874	0.000000
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	524,180	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000
90.00	09000	CLINIC	0	0	0	4,875,111	0.000000
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0.000000
90.02	09002	PEDS CLINIC	0	0	0	0	0.000000
90.04	09004	BARIATRICS	0	0	0	0	0.000000
91.00	09100	EMERGENCY	0	0	0	120,559,110	0.000000
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	24,759,316	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,119,153	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,767,447	0.000000
98.00	09850	HOME OFFICE	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	231,099	231,099	2,040,540,609	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm	
Cost Center Description				Title XIX		Hospital		Cost	
				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	8,642,451	0	8,445,648	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	247,746	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	1,534,714	0	8,518	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	892,617	0	382,775	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	1,165,688	0	1,976,777	0	54.00
54.01	05401	ONCOLOGY (OHA)		0.000000	11,509	0	1,290,058	0	54.01
54.02	05402	ULTRASOUND		0.000000	339,572	0	273,003	0	54.02
54.03	05403	NUCLEAR MEDICINE		0.000000	288,065	0	676,370	0	54.03
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	1,149,892	0	1,083,004	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	243,922	0	435,362	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	4,512,020	0	2,572,270	0	59.00
60.00	06000	LABORATORY		0.000000	2,723,261	0	2,488,157	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	521,116	0	71,023	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	141,632	0	96,778	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	813,447	0	159,600	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	632,272	0	144,672	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	624,025	0	13,715	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	225,171	0	8,366	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	1,310,518	0	1,197,836	0	69.00
69.02	06902	CARDIAC REHAB		0.000000	122	0	42,773	0	69.02
69.03	06903	DIABETIC EDUCATION		0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	125,984	0	130,579	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	2,588,467	0	1,639,737	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	3,355,105	0	1,299,281	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000659	3,526,785	2,324	7,655,818	5,045	73.00
74.00	07400	RENAL DIALYSIS		0.000000	238,892	0	14,343	0	74.00
76.00	03951	ECT		0.000000	23,647	0	52,138	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC		0.000000	0	0	14,013	0	76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	5,709	0	127,532	0	90.00
90.01	09001	OUTPATIENT PSYCH		0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC		0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS		0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY		0.000000	1,912,227	0	2,287,879	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER		0.000000	424,035	0	454,551	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	163,564	0	190,537	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	234,374	0	97.00
98.00	09850	HOME OFFICE		0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)			38,136,429	2,324	35,715,233	5,045	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/24/2020 5:10 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.143875	8,445,648		0	1,215,118	50.00
51.00	05100	RECOVERY ROOM	0.298561	247,746		0	73,967	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222810	8,518		0	1,898	52.00
53.00	05300	ANESTHESIOLOGY	0.065775	382,775		0	25,177	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141517	1,976,777		0	279,748	54.00
54.01	05401	ONCOLOGY (OHA)	0.169911	1,290,058		0	219,195	54.01
54.02	05402	ULTRASOUND	0.059453	273,003		0	16,231	54.02
54.03	05403	NUCLEAR MEDICINE	0.122898	676,370		0	83,125	54.03
56.00	05600	RADIOISOTOPE	0.000000	0		0	0	56.00
57.00	05700	CT SCAN	0.049334	1,083,004		0	53,429	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114725	435,362		0	49,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046556	2,572,270		0	119,755	59.00
60.00	06000	LABORATORY	0.154756	2,488,157		0	385,057	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165437	71,023		0	11,750	63.00
64.00	06400	INTRAVENOUS THERAPY	0.672613	96,778		0	65,094	64.00
65.00	06500	RESPIRATORY THERAPY	0.305716	159,600		0	48,792	65.00
66.00	06600	PHYSICAL THERAPY	0.443070	144,672		0	64,100	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193388	13,715		0	2,652	67.00
68.00	06800	SPEECH PATHOLOGY	0.193430	8,366		0	1,618	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048746	1,197,836		0	58,390	69.00
69.02	06902	CARDIAC REHAB	0.838436	42,773		0	35,862	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0		0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.278500	130,579		0	36,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153405	1,639,737		0	251,544	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.284023	1,299,281		0	369,026	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281977	7,655,818		0	2,158,765	73.00
74.00	07400	RENAL DIALYSIS	0.284180	14,343		0	4,076	74.00
76.00	03951	ECT	0.076458	52,138		0	3,986	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.284662	14,013		0	18,002	76.01
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	0.536265	127,532		0	68,391	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0		0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0		0	0	90.02
90.04	09004	BIARIATRICS	0.000000	0		0	0	90.04
91.00	09100	EMERGENCY	0.144159	2,287,879		0	329,818	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.181118	454,551		0	82,327	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.258429	190,537		0	49,240	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1.142888	134,326		0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.358267	234,374		0	83,968	97.00
98.00	09850	HOME OFFICE	0.000000	0		0	0	98.00
200.00		Subtotal (see instructions)		35,715,233		0	6,419,934	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00		Net Charges (line 200 - line 201)		35,715,233		0	6,419,934	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/24/2020 5:10 pm

			Title XIX		Hospital	Cost
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ONCOLOGY (OHA)	0	0		54.01
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0		54.03
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.02	06902	CARDIAC REHAB	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	ECT	0	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0		76.01
	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	OUTPATIENT PSYCH	0	0		90.01
90.02	09002	PEDS CLINIC	0	0		90.02
90.04	09004	BARIATRICS	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	HOME OFFICE	0	0		98.00
200.00		Subtotal (see instructions)	0	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		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTSProvider CCN: 15-0100
Component CCN: 15-S100Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 5:10 pm

