

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: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/29/2021 1:32 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/29/2021	Time: 1:32 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE FINLEY HOSPITAL (16-0117) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) CAROL CROSS

Officer or Administrator of Provider(s)

REGIONAL VICE PRESIDENT FINANCE

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	106,800	-30,667	0	0	1.00
2.00	Subprovider - IPF	0	10,406	28		0	2.00
3.00	Subprovider - IRF	0	42,029	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	159,235	-30,639	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: 16-0117		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:32 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 350 NORTH GRANDVIEW AVENUE			PO Box:				1.00		
2.00	City: DUBUQUE			State: IA		Zip Code: 52001		County: DUBUQUE		
		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		THE FINLEY HOSPITAL	160117	20220	1	07/01/1966	N	P	P
4.00	Subprovider - IPF		THE FINLEY HOSPITAL - MHU	16S117	20220	4	12/23/1998	N	P	P
5.00	Subprovider - IRF		THE FINLEY HOSPITAL - REHAB	16T117	20220	5	01/01/2004	N	P	N
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		FINLEY HOSPITAL HOME CARE	167002	20220		07/01/1966	N	P	O
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020		12/31/2020	
21.00	Type of Control (see instructions)						2			
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

Worksheet S-2
Part I
Date/Time Prepared:
7/29/2021 1:32 pm

MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0117		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:32 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.		N				60.00
			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
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
						0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/29/2021 1:32 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:32 pm
			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00
		V	XIX	
		1.00	2.00	
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical	Occupational	Speech
		1.00	2.00	3.00
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		
				Respiratory
				4.00
				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

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	477,751 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	H00185	140.00

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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: FINLEY TRI-STATES		Contractor's Name: WPS		Contractor's Number: 05001				141.00			
142.00	Street: 350 NORTH GRANDVIEW AVE		PO Box:						142.00			
143.00	City: DUBUQUE		State: IA		Zip Code: 52001				143.00			
									1.00			
144.00	Are provider based physicians' costs included in Worksheet A?								Y			
									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		Y		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N				146.00		
									1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00		
				Part A		Part B		Title V		Title XIX		
				1.00		2.00		3.00		4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)												
155.00	Hospital			N		N		N		N	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			
Multicampus												
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00		
		Name		County		State		Zip Code		CBSA	FTE/Campus	
		0		1.00		2.00		3.00		4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)										0.00	166.00
									1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act												
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00	169.00		
								Beginning	Ending			
								1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									170.00		
								1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 1:32 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/11/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/29/2021 1:32 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JODI	CHARLEY		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-241-7959	JODI.CHARLEY@UNITYPOINT.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/29/2021 1:32 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 ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:32 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	77	28,182	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)		77	28,182	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,660	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
10.02 NURSING ADMINISTRATION	33.02	0	0	0.00	0	10.02
10.03 GEROPSYCH REVENUE	33.03	0	0	0.00	0	10.03
10.04 BURN INTENSIVE CARE UNIT	33.04	0	0	0.00	0	10.04
10.05 BURN INTENSIVE CARE UNIT	33.05	0	0	0.00	0	10.05
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		87	31,842	0.00	0	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	9	3,294		0	16.00
17.00 SUBPROVIDER - IRF	41.00	10	3,660		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		106				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: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:32 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)	5,377	1,796	11,006			1.00
2.00	HMO and other (see instructions)	2,587	0				2.00
3.00	HMO IPF Subprovider	360	0				3.00
4.00	HMO IRF Subprovider	200	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,377	1,796	11,006			7.00
8.00	INTENSIVE CARE UNIT	862	127	2,039			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
10.02	NURSING ADMINISTRATION	0	0	0			10.02
10.03	GEROPSYCH REVENUE	0	0	0			10.03
10.04	BURN INTENSIVE CARE UNIT	0	0	0			10.04
10.05	BURN INTENSIVE CARE UNIT	0	0	0			10.05
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		617	1,359			13.00
14.00	Total (see instructions)	6,239	2,540	14,404	0.00	535.42	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,266	0	1,859	0.00	10.53	16.00
17.00	SUBPROVIDER - IRF	1,253	0	2,017	0.00	12.62	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	11,657	0	21,679	0.00	26.83	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	585.40	27.00
28.00	Observation Bed Days		198	1,538			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			130			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	87	215			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: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:32 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	1,364	465	3,466	1.00
2.00 HMO and other (see instructions)			531	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
10.01 BURN INTENSIVE CARE UNIT						10.01
10.02 NURSING ADMINISTRATION						10.02
10.03 GEROPSYCH REVENUE						10.03
10.04 BURN INTENSIVE CARE UNIT						10.04
10.05 BURN INTENSIVE CARE UNIT						10.05
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	1,364	465	3,466	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	77	10	129	16.00
17.00 SUBPROVIDER - IRF	0.00	0	106	19	177	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 1:32 pm

		Wkst. A Line Number	Amount Reported	Reclassification 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	44,153,631	51,058	44,204,689	1,217,613.00	36.30	1.00
2.00	Non-physician anesthetist Part A		2,884,570	0	2,884,570	22,683.63	127.17	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		10,561,425	-65,139	10,496,286	232,728.00	45.10	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,627,058	0	3,627,058	90,749.00	39.97	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		182,479	0	182,479	1,074.01	169.90	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		8,311,185	0	8,311,185	173,595.00	47.88	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,684,561	0	7,684,561			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		2,213,492	0	2,213,492			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		360,136	0	360,136			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,478,723	0	1,478,723			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 1:32 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,493,947	51,058	2,545,005	69,086.00	36.84	27.00
28.00	Administrative & General under contract (see inst.)		193,855	0	193,855	3,275.00	59.19	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	896,839	0	896,839	33,586.00	26.70	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	822,328	0	822,328	55,026.00	14.94	32.00
33.00	Housekeeping under contract (see instructions)		184,706	0	184,706	13,154.00	14.04	33.00
34.00	Dietary	10.00	768,332	0	768,332	45,533.00	16.87	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,343,964	0	2,343,964	61,955.00	37.83	38.00
39.00	Central Services and Supply	14.00	183,238	0	183,238	10,910.00	16.80	39.00
40.00	Pharmacy	15.00	1,473,369	0	1,473,369	36,100.00	40.81	40.00
41.00	Medical Records & Medical Records Library	16.00	207,711	0	207,711	10,741.00	19.34	41.00
42.00	Social Service	17.00	697,854	0	697,854	22,149.00	31.51	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/29/2021 1:32 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)	41,647,622	51,058	41,698,680	1,211,358.37	34.42	1.00
2.00	Excluded area salaries (see instructions)	10,561,425	-65,139	10,496,286	232,728.00	45.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31,086,197	116,197	31,202,394	978,630.37	31.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,120,722	0	12,120,722	265,418.01	45.67	4.00
5.00	Subtotal wage-related costs (see inst.)	9,163,284	0	9,163,284	0.00	29.37	5.00
6.00	Total (sum of lines 3 thru 5)	52,370,203	116,197	52,486,400	1,244,048.38	42.19	6.00
7.00	Total overhead cost (see instructions)	10,266,143	51,058	10,317,201	361,515.00	28.54	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
7/29/2021 1:32 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,790,140	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	4,934,027	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	147,586	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	36,141	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)	284,959	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	2,992,621	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	1,932	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	70,783	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,258,189	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: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/29/2021 1:32 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	3,627,058	10,258,189	1.00
2.00	Hospital	3,627,058	9,880,348	2.00
3.00	Subprovider - IPF	0	177,047	3.00
4.00	Subprovider - IRF	0	200,794	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		THE FINLEY HOSPITAL			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 16-0117 Component CCN: 16-7002		Period: From 01/01/2020 To 12/31/2020	
				Home Health Agency I		Worksheet S-4 Date/Time Prepared: 7/29/2021 1:32 pm	
						PPS	
				1.00			
0.00 County						0.00	
				Title V	Title XVIII	Title XIX	Other
				1.00	2.00	3.00	4.00
				Total		5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	621.00	303.00	2,598.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			26.83	0.00	26.83	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	0.00	0.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.00	0.00	0.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	20220					20.00
20.01		99914					20.01
20.02		99916					20.02
20.03		99952					20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,237	557	189	18	5,001	21.00
22.00	Skilled Nursing Visit Charges	814,464	106,702	35,842	3,492	960,500	22.00
23.00	Physical Therapy Visits	3,196	648	80	8	3,932	23.00
24.00	Physical Therapy Visit Charges	669,018	135,480	16,800	1,680	822,978	24.00
25.00	Occupational Therapy Visits	1,056	489	13	0	1,558	25.00
26.00	Occupational Therapy Visit Charges	219,738	102,186	2,724	0	324,648	26.00
27.00	Speech Pathology Visits	184	143	0	0	327	27.00
28.00	Speech Pathology Visit Charges	41,597	32,568	0	0	74,165	28.00
29.00	Medical Social Service Visits	117	56	2	0	175	29.00
30.00	Medical Social Service Visit Charges	35,757	17,073	612	0	53,442	30.00
31.00	Home Health Aide Visits	520	143	1	0	664	31.00
32.00	Home Health Aide Visit Charges	47,756	13,075	92	0	60,923	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,310	2,036	285	26	11,657	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,828,330	407,084	56,070	5,172	2,296,656	35.00
36.00	Total Number of Episodes (standard/non outlier)	943		147	7	1,097	36.00
37.00	Total Number of Outlier Episodes		88		0	88	37.00
38.00	Total Non-Routine Medical Supply Charges	25,195	3,840	2,875	0	31,910	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 16-0117

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

Worksheet S-10

Date/Time Prepared:
7/29/2021 1:32 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)		0.312163		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		0		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		0		6.00
7.00	Medicaid cost (line 1 times line 6)		0		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	1,319,797	434,190	1,753,987	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	411,992	434,190	846,182	21.00
22.00	Payments received from patients for amounts previously written off as charity care	6,095	55,076	61,171	22.00
23.00	Cost of charity care (line 21 minus line 22)	405,897	379,114	785,011	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)			3,360,713	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			119,564	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			183,945	27.01
28.00	Non-Medicare bad debt expense (see instructions)			3,176,768	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,056,050	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			1,841,061	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			1,841,061	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

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

Worksheet A

Date/Time Prepared:
7/29/2021 1:32 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		1,579,004	1,579,004	-102,025	1,476,979
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00590	ADMINISTRATIVE & GENERAL	1,571,209	1,501,795	3,073,004	-432	3,072,572
5.02	00591	REHAB ADMINISTRATION	178,618	49,483	228,101	0	228,101
5.03	00592	RADIOLOGY ADMINISTRATION	240,348	80,564	320,912	0	320,912
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	331,450	118,494	449,944	0	449,944
5.05	00560	PURCHASING RECEIVING AND STORES	172,322	50,021	222,343	0	222,343
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
6.01	00601	MAINTENANCE & REPAIRS	0	1,962,223	1,962,223	0	1,962,223
7.00	00700	OPERATION OF PLANT	896,839	3,541,106	4,437,945	0	4,437,945
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	357,990	357,990
9.00	00900	HOUSEKEEPING	822,328	846,653	1,668,981	-35,248	1,633,733
10.00	01000	DIETARY	768,332	667,382	1,435,714	0	1,435,714
11.00	01100	CAFETERIA	0	0	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,343,964	886,154	3,230,118	-925	3,229,193
14.00	01400	CENTRAL SERVICES & SUPPLY	183,238	303,813	487,051	-2,903	484,148
15.00	01500	PHARMACY	1,473,369	3,629,195	5,102,564	-3,189,860	1,912,704
16.00	01600	MEDICAL RECORDS & LIBRARY	207,711	84,462	292,173	0	292,173
17.00	01700	SOCIAL SERVICE	697,854	208,798	906,652	0	906,652
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,651,813	3,027,823	9,679,636	-2,717,367	6,962,269
31.00	03100	INTENSIVE CARE UNIT	1,485,718	1,185,521	2,671,239	-463,137	2,208,102
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	682,868	678,194	1,361,062	-133,924	1,227,138
41.00	04100	SUBPROVIDER - IRF	814,932	424,337	1,239,269	-9,023	1,230,246
43.00	04300	NURSERY	525,787	104,279	630,066	604,947	1,235,013
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,051,468	8,759,316	10,810,784	-4,417,716	6,393,068
51.00	05100	RECOVERY ROOM	1,156,101	428,181	1,584,282	241,439	1,825,721
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,172,706	1,172,706
53.00	05300	ANESTHESIOLOGY	35,543	478,185	513,728	-15,271	498,457
54.00	05400	RADIOLOGY-DIAGNOSTIC	330,245	406,010	736,255	-51,396	684,859
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	111,565	446,071	557,636	-177,193	380,443
54.02	03630	ULTRA SOUND	230,338	67,982	298,320	-9,860	288,460
55.00	05500	RADIOLOGY-THERAPEUTIC	703,974	562,166	1,266,140	-28,041	1,238,099
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	371,386	192,813	564,199	-66,235	497,964
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	212,441	110,376	322,817	-25,779	297,038
60.00	06000	LABORATORY	360,765	6,999,649	7,360,414	-100,161	7,260,253
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	294,779	294,779
64.00	06400	INTRAVENOUS THERAPY	436,993	247,985	684,978	560,484	1,245,462
65.00	06500	RESPIRATORY THERAPY	633,318	488,046	1,121,364	-320,589	800,775
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	2,031,090	670,425	2,701,515	-460,650	2,240,865
67.00	06700	OCCUPATIONAL THERAPY	384,818	96,981	481,799	315,787	797,586
68.00	06800	SPEECH PATHOLOGY	140,861	37,787	178,648	205,005	383,653
69.00	06900	ELECTROCARDIOLOGY	188,401	81,495	269,896	-138,127	131,769
69.01	03140	CARDIOLOGY	603,318	1,961,507	2,564,825	-881,624	1,683,201
70.00	07000	ELECTROENCEPHALOGRAPHY	0	210,978	210,978	-7,226	203,752
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,603,839	1,603,839
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,537,566	4,537,566
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,414,969	3,414,969
74.00	07400	RENAL DIALYSIS	0	224,388	224,388	-306	224,082
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	125,775	34,488	160,263	-17,748	142,515
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,637	181,402	187,039	-6,319	180,720

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

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

Worksheet A

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.99	07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	719,116	474,688	1,193,804	994,462	2,188,266	90.00
91.00	09100 EMERGENCY	4,208,153	2,523,222	6,731,375	-998,331	5,733,044	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	11,445	11,445	-116	11,329	95.00
101.00	10100 HOME HEALTH AGENCY	1,945,902	1,984,078	3,929,980	-3,994	3,925,986	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		938,465	938,465	0	938,465	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	37,035,908	49,547,430	86,583,338	-77,553	86,505,785	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	93,968	296,680	390,648	0	390,648	194.00
194.01	07951 BUSINESS HEALTH	456,287	270,707	726,994	-2,446	724,548	194.01
194.02	07952 VITACARE	240,876	76,139	317,015	-6,101	310,914	194.02
194.03	07953 CASCADE CLINIC	873,375	1,213,176	2,086,551	-7,332	2,079,219	194.03
194.04	07954 ORTHOPEDIC CLINIC	450	-15,194	-14,744	0	-14,744	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	37,728	31,454	69,182	0	69,182	194.06
194.07	07957 CONTRACT CLEANING	0	15	15	0	15	194.07
194.08	07958 DIM MAINTENANCE	61	14	75	0	75	194.08
194.09	07959 RENTAL PROPERTY	0	469,021	469,021	102,025	571,046	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	34,272	34,272	0	34,272	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	114,903	114,903	0	114,903	194.11
194.12	07962 LIFESTYLES	12,559	3,493	16,052	0	16,052	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	402,533	1,772,891	2,175,424	0	2,175,424	194.17
194.18	07968 CONTRACTED ULTRASOUND	31,246	11,373	42,619	0	42,619	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	1,998,760	356,709	2,355,469	-355	2,355,114	194.19
194.20	07970 RETAIL PHARMACIES	422,185	1,368,686	1,790,871	0	1,790,871	194.20
194.22	07972 PHYSICIAN CLINICS	2,547,695	2,055,582	4,603,277	-8,238	4,595,039	194.22
200.00	TOTAL (SUM OF LINES 118 through 199)	44,153,631	57,607,351	101,760,982	0	101,760,982	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