				Title XIX		Subprovider - IPF	Cost
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health
				1.00	2A	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	0	0 54.01
54.02	05402	ULTRASOUND	0	0	0	0	0 54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0 54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	0 69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	231,099 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03951	ECT	0	0	0	0	0 76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0 76.01
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	OUTPATIENT PSYCH	0	0	0	0	0 90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0 90.02
90.04	09004	BARIATRICS	0	0	0	0	0 90.04
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	09850	HOME OFFICE	0	0	0	0	0 98.00
200.00		Total (lines 50 through 199)	0	0	0	0	231,099 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XIX		Subprovider - IPF		Cost	
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	474,003,189	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	16,266,343	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	28,388,397	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	30,644,674	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	95,267,334	0.000000	54.00
54.01	05401	ONCOLOGY (OHA)		0	0	0	48,468,817	0.000000	54.01
54.02	05402	ULTRASOUND		0	0	0	16,423,187	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE		0	0	0	30,570,249	0.000000	54.03
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	61,544,268	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	20,747,274	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	178,747,498	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	142,884,795	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	12,187,968	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	6,210,687	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	20,848,153	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	16,976,067	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	11,926,405	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	4,431,327	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	68,777,712	0.000000	69.00
69.02	06902	CARDIAC REHAB		0	0	0	1,602,276	0.000000	69.02
69.03	06903	DIABETIC EDUCATION		0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	7,188,900	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	108,681,859	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	109,967,841	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	231,099	231,099	350,892,360	0.000659	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	4,905,838	0.000000	74.00
76.00	03951	ECT		0	0	0	2,382,874	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC		0	0	0	524,180	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	4,875,111	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH		0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC		0	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS		0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY		0	0	0	120,559,110	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER		0	0	0	24,759,316	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	10,119,153	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	8,767,447	0.000000	97.00
98.00	09850	HOME OFFICE		0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)		0	231,099	231,099	2,040,540,609		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53,633	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	10,375	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.000000	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	942	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.000000	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	14,317	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	80,884	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	3,859	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,687	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	10,401	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	7,640	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,676	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,117	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,703	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000659	107,987	71	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,495	0	0	0	0	74.00
76.00	03951	ECT	0.000000	39,612	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	99,599	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		442,927	71	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 5:10 pm

Component CCN: 15-T100

			Title XIX		Subprovider - IRF		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	231,099	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
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	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	231,099	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XIX		Subprovider - IRF		Cost	
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	474,003,189	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	16,266,343	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	28,388,397	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	30,644,674	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	95,267,334	0.000000	54.00
54.01	05401	ONCOLOGY (OHA)		0	0	0	48,468,817	0.000000	54.01
54.02	05402	ULTRASOUND		0	0	0	16,423,187	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE		0	0	0	30,570,249	0.000000	54.03
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	61,544,268	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	20,747,274	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	178,747,498	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	142,884,795	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	12,187,968	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	6,210,687	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	20,848,153	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	16,976,067	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	11,926,405	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	4,431,327	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	68,777,712	0.000000	69.00
69.02	06902	CARDIAC REHAB		0	0	0	1,602,276	0.000000	69.02
69.03	06903	DIABETIC EDUCATION		0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	7,188,900	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	108,681,859	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	109,967,841	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	231,099	231,099	350,892,360	0.000659	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	4,905,838	0.000000	74.00
76.00	03951	ECT		0	0	0	2,382,874	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC		0	0	0	524,180	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	4,875,111	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH		0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC		0	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS		0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY		0	0	0	120,559,110	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER		0	0	0	24,759,316	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	10,119,153	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	8,767,447	0.000000	97.00
98.00	09850	HOME OFFICE		0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)		0	231,099	231,099	2,040,540,609		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XIX		Subprovider - IRF		Cost	
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		4,369	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		766	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		1,198	0	0	0	54.00
54.01	05401	ONCOLOGY (OHA)	0.000000		0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000		375	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.000000		0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000		0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		1,945	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		546	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		312	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		7,782	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		360	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		463	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		1,276	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		31,146	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		34,814	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		10,982	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		788	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0.000000		0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000		0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		123	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		2,022	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		295	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000659		9,471	6	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		1,459	0	0	0	74.00
76.00	03951	ECT	0.000000		0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000		0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000		0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000		0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000		0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000		2,811	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000		0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000			0	0	0	98.00
200.00		Total (lines 50 through 199)			113,303	6	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 5:10 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,674	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,674	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)		36,350	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)		13,251	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)		43,517,796	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)		43,517,796	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)		43,517,796	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)		1,125.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,910,688	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		14,910,688	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:

11/24/2020 5:10 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	21,847,722	9,752	2,240.33	5,317	11,911,835		43.00
43.02	NICU	6,357,585	4,185	1,519.14	0	0		43.02
44.00	CORONARY CARE UNIT	2,515,090	1,157	2,173.80	447	971,689		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)					44,746,534		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					72,540,746		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)					2,914,432		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,950,415		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,864,847		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					66,675,899		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)					2,324		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,125.25		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,615,081		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		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	5,531,614	43,517,796	0.127112	2,615,081	332,408
91.00	Nursing School cost	0	43,517,796	0.000000	2,615,081	0
92.00	Allied health cost	0	43,517,796	0.000000	2,615,081	0
93.00	All other Medical Education	0	43,517,796	0.000000	2,615,081	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 5:10 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,473	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,473	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)		3,473	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)		509	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)		2,860,907	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)		2,860,907	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)		2,860,907	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)		823.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		419,294	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)		419,294	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 5:10 pm
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.02 NICU	0	0	0.00	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					107,226	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					526,520	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)					52,758	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,781	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					58,539	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					467,981	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0100

Period:

Worksheet D-1

Component CCN: 15-S100

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/24/2020 5:10 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	359,986	2,860,907	0.125829	0	0	90.00
91.00	Nursing School cost	0	2,860,907	0.000000	0	0	91.00
92.00	Allied health cost	0	2,860,907	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,860,907	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 5:10 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,561	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,561	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,561	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,718	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)		5,345,212	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)		5,345,212	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)		5,345,212	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)		1,171.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,185,333	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)		3,185,333	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					2,072,719	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,258,052	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)					552,814	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					99,332	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					652,146	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,605,906	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0100

Period:

Worksheet D-1

Component CCN: 15-T100

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

11/24/2020 5:10 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	927,639	5,345,212	0.173546	0	0	90.00
91.00	Nursing School cost	0	5,345,212	0.000000	0	0	91.00
92.00	Allied health cost	0	5,345,212	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,345,212	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 5:10 pm
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)			38,674 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			38,674 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)			36,350 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,666 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)			2,410 15.00
16.00	Nursery days (title V or XIX only)			1,102 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)			43,517,796 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)			43,517,796 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)			43,517,796 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)			1,125.25 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,874,667 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)			1,874,667 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:

11/24/2020 5:10 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,577,887	2,410	654.72	1,102	721,501	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	21,847,722	9,752	2,240.33	198	443,585	43.00
43.02	NICU	6,357,585	4,185	1,519.14	486	738,302	43.02
44.00	CORONARY CARE UNIT	2,515,090	1,157	2,173.80	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,368,407	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,146,462	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)					2,324	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,125.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,615,081	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/24/2020 5:10 pm

		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	5,531,614	43,517,796	0.127112	2,615,081	332,408
91.00	Nursing School cost	0	43,517,796	0.000000	2,615,081	0
92.00	Allied health cost	0	43,517,796	0.000000	2,615,081	0
93.00	All other Medical Education	0	43,517,796	0.000000	2,615,081	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 5:10 pm
		Title XIX	Subprovider - IPF	Cost
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)			3,473 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,473 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)			3,473 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,038 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)			2,410 15.00
16.00	Nursery days (title V or XIX only)			1,102 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)			2,860,907 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)			2,860,907 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)			2,860,907 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)			823.76 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			855,063 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)			855,063 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1
				Component CCN: 15-S100		Date/Time Prepared: 11/24/2020 5:10 pm
				Title XIX	Subprovider - IPF	Cost
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
43.02	NICU	0	0	0.00	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					77,132
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					932,195
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0100

Period:

Worksheet D-1

Component CCN: 15-S100

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/24/2020 5:10 pm

Title XIX

Subprovider -
IPF

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	359,986	2,860,907	0.125829	0	0	90.00
91.00	Nursing School cost	0	2,860,907	0.000000	0	0	91.00
92.00	Allied health cost	0	2,860,907	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,860,907	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 5:10 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,561 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,561 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,561 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)			86 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)			2,410 15.00
16.00	Nursery days (title V or XIX only)			1,102 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)			5,337,582 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)			5,337,582 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)			5,337,582 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)			1,170.27 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			100,643 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)			100,643 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 5:10 pm	
				Title XIX		Subprovider - IRF	Cost
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,624	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					130,267	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0100

Period:

Worksheet D-1

Component CCN: 15-T100

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/24/2020 5:10 pm

Title XIX

Subprovider -
IRF

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	927,639	5,337,582	0.173794	0	0	90.00
91.00	Nursing School cost	0	5,337,582	0.000000	0	0	91.00
92.00	Allied health cost	0	5,337,582	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,337,582	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 5:10 pm
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		16,565,734	30.00
31.00	03100	INTENSIVE CARE UNIT		11,740,654	31.00
31.02	03102	NICU		0	31.02
32.00	03200	CORONARY CARE UNIT		1,235,349	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.143875	87,091,039	50.00
51.00	05100	RECOVERY ROOM	0.298561	3,352,813	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222810	40,395	52.00
53.00	05300	ANESTHESIOLOGY	0.065775	9,416,690	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141517	5,136,658	54.00
54.01	05401	ONCOLOGY (OHA)	0.169911	117,178	54.01
54.02	05402	ULTRASOUND	0.059453	2,239,689	54.02
54.03	05403	NUCLEAR MEDICINE	0.122898	2,451,623	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.049334	8,147,914	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114725	1,591,762	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046556	10,539,328	59.00
60.00	06000	LABORATORY	0.154756	19,338,915	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165437	2,771,132	63.00
64.00	06400	INTRAVENOUS THERAPY	0.672613	5,420	64.00
65.00	06500	RESPIRATORY THERAPY	0.305716	5,425,821	65.00
66.00	06600	PHYSICAL THERAPY	0.443070	3,327,842	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193388	2,864,575	67.00
68.00	06800	SPEECH PATHOLOGY	0.193430	949,583	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048746	10,508,119	69.00
69.02	06902	CARDIAC REHAB	0.838436	1,920	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.278500	860,955	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153405	16,919,516	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.284023	28,970,056	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281977	22,793,356	73.00
74.00	07400	RENAL DIALYSIS	0.284180	1,467,323	74.00
76.00	03951	ECT	0.076458	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.284662	0	76.01
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	0.536265	159	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	90.02
90.04	09004	BARIATRICS	0.000000	0	90.04
91.00	09100	EMERGENCY	0.144159	12,452,661	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.181118	2,732,244	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.258429	1,133,667	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.358267	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		262,648,353	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)		262,648,353	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 5:10 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		989,322		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.143875	0	0	50.00
51.00	05100 RECOVERY ROOM	0.298561	19,213	5,736	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.222810	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.065775	70,568	4,642	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141517	13,651	1,932	54.00
54.01	05401 ONCOLOGY (OHA)	0.169911	0	0	54.01
54.02	05402 ULTRASOUND	0.059453	1,239	74	54.02
54.03	05403 NUCLEAR MEDICINE	0.122898	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.049334	18,838	929	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.114725	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046556	0	0	59.00
60.00	06000 LABORATORY	0.154756	106,424	16,470	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.165437	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.672613	5,078	3,416	64.00
65.00	06500 RESPIRATORY THERAPY	0.305716	3,535	1,081	65.00
66.00	06600 PHYSICAL THERAPY	0.443070	13,685	6,063	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193388	10,052	1,944	67.00
68.00	06800 SPEECH PATHOLOGY	0.193430	2,205	427	68.00
69.00	06900 ELECTROCARDIOLOGY	0.048746	5,417	264	69.00
69.02	06902 CARDIAC REHAB	0.838436	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.278500	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.153405	4,872	747	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.284023	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.281977	142,085	40,065	73.00
74.00	07400 RENAL DIALYSIS	0.284180	1,967	559	74.00
76.00	03951 ECT	0.076458	52,120	3,985	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.284662	0	0	76.01
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	0.536265	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.144159	131,048	18,892	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.181118	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.258429	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.358267	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		601,997	107,226	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)		601,997		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 5:10 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,226,875		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.143875	303,876	43,720	50.00
51.00	05100 RECOVERY ROOM	0.298561	24,622	7,351	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.222810	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.065775	53,270	3,504	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141517	83,334	11,793	54.00
54.01	05401 ONCOLOGY (OHA)	0.169911	0	0	54.01
54.02	05402 ULTRASOUND	0.059453	26,092	1,551	54.02
54.03	05403 NUCLEAR MEDICINE	0.122898	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.049334	135,309	6,675	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.114725	37,986	4,358	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046556	21,675	1,009	59.00
60.00	06000 LABORATORY	0.154756	541,287	83,767	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.165437	25,011	4,138	63.00
64.00	06400 INTRAVENOUS THERAPY	0.672613	32,222	21,673	64.00
65.00	06500 RESPIRATORY THERAPY	0.305716	88,767	27,137	65.00
66.00	06600 PHYSICAL THERAPY	0.443070	2,166,402	959,868	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193388	2,421,540	468,297	67.00
68.00	06800 SPEECH PATHOLOGY	0.193430	763,901	147,761	68.00
69.00	06900 ELECTROCARDIOLOGY	0.048746	54,824	2,672	69.00
69.02	06902 CARDIAC REHAB	0.838436	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.278500	8,589	2,392	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.153405	140,673	21,580	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.284023	20,493	5,820	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.281977	658,783	185,762	73.00
74.00	07400 RENAL DIALYSIS	0.284180	101,493	28,842	74.00
76.00	03951 ECT	0.076458	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.284662	0	0	76.01
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	0.536265	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.144159	195,494	28,182	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.181118	26,871	4,867	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.258429	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.358267	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,932,514	2,072,719	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)		7,932,514		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 5:10 pm
Cost Center Description			Title XIX	Hospital	Cost
			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		1,341,668	30.00
31.00	03100	INTENSIVE CARE UNIT		2,033,912	31.00
31.02	03102	NICU		199,408	31.02
32.00	03200	CORONARY CARE UNIT		177,941	32.00
40.00	04000	SUBPROVIDER - IPF		369,863	40.00
41.00	04100	SUBPROVIDER - IRF		297,166	41.00
43.00	04300	NURSERY		1,274,366	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.143875	8,642,451	50.00
51.00	05100	RECOVERY ROOM	0.298561	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222810	1,534,714	52.00
53.00	05300	ANESTHESIOLOGY	0.065775	892,617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141517	1,165,688	54.00
54.01	05401	ONCOLOGY (OHA)	0.169911	11,509	54.01
54.02	05402	ULTRASOUND	0.059453	339,572	54.02
54.03	05403	NUCLEAR MEDICINE	0.122898	288,065	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.049334	1,149,892	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114725	243,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046556	4,512,020	59.00
60.00	06000	LABORATORY	0.154756	2,723,261	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165437	521,116	63.00
64.00	06400	INTRAVENOUS THERAPY	0.672613	141,632	64.00
65.00	06500	RESPIRATORY THERAPY	0.305716	813,447	65.00
66.00	06600	PHYSICAL THERAPY	0.443070	632,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193388	624,025	67.00
68.00	06800	SPEECH PATHOLOGY	0.193430	225,171	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048746	1,310,518	69.00
69.02	06902	CARDIAC REHAB	0.838436	122	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.278500	125,984	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153405	2,588,467	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.284023	3,355,105	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281977	3,526,785	73.00
74.00	07400	RENAL DIALYSIS	0.284180	238,892	74.00
76.00	03951	ECT	0.076458	23,647	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.284662	0	76.01
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	0.536265	5,709	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	90.02
90.04	09004	BARIATRICS	0.000000	0	90.04
91.00	09100	EMERGENCY	0.144159	1,912,227	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.181118	424,035	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.258429	163,564	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.358267	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		38,136,429	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)		38,136,429	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 5:10 pm	