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

Worksheet A

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,979,012	3,455,991	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	159,570	159,570	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	13,306,273	16,378,845	5.01
5.02	00591	REHAB ADMINISTRATION	0	228,101	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	320,912	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	449,944	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	222,343	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	1,962,223	6.01
7.00	00700	OPERATION OF PLANT	-1,111,182	3,326,763	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	357,990	8.00
9.00	00900	HOUSEKEEPING	0	1,633,733	9.00
10.00	01000	DIETARY	-14,137	1,421,577	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,898	3,232,091	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,787	511,935	14.00
15.00	01500	PHARMACY	-140,005	1,772,699	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-28,645	263,528	16.00
17.00	01700	SOCIAL SERVICE	0	906,652	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-188,430	6,773,839	30.00
31.00	03100	INTENSIVE CARE UNIT	15,504	2,223,606	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	7,568	1,234,706	40.00
41.00	04100	SUBPROVIDER - IRF	5,625	1,235,871	41.00
43.00	04300	NURSERY	0	1,235,013	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	59,292	6,452,360	50.00
51.00	05100	RECOVERY ROOM	175,597	2,001,318	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,172,706	52.00
53.00	05300	ANESTHESIOLOGY	-142,433	356,024	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,341	699,200	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	-419	380,024	54.01
54.02	03630	ULTRA SOUND	0	288,460	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	245,111	1,483,210	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-960	497,004	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	297,038	58.00
60.00	06000	LABORATORY	-1,059,390	6,200,863	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	294,779	63.00
64.00	06400	INTRAVENOUS THERAPY	1,827	1,247,289	64.00
65.00	06500	RESPIRATORY THERAPY	-4,310	796,465	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01
66.00	06600	PHYSICAL THERAPY	-30,793	2,210,072	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	797,586	67.00
68.00	06800	SPEECH PATHOLOGY	0	383,653	68.00
69.00	06900	ELECTROCARDIOLOGY	16,994	148,763	69.00
69.01	03140	CARDIOLOGY	63,210	1,746,411	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-73,844	129,908	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,603,839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,537,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,414,969	73.00
74.00	07400	RENAL DIALYSIS	0	224,082	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-15	142,500	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	180,720	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

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

Worksheet A

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-400,714	1,787,552	90.00
91.00	09100	EMERGENCY	-3,352,234	2,380,810	91.00
92.00	09200	OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	11,329	95.00
101.00	10100	HOME HEALTH AGENCY	-238,804	3,687,182	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-938,465	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,355,829	94,861,614	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	MARKETING	0	390,648	194.00
194.01	07951	BUSINESS HEALTH	8,676	733,224	194.01
194.02	07952	VITACARE	0	310,914	194.02
194.03	07953	CASCADE CLINIC	27,161	2,106,380	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	-14,744	194.04
194.05	07955	ENT CLINIC	0	0	194.05
194.06	07956	RSVP	0	69,182	194.06
194.07	07957	CONTRACT CLEANING	0	15	194.07
194.08	07958	DIM MAINTENANCE	0	75	194.08
194.09	07959	RENTAL PROPERTY	2,754	573,800	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	34,272	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	114,903	194.11
194.12	07962	LIFESTYLES	0	16,052	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	194.13
194.14	07964	FOUNDATION	0	0	194.14
194.15	07965	PHYSICIAN BILLING	1,615	1,615	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	194.16
194.17	07967	NONREIMBURSABLE	-43,863	2,131,561	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	42,619	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	2,355,114	194.19
194.20	07970	RETAIL PHARMACIES	0	1,790,871	194.20
194.22	07972	PHYSICIAN CLINICS	22,939	4,617,978	194.22
200.00		TOTAL (SUM OF LINES 118 through 199)	8,375,111	110,136,093	200.00

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/29/2021 1:32 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SAME DAY ICU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	48,523	38,719		1.00
	0		48,523	38,719		
	B - DRUGS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,414,969		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	0		0	3,414,969		
	C - LAUNDRY RECLASS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	357,990		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	0		0	357,990		
	D - CHAPLAIN RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.01	51,058	0		1.00
	0		51,058	0		
	E - PROPERTY FOR FUTURE RECLASS					
1.00	RENTAL PROPERTY	194.09	0	102,025		1.00
	0		0	102,025		
	H - MEDICAL SUPPLIES CHRGD TO PATIENTS					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	1,603,839		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 16-0117

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

Worksheet A-6

Date/Time Prepared:
7/29/2021 1:32 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
0			0	1,603,839		
I - IMPLANTABLE SUPPLIES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,537,566		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
0			0	4,537,566		
J - CC MAPPING RECLASS						
1.00		0.00	0	0		1.00
2.00	CARDIOLOGY	69.01	177,013	74,484		2.00
3.00	CLINIC	90.00	385,576	142,725		3.00
4.00	CARDIOLOGY	69.01	18,738	9,991		4.00
5.00	RECOVERY ROOM	51.00	93,632	60,401		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	873,800	298,906		6.00
7.00	OCCUPATIONAL THERAPY	67.00	197,783	59,780		7.00
8.00	INTRAVENOUS THERAPY	64.00	541,204	193,113		8.00
9.00	ULTRA SOUND	54.02	0	6,575		9.00
10.00	OPERATING ROOM	50.00	16,564	14,985		10.00
11.00	NURSERY	43.00	450,755	154,192		11.00
12.00	SPEECH PATHOLOGY	68.00	13,985	4,714		12.00
13.00	CARDIOLOGY	69.01	109,615	70,575		13.00
14.00	RESPIRATORY THERAPY	65.00	13,913	3,813		14.00
15.00	INTRAVENOUS THERAPY	64.00	197,038	63,579		15.00
16.00	CLINIC	90.00	3,400	21,338		16.00
17.00	CLINIC	90.00	65,139	64,262		17.00
18.00	ADULTS & PEDIATRICS	30.00	185,662	59,908		18.00
19.00	ADULTS & PEDIATRICS	30.00	227,431	84,202		19.00
20.00	SPEECH PATHOLOGY	68.00	49,117	14,845		20.00
21.00	OCCUPATIONAL THERAPY	67.00	41,714	16,510		21.00
22.00	CLINIC	90.00	85,858	65,460		22.00
23.00	INTRAVENOUS THERAPY	64.00	138,348	51,220		23.00
24.00	CLINIC	90.00	106,420	36,404		24.00
25.00	ELECTROCARDIOLOGY	69.00	7,640	4,928		25.00
26.00	SPEECH PATHOLOGY	68.00	31,194	12,346		26.00
27.00	RECOVERY ROOM	51.00	89,648	28,927		27.00
28.00	OPERATING ROOM	50.00	10,043	2,952		28.00
29.00	LABORATORY	60.00	24,215	15,591		29.00
30.00	CLINIC	90.00	23,137	14,897		30.00
31.00	ADULTS & PEDIATRICS	30.00	54,057	41,214		31.00
32.00	ELECTROCARDIOLOGY	69.00	75,928	27,093		32.00
33.00	OPERATING ROOM	50.00	3,370	3,161		33.00
34.00	SPEECH PATHOLOGY	68.00	58,718	20,086		34.00
35.00	OPERATING ROOM	50.00	6,828	8,379		35.00
36.00	CLINIC	90.00	5,155	1,515		36.00

RECLASSIFICATIONS

Provider CCN: 16-0117

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
37.00	LABORATORY	60.00	114	3,606	37.00
38.00	BLOOD STORING, PROCESSING & TRANS.	63.00	7,036	136,517	38.00
39.00	BLOOD STORING, PROCESSING & TRANS.	63.00	36,735	11,853	39.00
40.00	ULTRA SOUND	54.02	2,544	973	40.00
41.00	BLOOD STORING, PROCESSING & TRANS.	63.00	44,055	16,310	41.00
42.00	ADULTS & PEDIATRICS	30.00	24,818	18,922	42.00
43.00	RADIOLOGY-DIAGNOSTIC	54.00	7,298	11,698	43.00
44.00	ANESTHESIOLOGY	53.00	7,268	11,649	44.00
45.00	BLOOD STORING, PROCESSING & TRANS.	63.00	6,926	2,564	45.00
46.00	CLINIC	90.00	9,434	7,383	46.00
47.00	RECOVERY ROOM	51.00	25,997	8,893	47.00
48.00	BLOOD STORING, PROCESSING & TRANS.	63.00	18,601	14,182	48.00
49.00	CLINIC	90.00	26,894	9,957	49.00
	0		4,600,358	2,007,578	
500.00	Grand Total: Increases		4,699,939	12,062,686	500.00

RECLASSIFICATIONS

Provider CCN: 16-0117

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

Worksheet A-6

Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.			
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00				10.00
	A - SAME DAY ICU RECLASS							
1.00	INTENSIVE CARE UNIT	31.00	48,523	38,719	0	1.00		
	0		48,523	38,719				
	B - DRUGS RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.01	0	432	0	1.00		
2.00	NURSING ADMINISTRATION	13.00	0	18	0	2.00		
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	2	0	3.00		
4.00	PHARMACY	15.00	0	3,188,587	0	4.00		
5.00	ADULTS & PEDIATRICS	30.00	0	50,919	0	5.00		
6.00	INTENSIVE CARE UNIT	31.00	0	14,350	0	6.00		
7.00	SUBPROVIDER - IPF	40.00	0	18	0	7.00		
8.00	SUBPROVIDER - IRF	41.00	0	1,007	0	8.00		
9.00	OPERATING ROOM	50.00	0	30,527	0	9.00		
10.00	RECOVERY ROOM	51.00	0	26,015	0	10.00		
11.00	ANESTHESIOLOGY	53.00	0	7,685	0	11.00		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	315	0	12.00		
13.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	1,244	0	13.00		
14.00	ULTRA SOUND	54.02	0	287	0	14.00		
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	268	0	15.00		
16.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	3,606	0	16.00		
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	867	0	17.00		
19.00	INTRAVENOUS THERAPY	64.00	0	6,676	0	19.00		
20.00	RESPIRATORY THERAPY	65.00	0	8,501	0	20.00		
21.00	PHYSICAL THERAPY	66.00	0	31	0	21.00		
22.00	ELECTROCARDIOLOGY	69.00	0	498	0	22.00		
23.00	CARDIOLOGY	69.01	0	10,355	0	23.00		
24.00	RENAL DIALYSIS	74.00	0	6	0	24.00		
25.00	CLINIC	90.00	0	510	0	25.00		
26.00	EMERGENCY	91.00	0	61,613	0	26.00		
27.00	HOME HEALTH AGENCY	101.00	0	632	0	27.00		
	0		0	3,414,969				
	C - LAUNDRY RECLASS							
1.00	HOUSEKEEPING	9.00	0	35,248	0	1.00		
2.00	NURSING ADMINISTRATION	13.00	0	907	0	2.00		
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,901	0	3.00		
4.00	PHARMACY	15.00	0	1,273	0	4.00		
5.00	ADULTS & PEDIATRICS	30.00	0	92,999	0	5.00		
6.00	INTENSIVE CARE UNIT	31.00	0	15,338	0	6.00		
7.00	SUBPROVIDER - IPF	40.00	0	4,482	0	7.00		
8.00	SUBPROVIDER - IRF	41.00	0	7,673	0	8.00		
9.00	OPERATING ROOM	50.00	0	35,954	0	9.00		
10.00	RECOVERY ROOM	51.00	0	26,235	0	10.00		
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,394	0	11.00		
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,909	0	12.00		
13.00	LABORATORY	60.00	0	134	0	13.00		
14.00	INTRAVENOUS THERAPY	64.00	0	4,095	0	14.00		
15.00	RESPIRATORY THERAPY	65.00	0	118	0	15.00		
16.00	PHYSICAL THERAPY	66.00	0	18,604	0	16.00		
17.00	ELECTROCARDIOLOGY	69.00	0	983	0	17.00		
18.00	CARDIOLOGY	69.01	0	7,226	0	18.00		
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	651	0	19.00		
20.00	RENAL DIALYSIS	74.00	0	300	0	20.00		
21.00	CARDIAC REHABILITATION	76.97	0	22	0	21.00		
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,599	0	22.00		
23.00	EMERGENCY	91.00	0	49,357	0	23.00		
24.00	AMBULANCE SERVICES	95.00	0	116	0	24.00		
25.00	BUSINESS HEALTH	194.01	0	2,446	0	25.00		
26.00	VITACARE	194.02	0	6,101	0	26.00		
27.00	CASCADE CLINIC	194.03	0	7,332	0	27.00		
28.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	355	0	28.00		
29.00	PHYSICIAN CLINICS	194.22	0	8,238	0	29.00		
	0		0	357,990				
	D - CHAPLAIN RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.01	0	51,058	0	1.00		
	0		0	51,058				
	E - PROPERTY FOR FUTURE RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	102,025	9	1.00		
	0		0	102,025				

RECLASSIFICATIONS

Provider CCN: 16-0117

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	H - MEDICAL SUPPLIES CHRGD TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	11,596	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	5,695	0		2.00
3.00	SUBPROVIDER - IPF	40.00	0	9	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	165	0		4.00
5.00	OPERATING ROOM	50.00	0	1,152,400	0		5.00
6.00	RECOVERY ROOM	51.00	0	1,579	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	301	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,924	0		8.00
9.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	168,282	0		9.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,554	0		11.00
12.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	54,301	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	24,622	0		13.00
15.00	INTRAVENOUS THERAPY	64.00	0	41,490	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	71,666	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	27	0		17.00
19.00	ELECTROCARDIOLOGY	69.00	0	53	0		19.00
20.00	CARDIOLOGY	69.01	0	48,759	0		20.00
24.00	CLINIC	90.00	0	4	0		24.00
25.00	EMERGENCY	91.00	0	12,050	0		25.00
26.00	HOME HEALTH AGENCY	101.00	0	3,362	0		26.00
0			0	1,603,839			
	I - IMPLANTABLE SUPPLIES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	39,371	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	17,400	0		2.00
3.00	SUBPROVIDER - IPF	40.00	0	14	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	178	0		4.00
5.00	OPERATING ROOM	50.00	0	3,265,117	0		5.00
6.00	RECOVERY ROOM	51.00	0	12,230	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	1,464	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3	0		8.00
9.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	1,136	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	493	0		10.00
11.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	8,328	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	290	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	33,966	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	685	0		14.00
15.00	CARDIOLOGY	69.01	0	1,071,186	0		15.00
16.00	CLINIC	90.00	0	47,732	0		16.00
17.00	EMERGENCY	91.00	0	37,973	0		17.00
0			0	4,537,566			
	J - CC MAPPING RECLASS						
1.00		0.00	0	0	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	177,013	74,484	0		2.00
3.00	INTRAVENOUS THERAPY	64.00	385,576	142,725	0		3.00
4.00	CLINIC	90.00	18,738	9,991	0		4.00
5.00	CARDIOLOGY	69.01	93,632	60,401	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	873,800	298,906	0		6.00
7.00	PHYSICAL THERAPY	66.00	197,783	59,780	0		7.00
8.00	EMERGENCY	91.00	541,204	193,113	0		8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,575	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	16,564	14,985	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	450,755	154,192	0		11.00
12.00	PHYSICAL THERAPY	66.00	13,985	4,714	0		12.00
13.00	RESPIRATORY THERAPY	65.00	109,615	70,575	0		13.00
14.00	CARDIAC REHABILITATION	76.97	13,913	3,813	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	197,038	63,579	0		15.00
16.00	ANESTHESIOLOGY	53.00	3,400	21,338	0		16.00
17.00	SUBPROVIDER - IPF	40.00	65,139	64,262	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	185,662	59,908	0		18.00
19.00	ADULTS & PEDIATRICS	30.00	227,431	84,202	0		19.00
20.00	PHYSICAL THERAPY	66.00	49,117	14,845	0		20.00
21.00	PHYSICAL THERAPY	66.00	41,714	16,510	0		21.00
22.00	INTENSIVE CARE UNIT	31.00	85,858	65,460	0		22.00
23.00	ADULTS & PEDIATRICS	30.00	138,348	51,220	0		23.00
24.00	ADULTS & PEDIATRICS	30.00	106,420	36,404	0		24.00
25.00	CARDIOLOGY	69.01	7,640	4,928	0		25.00
26.00	PHYSICAL THERAPY	66.00	31,194	12,346	0		26.00

RECLASSIFICATIONS

Provider CCN: 16-0117

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

Worksheet A-6

Date/Time Prepared:
7/29/2021 1:32 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	ADULTS & PEDIATRICS	30.00	89,648	28,927	0		27.00
28.00	ULTRA SOUND	54.02	10,043	2,952	0		28.00
29.00	RESPIRATORY THERAPY	65.00	24,215	15,591	0		29.00
30.00	RESPIRATORY THERAPY	65.00	23,137	14,897	0		30.00
31.00	INTENSIVE CARE UNIT	31.00	54,057	41,214	0		31.00
32.00	EMERGENCY	91.00	75,928	27,093	0		32.00
33.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	3,370	3,161	0		33.00
34.00	ADULTS & PEDIATRICS	30.00	58,718	20,086	0		34.00
35.00	RADIOLOGY-DIAGNOSTIC	54.00	6,828	8,379	0		35.00
36.00	ULTRA SOUND	54.02	5,155	1,515	0		36.00
37.00	HYPERBARIC OXYGEN THERAPY	76.98	114	3,606	0		37.00
38.00	LABORATORY	60.00	7,036	136,517	0		38.00
39.00	ADULTS & PEDIATRICS	30.00	36,735	11,853	0		39.00
40.00	CLINIC	90.00	2,544	973	0		40.00
41.00	ADULTS & PEDIATRICS	30.00	44,055	16,310	0		41.00
42.00	INTENSIVE CARE UNIT	31.00	24,818	18,922	0		42.00
43.00	CARDIOLOGY	69.01	7,298	11,698	0		43.00
44.00	CARDIOLOGY	69.01	7,268	11,649	0		44.00
45.00	INTRAVENOUS THERAPY	64.00	6,926	2,564	0		45.00
46.00	RADIOLOGY-THERAPEUTIC	55.00	9,434	7,383	0		46.00
47.00	ADULTS & PEDIATRICS	30.00	25,997	8,893	0		47.00
48.00	INTENSIVE CARE UNIT	31.00	18,601	14,182	0		48.00
49.00	ADULTS & PEDIATRICS	30.00	26,894	9,957	0		49.00
	0		4,600,358	2,007,578			
500.00	Grand Total: Decreases		4,648,881	12,113,744			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/29/2021 1:32 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	6,140,303	0	0	0	0	1.00	
2.00	Land Improvements	7,215,187	0	0	0	0	2.00	
3.00	Buildings and Fixtures	100,894,024	10,854,101	0	10,854,101	7,059,825	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	14,421,390	25,642	0	25,642	0	5.00	
6.00	Movable Equipment	57,355,926	20,803,628	0	20,803,628	17,858,437	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	186,026,830	31,683,371	0	31,683,371	24,918,262	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	186,026,830	31,683,371	0	31,683,371	24,918,262	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,140,303	0				1.00	
2.00	Land Improvements	7,215,187	0				2.00	
3.00	Buildings and Fixtures	104,688,300	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	14,447,032	0				5.00	
6.00	Movable Equipment	60,301,117	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	192,791,939	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	192,791,939	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/29/2021 1:32 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	1,579,004	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,579,004	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		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	1,579,004				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,579,004				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,455,991	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,455,991	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	3,455,991	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,455,991	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0117