		Title XIX	Subprovider - IPF	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		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		766,505		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.143875	0	0	50.00
51.00	05100 RECOVERY ROOM	0.298561	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.222810	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.065775	53,633	3,528	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141517	10,375	1,468	54.00
54.01	05401 ONCOLOGY (OHA)	0.169911	0	0	54.01
54.02	05402 ULTRASOUND	0.059453	942	56	54.02
54.03	05403 NUCLEAR MEDICINE	0.122898	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.049334	14,317	706	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.114725	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046556	0	0	59.00
60.00	06000 LABORATORY	0.154756	80,884	12,517	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.165437	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.672613	3,859	2,596	64.00
65.00	06500 RESPIRATORY THERAPY	0.305716	2,687	821	65.00
66.00	06600 PHYSICAL THERAPY	0.443070	10,401	4,608	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193388	7,640	1,477	67.00
68.00	06800 SPEECH PATHOLOGY	0.193430	1,676	324	68.00
69.00	06900 ELECTROCARDIOLOGY	0.048746	4,117	201	69.00
69.02	06902 CARDIAC REHAB	0.838436	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.278500	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.153405	3,703	568	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.284023	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.281977	107,987	30,450	73.00
74.00	07400 RENAL DIALYSIS	0.284180	1,495	425	74.00
76.00	03951 ECT	0.076458	39,612	3,029	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.284662	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.536265	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.144159	99,599	14,358	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.181118	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.258429	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.358267	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		442,927	77,132	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		442,927		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 5:10 pm	
		Title XIX	Subprovider - IRF	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		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		47,132		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.143875	4,369	629	50.00
51.00	05100 RECOVERY ROOM	0.298561	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.222810	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.065775	766	50	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141517	1,198	170	54.00
54.01	05401 ONCOLOGY (OHA)	0.169911	0	0	54.01
54.02	05402 ULTRASOUND	0.059453	375	22	54.02
54.03	05403 NUCLEAR MEDICINE	0.122898	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.049334	1,945	96	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.114725	546	63	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046556	312	15	59.00
60.00	06000 LABORATORY	0.154756	7,782	1,204	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.165437	360	60	63.00
64.00	06400 INTRAVENOUS THERAPY	0.672613	463	311	64.00
65.00	06500 RESPIRATORY THERAPY	0.305716	1,276	390	65.00
66.00	06600 PHYSICAL THERAPY	0.443070	31,146	13,800	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193388	34,814	6,733	67.00
68.00	06800 SPEECH PATHOLOGY	0.193430	10,982	2,124	68.00
69.00	06900 ELECTROCARDIOLOGY	0.048746	788	38	69.00
69.02	06902 CARDIAC REHAB	0.838436	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.278500	123	34	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.153405	2,022	310	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.284023	295	84	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.281977	9,471	2,671	73.00
74.00	07400 RENAL DIALYSIS	0.284180	1,459	415	74.00
76.00	03951 ECT	0.076458	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.284662	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.536265	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.144159	2,811	405	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.181118	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.258429	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.358267	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		113,303	29,624	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)		113,303		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 5:10 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,103,958	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		34,633,578	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)		938,122	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,880,341	2.04
3.00	Managed Care Simulated Payments		17,969,466	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		331.65	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)		16.42	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)		5.20	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.		6.56	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)		4.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.60	10.00
11.00	FTE count for residents in dental and podiatric programs.		6.00	11.00
12.00	Current year allowable FTE (see instructions)		6.60	12.00
13.00	Total allowable FTE count for the prior year.		6.00	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.		6.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.20	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		6.20	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.018694	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.016037	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.016037	21.00
22.00	IME payment adjustment (see instructions)		407,832	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		156,802	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)		-4.06	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)		407,832	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		156,802	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.11	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.97	31.00
32.00	Sum of lines 30 and 31		31.08	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.86	33.00
34.00	Disproportionate share adjustment (see instructions)		1,736,300	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 5:10 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00	
35.01	Factor 3 (see instructions)	0.000580945	0.000560981	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,806,080	4,684,532	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,211,396	3,507,000	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,718,396		36.00	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00	
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00	
47.00	Subtotal (see instructions)	56,418,527		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00	
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)		56,575,329	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,081,436	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).		174,835	52.00	
53.00	Nursing and Allied Health Managed Care payment		9,739	53.00	
54.00	Special add-on payments for new technologies		0	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		15,021	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		60,856,360	59.00	
60.00	Primary payer payments		3,479	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		60,852,881	61.00	
62.00	Deductibles billed to program beneficiaries		4,560,461	62.00	
63.00	Coinsurance billed to program beneficiaries		172,205	63.00	
64.00	Allowable bad debts (see instructions)		627,895	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		408,132	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		91,982	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		56,528,347	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		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)		40,238	70.93	
70.94	HRR adjustment amount (see instructions)		-387,885	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 5:10 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		56,180,700	71.00
71.01	Sequestration adjustment (see instructions)		938,218	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		53,520,039	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)		1,722,443	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,127,065	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 5:10 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,103,958	0	12,103,958		12,103,958
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	34,633,578	0		34,633,578	34,633,578
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	938,122	0	938,122		938,122
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,880,341	0		1,880,341	1,880,341
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	17,969,466	0	4,663,009	13,306,457	17,969,466
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.016037	0.016037	0.016037	0.016037	
6.00	IME payment adjustment (see instructions)	22.00	407,832	0	105,619	302,213	407,832
6.01	IME payment adjustment for managed care (see instructions)	22.01	156,802	0	40,689	116,113	156,802
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	407,832	0	105,619	302,213	407,832
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	156,802	0	40,689	116,113	156,802
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1486	0.1486	0.1486	0.1486	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,736,300	0	449,662	1,286,638	1,736,300
11.01	Uncompensated care payments	36.00	4,718,396	0	788,412	2,055,705	2,844,117
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	56,418,527	0	14,385,773	42,032,754	56,418,527
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	56,575,329	0	14,426,462	42,148,867	56,575,329
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,081,436	0	1,074,797	3,006,639	4,081,436