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

Worksheet A-8

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-944,654	INTEREST EXPENSE	113.00	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	-4,308,167			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	12,838,496			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-28,645	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0117

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

Worksheet A-8

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	ADMINISTRATIVE & GENERAL REVENUE	B	-4,324	ADMINISTRATIVE & GENERAL	5.01	0	33.00
33.01	DIETARY REVENUE	B	-14,495	DIETARY	10.00	0	33.01
33.02	NURSING ADMINISTRATION REVENUE	B	-32,499	NURSING ADMINISTRATION	13.00	0	33.02
33.03	CENTRAL SERVICES & SUPPLY REVENUE	B	-914	CENTRAL SERVICES & SUPPLY	14.00	0	33.03
33.04	PHARMACY REVENUE	B	-133,909	PHARMACY	15.00	0	33.04
33.05	ADULTS & PEDIATRICS REVENUE	B	-3,487	ADULTS & PEDIATRICS	30.00	0	33.05
33.06	OPERATING ROOM REVENUE	B	-18,885	OPERATING ROOM	50.00	0	33.06
33.07	RECOVERY ROOM REVENUE	B	-31	RECOVERY ROOM	51.00	0	33.07
33.08	LABORATORY REVENUE	B	-69,847	LABORATORY	60.00	0	33.08
33.09	PHYSICAL THERAPY REVENUE	B	-28,041	PHYSICAL THERAPY	66.00	0	33.09
33.10	ELECTROCARDIOLOGY REVENUE	B	850	ELECTROCARDIOLOGY	69.00	0	33.10
33.11	CLINIC REVENUE	B	-9,720	CLINIC	90.00	0	33.11
33.12	HOME HEALTH AGENCY REVENUE	B	-34	HOME HEALTH AGENCY	101.00	0	33.12
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
35.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.00
35.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.01
35.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.02
35.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.03
35.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.04
35.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.05
35.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.06
35.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.07
35.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.08
35.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.09
35.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.10
36.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.00
38.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00
39.00	PHYSICIAN BILLING	A	1,615	PHYSICIAN BILLING	194.15	0	39.00
40.00	CHAPLAIN	A	51,058	ADMINISTRATIVE & GENERAL	5.01	0	40.00
41.00	DEPR ADJ	A	1,979,012	CAP REL COSTS-BLDG & FIXT	1.00	9	41.00
41.01	DEPR ADJ	A	0	RADIOLOGY ADMINISTRATION	5.03	0	41.01
41.02	DEPR ADJ	A	0	OCCUPATIONAL HEALTH ADMINISTRATION	5.04	0	41.02
41.03	DEPR ADJ	A	0	MAINTENANCE & REPAIRS	6.01	0	41.03
41.04	DEPR ADJ	A	-1,111,182	OPERATION OF PLANT	7.00	0	41.04
41.05	DEPR ADJ	A	0	HOUSEKEEPING	9.00	0	41.05
41.06	DEPR ADJ	A	358	DIETARY	10.00	0	41.06
41.07	DEPR ADJ	A	35,397	NURSING ADMINISTRATION	13.00	0	41.07
41.08	DEPR ADJ	A	28,701	CENTRAL SERVICES & SUPPLY	14.00	0	41.08
41.09	DEPR ADJ	A	-6,096	PHARMACY	15.00	0	41.09
41.10	DEPR ADJ	A	0	MEDICAL RECORDS & LIBRARY	16.00	0	41.10
41.11	DEPR ADJ	A	0	SOCIAL SERVICE	17.00	0	41.11
41.12	DEPR ADJ	A	4,162	ADULTS & PEDIATRICS	30.00	0	41.12
41.13	DEPR ADJ	A	15,504	INTENSIVE CARE UNIT	31.00	0	41.13
41.14	DEPR ADJ	A	7,568	SUBPROVIDER - IPF	40.00	0	41.14
41.15	DEPR ADJ	A	5,625	SUBPROVIDER - IRF	41.00	0	41.15
41.16	DEPR ADJ	A	78,177	OPERATING ROOM	50.00	0	41.16
41.17	DEPR ADJ	A	175,628	RECOVERY ROOM	51.00	0	41.17
41.18	DEPR ADJ	A	61,462	ANESTHESIOLOGY	53.00	0	41.18
41.19	DEPR ADJ	A	14,341	RADIOLOGY-DIAGNOSTIC	54.00	0	41.19
41.20	DEPR ADJ	A	-419	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	41.20
41.21	DEPR ADJ	A	0	ULTRA SOUND	54.02	0	41.21
41.22	DEPR ADJ	A	259,038	RADIOLOGY-THERAPEUTIC	55.00	0	41.22

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0117

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

Worksheet A-8

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
1.00		2.00	3.00		4.00	5.00		
41.23	DEPR ADJ	A		0	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	41.23
41.24	DEPR ADJ	A		0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	41.24
41.25	DEPR ADJ	A	-10,769		LABORATORY	60.00	0	41.25
41.26	DEPR ADJ	A	1,827		INTRAVENOUS THERAPY	64.00	0	41.26
41.27	DEPR ADJ	A	910		RESPIRATORY THERAPY	65.00	0	41.27
41.28	DEPR ADJ	A	-2,752		PHYSICAL THERAPY	66.00	0	41.28
41.29	DEPR ADJ	A		0	OCCUPATIONAL THERAPY	67.00	0	41.29
41.30	DEPR ADJ	A		0	SPEECH PATHOLOGY	68.00	0	41.30
41.31	DEPR ADJ	A	16,144		ELECTROCARDIOLOGY	69.00	0	41.31
41.32	DEPR ADJ	A	63,210		CARDIOLOGY	69.01	0	41.32
41.33	DEPR ADJ	A	10,676		ELECTROENCEPHALOGRAPHY	70.00	0	41.33
41.34	DEPR ADJ	A	-15		CARDIAC REHABILITATION	76.97	0	41.34
41.35	DEPR ADJ	A		0	HYPERBARIC OXYGEN THERAPY	76.98	0	41.35
41.36	DEPR ADJ	A		0	CLINIC	90.00	0	41.36
41.37	DEPR ADJ	A	-758		EMERGENCY	91.00	0	41.37
41.38	DEPR ADJ	A	-149		HOME HEALTH AGENCY	101.00	0	41.38
41.39	DEPR ADJ	A		0	MARKETING	194.00	0	41.39
41.40	DEPR ADJ	A	8,676		BUSINESS HEALTH	194.01	0	41.40
41.41	DEPR ADJ	A		0	VITACARE	194.02	0	41.41
41.42	DEPR ADJ	A	27,161		CASCADE CLINIC	194.03	0	41.42
41.43	DEPR ADJ	A		0	RSVP	194.06	0	41.43
41.44	DEPR ADJ	A	2,754		RENTAL PROPERTY	194.09	0	41.44
41.45	DEPR ADJ	A		0	NORTH GRANDVIEW OFFICE	194.11	0	41.45
41.46	DEPR ADJ	A		0	LIFESTYLES	194.12	0	41.46
41.47	DEPR ADJ	A	-43,863		NONREIMBURSABLE	194.17	0	41.47
41.48	DEPR ADJ	A		0	CARDIO SPECIALTY CARE CLINIC	194.19	0	41.48
41.49	DEPR ADJ	A		0	RETAIL PHARMACIES	194.20	0	41.49
41.50	DEPR ADJ	A	22,939		PHYSICIAN CLINICS	194.22	0	41.50
41.51	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	41.51
41.52	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	41.52
41.53	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	41.53
41.54	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	41.54
41.55	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	41.55
42.00	OFFSET PROVIDER TAX ASSESSMENT	A	-562,523		ADMINISTRATIVE & GENERAL	5.01	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		8,375,111					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: 16-0117

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

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 1:32 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	FINLEY TRI-STATES ALLOCATION	159,570	0	1.00
2.00	5.01	ADMINISTRATIVE & GENERAL	FINLEY TRI-STATES ALLOCATION	13,355,753	-466,309	2.00
3.00	113.00	INTEREST EXPENSE	FINLEY TRI-STATES ALLOCATION	808,681	802,492	3.00
4.00	101.00	HOME HEALTH AGENCY	FINLEY TRI-STATES ALLOCATION	837,231	1,075,852	4.00
4.01	60.00	LABORATORY	PURCHASED LAB	5,061,977	5,972,681	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,223,212	7,384,716	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	IOWA HEALTH SYS	100.00	HOME OFFICE	100.00	6.00
7.00	C		0.00	UNITED CLINICAL	100.00	7.00
8.00	B	FINLEY TRISTATE	100.00	HOME OFFICE	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 16-0117

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

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 1:32 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	159,570	0		1.00
2.00	13,822,062	0		2.00
3.00	6,189	0		3.00
4.00	-238,621	0		4.00
4.01	-910,704	0		4.01
5.00	12,838,496			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HEALTHCARE		6.00
7.00	LAB SERVICE		7.00
8.00	HEALTHCARE		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: 16-0117

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

Worksheet A-8-2

Date/Time Prepared:
7/29/2021 1:32 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	30.00	ADULTS & PEDIATRICS	209,238	185,478	23,760	211,500	198	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	211,500	0	2.00
3.00	51.00	RECOVERY ROOM	0	0	0	246,400	0	3.00
4.00	53.00	ANESTHESIOLOGY	246,250	181,250	65,000	239,400	368	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	271,900	0	5.00
6.00	54.02	ULTRA SOUND	0	0	0	271,900	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	33,535	-5,000	38,535	271,900	150	7.00
8.00	57.00	COMPUTED TOMOGRAPHY (CT) SCAN	960	960	0	271,900	0	8.00
9.00	60.00	LABORATORY	84,589	61,445	23,144	260,300	132	9.00
10.00	65.00	RESPIRATORY THERAPY	13,050	1,500	11,550	211,500	77	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	211,500	0	11.00
12.00	69.01	CARDIOLOGY	0	0	0	211,500	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	86,960	82,240	4,720	211,500	24	13.00
14.00	76.97	CARDIAC REHABILITATION	0	0	0	211,500	0	14.00
15.00	90.00	CLINIC	390,994	390,994	0	211,500	0	15.00
16.00	91.00	EMERGENCY	3,351,476	3,351,476	0	211,500	0	16.00
200.00			4,417,052	4,250,343	166,709		949	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	20,133	1,007	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	51.00	RECOVERY ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	42,355	2,118	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.02	ULTRA SOUND	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	19,608	980	0	0	0	7.00
8.00	57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	16,519	826	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	7,830	392	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	69.01	CARDIOLOGY	0	0	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	2,440	122	0	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	14.00
15.00	90.00	CLINIC	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
200.00			108,885	5,445	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	20,133	3,627	189,105		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0		2.00
3.00	51.00	RECOVERY ROOM	0	0	0	0		3.00
4.00	53.00	ANESTHESIOLOGY	0	42,355	22,645	203,895		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		5.00
6.00	54.02	ULTRA SOUND	0	0	0	0		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	19,608	18,927	13,927		7.00
8.00	57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	960		8.00
9.00	60.00	LABORATORY	0	16,519	6,625	68,070		9.00
10.00	65.00	RESPIRATORY THERAPY	0	7,830	3,720	5,220		10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0		11.00
12.00	69.01	CARDIOLOGY	0	0	0	0		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	2,440	2,280	84,520		13.00
14.00	76.97	CARDIAC REHABILITATION	0	0	0	0		14.00
15.00	90.00	CLINIC	0	0	0	390,994		15.00
16.00	91.00	EMERGENCY	0	0	0	3,351,476		16.00
200.00			0	108,885	57,824	4,308,167		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:32 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	3,455,991	3,455,991			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	159,570	0	0	159,570	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	16,378,845	422,045	0	5,856	16,806,746
5.02	00591	REHAB ADMINISTRATION	228,101	0	0	645	228,746
5.03	00592	RADIOLOGY ADMINISTRATION	320,912	0	0	868	321,780
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	449,944	0	0	1,197	451,141
5.05	00560	PURCHASING RECEIVING AND STORES	222,343	0	0	622	222,965
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	1,962,223	10,114	0	0	1,972,337
7.00	00700	OPERATION OF PLANT	3,326,763	402,227	0	3,238	3,732,228
8.00	00800	LAUNDRY & LINEN SERVICE	357,990	0	0	0	357,990
9.00	00900	HOUSEKEEPING	1,633,733	29,385	0	2,969	1,666,087
10.00	01000	DIETARY	1,421,577	0	0	2,774	1,424,351
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,232,091	62,812	0	8,462	3,303,365
14.00	01400	CENTRAL SERVICES & SUPPLY	511,935	40,905	0	661	553,501
15.00	01500	PHARMACY	1,772,699	43,980	0	5,319	1,821,998
16.00	01600	MEDICAL RECORDS & LIBRARY	263,528	29,444	0	750	293,722
17.00	01700	SOCIAL SERVICE	906,652	4,471	0	2,519	913,642
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,773,839	571,695	0	17,067	7,362,601
31.00	03100	INTENSIVE CARE UNIT	2,223,606	58,204	0	4,526	2,286,336
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,234,706	72,877	0	2,230	1,309,813
41.00	04100	SUBPROVIDER - IRF	1,235,871	125,244	0	2,942	1,364,057
43.00	04300	NURSERY	1,235,013	45,777	0	3,525	1,284,315
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,452,360	303,732	0	7,539	6,763,631
51.00	05100	RECOVERY ROOM	2,001,318	181,027	0	4,929	2,187,274
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,172,706	71,589	0	3,154	1,247,449
53.00	05300	ANESTHESIOLOGY	356,024	3,807	0	142	359,973
54.00	05400	RADIOLOGY-DIAGNOSTIC	699,200	135,006	0	1,134	835,340
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	380,024	6,424	0	391	386,839
54.02	03630	ULTRA SOUND	288,460	2,236	0	786	291,482
55.00	05500	RADIOLOGY-THERAPEUTIC	1,483,210	0	0	2,507	1,485,717
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	497,004	7,439	0	1,341	505,784
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	297,038	10,231	0	767	308,036
60.00	06000	LABORATORY	6,200,863	48,071	0	1,365	6,250,299
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	294,779	10,104	0	409	305,292
64.00	06400	INTRAVENOUS THERAPY	1,247,289	68,533	0	3,325	1,319,147
65.00	06500	RESPIRATORY THERAPY	796,465	20,335	0	1,770	818,570
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,210,072	50,707	0	6,127	2,266,906
67.00	06700	OCCUPATIONAL THERAPY	797,586	0	0	2,254	799,840
68.00	06800	SPEECH PATHOLOGY	383,653	7,693	0	1,061	392,407
69.00	06900	ELECTROCARDIOLOGY	148,763	7,664	0	343	156,770
69.01	03140	CARDIOLOGY	1,746,411	115,881	0	2,862	1,865,154
70.00	07000	ELECTROENCEPHALOGRAPHY	129,908	7,234	0	0	137,142
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,603,839	0	0	0	1,603,839
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,537,566	0	0	0	4,537,566
73.00	07300	DRUGS CHARGED TO PATIENTS	3,414,969	0	0	0	3,414,969
74.00	07400	RENAL DIALYSIS	224,082	10,739	0	0	234,821
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:32 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	
76.97	07697	CARDIAC REHABILITATION	142,500	25,451	0	404	168,355	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	180,720	6,492	0	20	187,232	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,787,552	148,645	0	5,086	1,941,283	90.00
91.00	09100	EMERGENCY	2,380,810	100,174	0	12,964	2,493,948	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,329	0	0	0	11,329	95.00
101.00	10100	HOME HEALTH AGENCY	3,687,182	0	0	7,025	3,694,207	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,861,614	3,268,394	0	133,875	94,648,322	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	390,648	0	0	339	390,987	194.00
194.01	07951	BUSINESS HEALTH	733,224	0	0	1,647	734,871	194.01
194.02	07952	VITACARE	310,914	0	0	870	311,784	194.02
194.03	07953	CASCADE CLINIC	2,106,380	0	0	3,153	2,109,533	194.03
194.04	07954	ORTHOPEDIC CLINIC	-14,744	0	0	2	-14,742	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	69,182	0	0	136	69,318	194.06
194.07	07957	CONTRACT CLEANING	15	0	0	0	15	194.07
194.08	07958	DIM MAINTENANCE	75	0	0	0	75	194.08
194.09	07959	RENTAL PROPERTY	573,800	0	0	0	573,800	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	34,272	0	0	0	34,272	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	114,903	0	0	0	114,903	194.11
194.12	07962	LIFESTYLES	16,052	0	0	45	16,097	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	1,615	0	0	0	1,615	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	2,131,561	152,188	0	1,453	2,285,202	194.17
194.18	07968	CONTRACTED ULTRASOUND	42,619	0	0	113	42,732	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	2,355,114	0	0	7,216	2,362,330	194.19
194.20	07970	RETAIL PHARMACIES	1,790,871	0	0	1,524	1,792,395	194.20
194.22	07972	PHYSICIAN CLINICS	4,617,978	35,409	0	9,197	4,662,584	194.22
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)	110,136,093	3,455,991	0	159,570	110,136,093	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
			5.01	5.02	5.03	5A.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	16,806,746					5.01
5.02	00591	REHAB ADMINISTRATION	41,186	269,932				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	57,937		379,717			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	81,229			532,370	532,370	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	40,145			263,110	1,278	5.05
6.00	00600	MAINTENANCE & REPAIRS	0			0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	355,123			2,327,460	11,304	6.01
7.00	00700	OPERATION OF PLANT	671,995			4,404,223	21,391	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	64,457			422,447	2,052	8.00
9.00	00900	HOUSEKEEPING	299,982			1,966,069	9,549	9.00