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 5:10 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	15,501,259	45,155,506	60,656,765
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	3,718,234	0	977,759	2,740,475	3,718,234
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	77,642	0	21,946	55,696	77,642
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0119	0.0119	0.0119	0.0119	
23.00	Indirect medical education adjustment (see instructions)	6.00	44,247	0	11,635	32,612	44,247
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0649	0.0649	0.0649	0.0649	
25.00	Disproportionate share adjustment (see instructions)	11.00	241,313	0	63,457	177,856	241,313
26.00	Total prospective capital payments (see instructions)	12.00	4,081,436	0	1,074,797	3,006,639	4,081,436
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2020 5:10 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,103,958	12,103,958		12,103,958	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	34,633,578		34,633,578	34,633,578	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	938,122	938,122		938,122	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,880,341		1,880,341	1,880,341	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	17,969,466	4,663,009	13,306,457	17,969,466	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.016037	0.016037	0.016037		5.00
6.00	IME payment adjustment (see instructions)	22.00	407,832	105,619	302,213	407,832	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	156,802	40,689	116,113	156,802	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	407,832	105,619	302,213	407,832	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	156,802	40,689	116,113	156,802	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1486	0.1486	0.1486		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,736,300	449,662	1,286,638	1,736,300	11.00
11.01	Uncompensated care payments	36.00	4,718,396	1,211,396	3,507,000	4,718,396	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	56,418,527	14,808,757	41,609,770	56,418,527	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	56,575,329	14,849,446	41,725,883	56,575,329	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,081,436	1,074,797	3,006,639	4,081,436	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			15,924,243	44,732,522	60,656,765	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2020 5:10 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,718,234	977,759	2,740,475	3,718,234	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	77,642	21,946	55,696	77,642	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0119	0.0119	0.0119		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	44,247	11,635	32,612	44,247	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0649	0.0649	0.0649		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	241,313	63,457	177,856	241,313	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,081,436	1,074,797	3,006,639	4,081,436	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	40,238	-3,097	43,335	40,238	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-387,885	-124,670	-263,215	-387,885	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/24/2020 5:10 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		37,029	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		75,378,696	2.00
3.00	OPPS payments		60,761,781	3.00
4.00	Outlier payment (see instructions)		837,410	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		70,305	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		37,029	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		220,661	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)		220,661	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)		220,661	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		183,632	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)		37,029	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)		61,669,496	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		36,602	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		10,573,581	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)		51,096,342	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		168,497	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)		51,264,839	30.00
31.00	Primary payer payments		6,094	31.00
32.00	Subtotal (line 30 minus line 31)		51,258,745	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)		860,074	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		559,048	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		484,086	36.00
37.00	Subtotal (see instructions)		51,817,793	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-3	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)		51,817,796	40.00
40.01	Sequestration adjustment (see instructions)		865,357	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		50,694,952	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)		257,487	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/24/2020 5:10 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		45	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		155	2.00
3.00	OPPS payments		144	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		45	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		161	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)		161	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)		161	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		116	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)		45	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)		144	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		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)		189	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)		189	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		189	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		189	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		189	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		176	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		10	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/24/2020 5:10 pm
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		97	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		269	2.00
3.00	OPPS payments		251	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		97	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		343	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)		343	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)		343	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		246	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)		97	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)		252	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		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)		349	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)		349	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		349	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		349	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		349	40.00
40.01	Sequestration adjustment (see instructions)		6	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		320	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		23	43.00
43.01	Balance due provider/program-PARHM (see instructions)		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: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/24/2020 5:10 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		53,520,039		50,694,952	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)		53,520,039		50,694,952	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		1,722,443		257,487	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		55,242,482		50,952,439	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 15-0100
 Component CCN: 15-S100