10.00	01000	DIETARY	256,457			1,680,808	8,164	10.00
11.00	01100	CAFETERIA	0			0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0			0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0			0	0	12.00
13.00	01300	NURSING ADMINISTRATION	594,777			3,898,142	18,933	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	99,659			653,160	3,172	14.00
15.00	01500	PHARMACY	328,054			2,150,052	10,443	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,885			346,607	1,683	16.00
17.00	01700	SOCIAL SERVICE	164,503			1,078,145	5,237	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0			0	0	19.00
20.00	02000	NURSING SCHOOL	0			0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0			0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0			0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0			0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,325,610	0	0	8,688,211	42,152	30.00
31.00	03100	INTENSIVE CARE UNIT	411,659	0	0	2,697,995	13,104	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	235,834	0	0	1,545,647	7,507	40.00
41.00	04100	SUBPROVIDER - IRF	245,601	0	0	1,609,658	7,818	41.00
43.00	04300	NURSERY	231,243	0	0	1,515,558	7,361	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,217,805	0	0	7,981,436	38,766	50.00
51.00	05100	RECOVERY ROOM	393,823	0	0	2,581,097	12,536	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	224,606	0	0	1,472,055	7,150	52.00
53.00	05300	ANESTHESIOLOGY	64,814	0	0	424,787	2,063	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	150,405	0	112,766	1,098,511	5,335	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	69,651	0	85,407	541,897	2,632	54.01
54.02	03630	ULTRA SOUND	52,482	0	45,690	389,654	1,893	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	267,506	0	0	1,753,223	8,515	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	91,067	0	86,412	683,263	3,319	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	55,462	0	49,442	412,940	2,006	58.00
60.00	06000	LABORATORY	1,125,379	0	0	7,375,678	35,824	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	54,968	0	0	360,260	1,750	63.00
64.00	06400	INTRAVENOUS THERAPY	237,515	0	0	1,556,662	7,561	64.00
65.00	06500	RESPIRATORY THERAPY	147,385	0	0	965,955	4,692	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	408,161	100,005	0	2,775,072	13,479	66.00
67.00	06700	OCCUPATIONAL THERAPY	144,013	17,835	0	961,688	4,671	67.00
68.00	06800	SPEECH PATHOLOGY	70,654	6,613	0	469,674	2,281	68.00
69.00	06900	ELECTROCARDIOLOGY	28,227	0	0	184,997	899	69.00
69.01	03140	CARDIOLOGY	335,825	0	0	2,200,979	10,690	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	24,693	0	0	161,835	786	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	288,774	0	0	1,892,613	9,192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	816,998	0	0	5,354,564	26,007	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	614,872	0	0	4,029,841	19,573	73.00
74.00	07400	RENAL DIALYSIS	42,280	0	0	277,101	1,346	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	30,313	0	0	198,668	965	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	33,711	0	0	220,943	1,073	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
		5.01	5.02	5.03	5A.03	5.04	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	349,532	0	0	2,290,815	11,126	90.00
91.00	09100 EMERGENCY	449,040	0	0	2,942,988	14,294	91.00
92.00	09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	2,040	0	0	13,369	65	95.00
101.00	10100 HOME HEALTH AGENCY	665,149	145,479	0	4,504,835	21,880	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	14,015,486	269,932	379,717	91,857,062	443,517	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	70,398	0	0	461,385	2,241	194.00
194.01	07951 BUSINESS HEALTH	132,315	0	0	867,186	4,212	194.01
194.02	07952 VITACARE	56,137	0	0	367,921	1,787	194.02
194.03	07953 CASCADE CLINIC	379,826	0	0	2,489,359	12,091	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	-14,742	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	12,481	0	0	81,799	397	194.06
194.07	07957 CONTRACT CLEANING	3	0	0	18	0	194.07
194.08	07958 DIM MAINTENANCE	14	0	0	89	0	194.08
194.09	07959 RENTAL PROPERTY	103,314	0	0	677,114	3,289	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	6,171	0	0	40,443	196	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	20,689	0	0	135,592	659	194.11
194.12	07962 LIFESTYLES	2,898	0	0	18,995	92	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	291	0	0	1,906	9	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	411,455	0	0	2,696,657	13,098	194.17
194.18	07968 CONTRACTED ULTRASOUND	7,694	0	0	50,426	245	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	425,342	0	0	2,787,672	13,540	194.19
194.20	07970 RETAIL PHARMACIES	322,724	0	0	2,115,119	10,273	194.20
194.22	07972 PHYSICIAN CLINICS	839,508	0	0	5,502,092	26,724	194.22
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	16,806,746	269,932	379,717	110,136,093	532,370	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.04	5.05	6.00	6.01	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES	264,388	264,388				5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
6.01	00601	MAINTENANCE & REPAIRS	2,338,764	5,627	0	2,344,391		6.01
7.00	00700	OPERATION OF PLANT	4,425,614	10,648	0	311,848	4,748,110	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	424,499	1,021	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,975,618	4,753	0	22,783	53,221	9.00
10.00	01000	DIETARY	1,688,972	4,064	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,917,075	9,424	0	48,699	113,762	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	656,332	1,579	0	31,714	74,085	14.00
15.00	01500	PHARMACY	2,160,495	5,198	0	34,098	79,655	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	348,290	838	0	22,828	53,327	16.00
17.00	01700	SOCIAL SERVICE	1,083,382	2,607	0	3,467	8,098	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,730,363	21,007	0	443,237	1,035,424	30.00
31.00	03100	INTENSIVE CARE UNIT	2,711,099	6,523	0	45,126	105,417	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,553,154	3,737	0	56,502	131,992	40.00
41.00	04100	SUBPROVIDER - IRF	1,617,476	3,892	0	97,102	226,835	41.00
43.00	04300	NURSERY	1,522,919	3,664	0	35,491	82,908	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,020,202	19,297	0	235,485	550,104	50.00
51.00	05100	RECOVERY ROOM	2,593,633	6,240	0	140,351	327,866	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,479,205	3,559	0	55,503	129,658	52.00
53.00	05300	ANESTHESIOLOGY	426,850	1,027	0	2,952	6,896	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,103,846	2,656	0	104,671	244,516	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	544,529	1,310	0	4,980	11,634	54.01
54.02	03630	ULTRA SOUND	391,547	942	0	1,733	4,049	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,761,738	4,239	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	686,582	1,652	0	5,768	13,473	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	414,946	998	0	7,932	18,530	58.00
60.00	06000	LABORATORY	7,411,502	17,832	0	37,270	87,063	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	362,010	871	0	7,834	18,300	63.00
64.00	06400	INTRAVENOUS THERAPY	1,564,223	3,764	0	53,134	124,123	64.00
65.00	06500	RESPIRATORY THERAPY	970,647	2,335	0	15,766	36,830	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,788,551	6,709	0	39,313	91,837	66.00
67.00	06700	OCCUPATIONAL THERAPY	966,359	2,325	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	471,955	1,136	0	5,964	13,933	68.00
69.00	06900	ELECTROCARDIOLOGY	185,896	447	0	5,942	13,880	69.00
69.01	03140	CARDIOLOGY	2,211,669	5,321	0	89,843	209,878	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	162,621	391	0	5,609	13,102	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,901,805	4,576	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,380,571	12,946	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,049,414	9,743	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	278,447	670	0	8,326	19,450	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	199,633	480	0	19,732	46,095	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	222,016	534	0	5,033	11,758	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.04	5.05	6.00	6.01	7.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,301,941	5,538	0	115,245	269,217	90.00
91.00	09100 EMERGENCY	2,957,282	7,115	0	77,665	181,429	91.00
92.00	09200 OBSERVATION BEDS	0					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	13,434	32	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	4,526,715	10,891	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	91,768,209	220,158	0	2,198,946	4,408,345	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	463,626	1,115	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	871,398	2,097	0	0	0	194.01
194.02	07952 VITACARE	369,708	890	0	0	0	194.02
194.03	07953 CASCADE CLINIC	2,501,450	6,018	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	-14,742	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	82,196	198	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	18	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	89	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	680,403	1,637	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	40,639	98	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	136,251	328	0	0	0	194.11
194.12	07962 LIFESTYLES	19,087	46	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	1,915	5	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	2,709,755	6,520	0	117,992	275,635	194.17
194.18	07968 CONTRACTED ULTRASOUND	50,671	122	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	2,801,212	6,740	0	0	0	194.19
194.20	07970 RETAIL PHARMACIES	2,125,392	5,114	0	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	5,528,816	13,302	0	27,453	64,130	194.22
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	110,136,093	264,388	0	2,344,391	4,748,110	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	425,520					8.00
9.00	00900	HOUSEKEEPING	0	2,056,375				9.00
10.00	01000	DIETARY	0	0	1,693,036			10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,164	49,828	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,609	32,449	0	0	0	14.00