 Period:
 From 07/01/2019
 To 06/30/2020

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/24/2020 5:10 pm

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		389,275		176		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)		0		0		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)		389,275		176		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		14,488		10		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		403,763		186		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2019 To 06/30/2020		Worksheet E-1 Part I Date/Time Prepared: 11/24/2020 5:10 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,225,369		320		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,225,369		320		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		23		6.01
6.02	SETTLEMENT TO PROGRAM		43,713		0		6.02
7.00	Total Medicare program liability (see instructions)		4,181,656		343		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: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/24/2020 5:10 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 11/24/2020 5:10 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	430,869	1.00	
2.00	Net IPF PPS Outlier Payments	8,981	2.00	
3.00	Net IPF PPS ECT Payments	12,626	3.00	
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00	
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01	
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00	
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	6.00	
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	7.00	
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00	
9.00	Average Daily Census (see instructions)	9.489071	9.00	
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.	0.000000	10.00	
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00	
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	452,476	12.00	
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00	
14.00	Organ acquisition (DO NOT USE THIS LINE)	0	14.00	
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00	
16.00	Subtotal (see instructions)	452,476	16.00	
17.00	Primary payer payments	0	17.00	
18.00	Subtotal (line 16 less line 17).	452,476	18.00	
19.00	Deductibles	55,264	19.00	
20.00	Subtotal (line 18 minus line 19)	397,212	20.00	
21.00	Coinsurance	1,056	21.00	
22.00	Subtotal (line 20 minus line 21)	396,156	22.00	
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	22,107	23.00	
24.00	Adjusted reimbursable bad debts (see instructions)	14,370	24.00	
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00	
26.00	Subtotal (sum of lines 22 and 24)	410,526	26.00	
27.00	Direct graduate medical education payments (see instructions)	0	27.00	
28.00	Other pass through costs (see instructions)	94	28.00	
29.00	Outlier payments reconciliation	0	29.00	
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00	
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50	
30.99	Demonstration payment adjustment amount before sequestration	0	30.99	
31.00	Total amount payable to the provider (see instructions)	410,620	31.00	
31.01	Sequestration adjustment (see instructions)	6,857	31.01	
31.02	Demonstration payment adjustment amount after sequestration	0	31.02	
32.00	Interim payments	389,275	32.00	
33.00	Tentative settlement (for contractor use only)	0	33.00	
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	14,488	34.00	
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00	
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	8,981	50.00	
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00	
52.00	The rate used to calculate the Time Value of Money	0.00	52.00	
53.00	Time Value of Money (see instructions)	0	53.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 11/24/2020 5:10 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,005,032 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0133 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			166,609 3.00
4.00	Outlier Payments			174,391 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.461749 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,346,032 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,346,032 17.00
18.00	Primary payer payments			1,857 18.00
19.00	Subtotal (line 17 less line 18).			4,344,175 19.00
20.00	Deductibles			74,536 20.00
21.00	Subtotal (line 19 minus line 20)			4,269,639 21.00
22.00	Coinsurance			24,948 22.00
23.00	Subtotal (line 21 minus line 22)			4,244,691 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			11,617 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			7,551 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			5,841 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,252,242 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			434 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,252,676 32.00
32.01	Sequestration adjustment (see instructions)			71,020 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,225,369 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-43,713 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			30,438 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			174,391 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2020 5:10 pm
		Title XIX	Hospital	Cost
			Inpatient	Outpatient
			1.00	2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	10,146,462		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	10,146,462	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	10,146,462	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	5,694,324		8.00
9.00	Ancillary service charges	38,136,429	35,715,233	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	43,830,753	35,715,233	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	43,830,753	35,715,233	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	33,684,291	35,715,233	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	10,146,462	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	10,146,462	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	10,146,462	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	10,146,462	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	10,146,462	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	10,146,462	0	40.00
41.00	Interim payments	10,146,462	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2020 5:10 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		932,195		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		932,195	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		932,195	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		766,505		8.00
9.00	Ancillary service charges		442,927	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,209,432	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		1,209,432	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		277,237	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		932,195	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		932,195	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		932,195		31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		932,195	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		932,195	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		932,195	0	40.00
41.00	Interim payments		932,195		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2020 5:10 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		130,267		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		130,267	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		130,267	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		47,132		8.00
9.00	Ancillary service charges		113,303	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		160,435	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		160,435	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		30,168	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		130,267	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		130,267	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		130,267		31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		130,267	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		130,267	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		130,267	0	40.00
41.00	Interim payments		130,267	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100		Period: From 07/01/2019 To 06/30/2020		Worksheet E-4 Date/Time Prepared: 11/24/2020 5:10 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					7.29	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					10.71	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					0.60	6.00
7.00	Enter the lesser of line 5 or line 6					0.60	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.27		0.33		0.60 8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.27		0.33		0.60 9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			6.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00		10.01	
11.00	Total weighted FTE count	0.27		6.33		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00		6.00		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00		6.00		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.09		6.11		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	0.09		6.11		17.00	
18.00	Per resident amount	115,539.14		109,405.38		18.00	
19.00	Approved amount for resident costs	10,399		668,467		678,866 19.00	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00 23.00	
24.00	Multiply line 22 time line 23					0 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					678,866 25.00	
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	22,242		4,721		4,538 26.00	
27.00	Total Inpatient Days (see instructions)	61,005		61,005		61,005 27.00	
28.00	Ratio of inpatient days to total inpatient days	0.364593		0.077387		0.074387 28.00	
29.00	Program direct GME amount	247,510		52,535		50,499 29.00	
29.01	Percent reduction for MA DGME			7.00		7.00 29.01	
30.00	Reduction for direct GME payments for Medicare Advantage			3,677		3,535 30.00	
31.00	Net Program direct GME amount					343,332 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/24/2020 5:10 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			4,905,838	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			78,325,318	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			5,336	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			78,319,982	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			75,486,597	42.00
43.00	Primary payer payments (see instructions)			6,094	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			75,480,503	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			153,800,485	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.509231	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.490769	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			343,332	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			174,835	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			168,497	50.00

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

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
11/24/2020 5:10 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	1,971,930	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	212,792,835	0	0	0	4.00
5.00 Other receivable	15,431,687	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-127,075,683	0	0	0	6.00
7.00 Inventory	13,392,653	0	0	0	7.00
8.00 Prepaid expenses	427,118	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	1,465,124	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	118,405,664	0	0	0	11.00
FIXED ASSETS					
12.00 Land	7,736,792	0	0	0	12.00
13.00 Land improvements	9,264,668	0	0	0	13.00
14.00 Accumulated depreciation	-7,242,461	0	0	0	14.00
15.00 Buildings	156,573,302	0	0	0	15.00
16.00 Accumulated depreciation	-158,735,374	0	0	0	16.00
17.00 Leasehold improvements	12,225,545	0	0	0	17.00
18.00 Accumulated depreciation	-9,012,082	0	0	0	18.00
19.00 Fixed equipment	71,063,647	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	3,206,530	0	0	0	21.00
22.00 Accumulated depreciation	-2,413,491	0	0	0	22.00
23.00 Major movable equipment	177,012,657	0	0	0	23.00
24.00 Accumulated depreciation	-135,208,205	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	124,471,528	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	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	65,541,583	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	65,541,583	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	308,418,775	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	18,070,118	0	0	0	37.00
38.00 Salaries, wages, and fees payable	12,359,137	0	0	0	38.00
39.00 Payroll taxes payable	1,204,967	0	0	0	39.00
40.00 Notes and loans payable (short term)	2,022,250	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	51,709,552	0	0	0	43.00
44.00 Other current liabilities	67,225,436	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	152,591,460	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	122,044,590	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	30,903,462	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	152,948,052	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	305,539,512	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	2,879,263				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	2,879,263	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	308,418,775	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
11/24/2020 5:10 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		55,813,581		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		85,862,568				2.00
3.00	Total (sum of line 1 and line 2)		141,676,149		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	Contributions/Donations/Grant Revenue	1,109,009		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00	Rounding	0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,109,009		0		10.00
11.00	Subtotal (line 3 plus line 10)		142,785,158		0		11.00
12.00	Transfer to/from affiliates	139,905,895		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)		139,905,895		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,879,263		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	Contributions/Donations/Grant Revenue		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00	Rounding		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	Transfer to/from affiliates		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: 15-0100

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/24/2020 5:10 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	59,938,112		59,938,112	1.00
2.00	SUBPROVIDER - IPF	6,764,754		6,764,754	2.00
3.00	SUBPROVIDER - IRF	5,494,523		5,494,523	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	72,197,389		72,197,389	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,143,689		38,143,689	11.00
11.02	NICU	8,992,618		8,992,618	11.02
12.00	CORONARY CARE UNIT	4,097,159		4,097,159	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)	51,233,466		51,233,466	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	123,430,855		123,430,855	17.00
18.00	Ancillary services	644,249,650	1,216,521,059	1,860,770,709	18.00
19.00	Outpatient services	42,797,948	110,237,179	153,035,127	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	0	5,024,855	5,024,855	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	Other Patient Service Revenue	1,894,100	4,878,280	6,772,380	27.00
27.01	Other Patient Service Revenue - Private Physician Offices	248,335	2,292,809	2,541,144	27.01
27.02	DME	0	8,767,447	8,767,447	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	812,620,888	1,347,721,629	2,160,342,517	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		538,928,294		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)		538,928,294		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
11/24/2020 5:10 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,160,342,517	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,562,701,581	2.00
3.00	Net patient revenues (line 1 minus line 2)	597,640,936	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	538,928,294	4.00
5.00	Net income from service to patients (line 3 minus line 4)	58,712,642	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	20,000	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	176,003	13.00
14.00	Revenue from meals sold to employees and guests	1,364,037	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	11,807,252	17.00
18.00	Revenue from sale of medical records and abstracts	17,484	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	41,633	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	539,663	22.00
23.00	Governmental appropriations	57	23.00
24.00	Other Operating Income	1,875,071	24.00
24.50	COVID-19 PHE Funding	11,312,306	24.50
25.00	Total other income (sum of lines 6-24)	27,153,506	25.00
26.00	Total (line 5 plus line 25)	85,866,148	26.00
27.00	Non-oper expense	3,580	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,580	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	85,862,568	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet I-5 Date/Time Prepared: 11/24/2020 5:10 pm
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0100	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/24/2020 5:10 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,718,234	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		77,642	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)		147.67	3.00
4.00	Number of interns & residents (see instructions)		6.20	4.00
5.00	Indirect medical education percentage (see instructions)		1.19	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)		44,247	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.11	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.97	8.00
9.00	Sum of lines 7 and 8		31.08	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.49	10.00
11.00	Disproportionate share adjustment (see instructions)		241,313	11.00
12.00	Total prospective capital payments (see instructions)		4,081,436	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