15.00	01500	PHARMACY	2,017	34,889	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,357	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,547	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,801	453,521	1,071,773	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	20,903	46,173	190,461	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,242	57,813	173,647	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,116	99,354	188,406	0	0	41.00
43.00	04300	NURSERY	8,655	36,314	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,181	240,947	0	0	0	50.00
51.00	05100	RECOVERY ROOM	39,712	143,606	15,942	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,777	56,790	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	162	3,020	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,744	107,099	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,096	0	0	0	54.01
54.02	03630	ULTRA SOUND	154	1,773	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	12,381	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	5,901	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,116	0	0	0	58.00
60.00	06000	LABORATORY	298	38,134	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,327	8,016	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	25,831	54,366	747	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	144	16,132	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,319	40,225	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,127	6,103	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,577	6,079	0	0	0	69.00
69.01	03140	CARDIOLOGY	11,716	91,927	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	497	5,739	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	365	8,519	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	30	20,190	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,037	5,150	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,603	117,918	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
91.00	09100	EMERGENCY	50,581	79,466	16,565	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	184	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	423,254	1,907,557	1,657,541	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	120,729	35,495	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	562	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	1,704	28,089	0	0	0	194.22
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)	425,520	2,056,375	1,693,036	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	4,139,952				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	800,768			14.00
15.00	01500	PHARMACY	0	0	7,556	2,323,908		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	328	0	448,968	16.00
17.00	01700	SOCIAL SERVICE	0	0	117	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	905,151	31,266	0	25,689	30.00
31.00	03100	INTENSIVE CARE UNIT	0	196,610	13,585	0	7,107	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	123,572	1,259	0	5,943	40.00
41.00	04100	SUBPROVIDER - IRF	0	148,130	2,621	0	5,829	41.00
43.00	04300	NURSERY	0	78,039	3,224	0	2,589	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	377,895	374,627	0	72,815	50.00
51.00	05100	RECOVERY ROOM	0	218,143	7,918	0	11,573	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	151,274	6,249	0	4,948	52.00
53.00	05300	ANESTHESIOLOGY	0	11,114	17,995	0	11,050	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,358	4,040	0	7,487	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	16,623	244	0	4,261	54.01
54.02	03630	ULTRA SOUND	0	24,203	2,503	0	3,853	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	92,889	2,675	0	19,013	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	71,898	821	0	20,961	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	31,845	513	0	10,161	58.00
60.00	06000	LABORATORY	0	62,833	33,078	0	35,958	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	20,720	1,700	0	1,572	63.00
64.00	06400	INTRAVENOUS THERAPY	0	162,241	7,261	0	11,241	64.00
65.00	06500	RESPIRATORY THERAPY	0	95,898	18,713	0	5,789	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	2,505	65.01
66.00	06600	PHYSICAL THERAPY	0	283,414	3,882	0	11,856	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	94,633	942	0	4,732	67.00
68.00	06800	SPEECH PATHOLOGY	0	42,954	779	0	1,774	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,511	742	0	1,626	69.00
69.01	03140	CARDIOLOGY	0	121,771	19,215	0	24,710	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	170	0	478	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	176,805	0	18,083	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	21,344	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,495,014	40,917	73.00
74.00	07400	RENAL DIALYSIS	0	0	3	0	825	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	16,831	89	0	715	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	892	4	0	2,112	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	446,327	19,766	0	17,503	90.00
91.00	09100	EMERGENCY	0	265,183	12,819	0	25,450	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	7,615	0	6,499	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,139,952	781,124	1,495,014	448,968	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	15	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	689	2,864	0	194.01
194.02	07952	VITACARE	0	0	471	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	1,892	71,528	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	2	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	4,621	110,215	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	1,519	20	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	684	556,786	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	9,751	87,481	0	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,139,952	800,768	2,323,908	448,968	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCES-SALARY		SRVCES-OTHER
						& FRINGES		PRGM COSTS
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	1,101,218					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0			0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	663,021	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	122,833	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	111,989	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	121,507	0	0	0	0	41.00
43.00	04300	NURSERY	81,868	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
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Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCES-SALARY & FRINGES		SRVCES-OTHER PRGM COSTS
						17.00		19.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS					92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,101,218	0	0	0	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
194.00	07950	MARKETING	0	0	0	0	194.00	
194.01	07951	BUSINESS HEALTH	0	0	0	0	194.01	
194.02	07952	VITACARE	0	0	0	0	194.02	
194.03	07953	CASCADE CLINIC	0	0	0	0	194.03	
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	194.04	
194.05	07955	ENT CLINIC	0	0	0	0	194.05	
194.06	07956	RSVP	0	0	0	0	194.06	
194.07	07957	CONTRACT CLEANING	0	0	0	0	194.07	
194.08	07958	DIM MAINTENANCE	0	0	0	0	194.08	
194.09	07959	RENTAL PROPERTY	0	0	0	0	194.09	
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	194.10	
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	194.11	
194.12	07962	LIFESTYLES	0	0	0	0	194.12	
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	194.13	
194.14	07964	FOUNDATION	0	0	0	0	194.14	
194.15	07965	PHYSICIAN BILLING	0	0	0	0	194.15	
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	194.16	
194.17	07967	NONREIMBURSABLE	0	0	0	0	194.17	
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	194.18	
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	194.19	
194.20	07970	RETAIL PHARMACIES	0	0	0	0	194.20	
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	194.22	
200.00		Cross Foot Adjustments		0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	1,101,218	0	0	0	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS					6.01
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
11.01	01101	EMPLOYEE CAFETERIA					11.01
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMEDICAL ED PRGM	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	13,485,253	0	13,485,253	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,465,837	0	3,465,837	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	2,225,850	0	2,225,850	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,523,268	0	2,523,268	41.00
43.00	04300	NURSERY	0	1,855,671	0	1,855,671	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	9,944,553	0	9,944,553	50.00
51.00	05100	RECOVERY ROOM	0	3,504,984	0	3,504,984	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,903,963	0	1,903,963	52.00
53.00	05300	ANESTHESIOLOGY	0	481,066	0	481,066	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,665,417	0	1,665,417	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	588,677	0	588,677	54.01
54.02	03630	ULTRA SOUND	0	430,757	0	430,757	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,892,935	0	1,892,935	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	807,056	0	807,056	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	493,041	0	493,041	58.00
60.00	06000	LABORATORY	0	7,723,968	0	7,723,968	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	423,350	0	423,350	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,006,931	0	2,006,931	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,162,254	0	1,162,254	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,505	0	2,505	65.01
66.00	06600	PHYSICAL THERAPY	0	3,268,106	0	3,268,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,068,991	0	1,068,991	67.00
68.00	06800	SPEECH PATHOLOGY	0	545,725	0	545,725	68.00
69.00	06900	ELECTROCARDIOLOGY	0	232,700	0	232,700	69.00
69.01	03140	CARDIOLOGY	0	2,786,050	0	2,786,050	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	188,607	0	188,607	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,101,269	0	2,101,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,414,861	0	5,414,861	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,595,088	0	5,595,088	73.00
74.00	07400	RENAL DIALYSIS	0	316,605	0	316,605	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	303,795	0	303,795	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	251,536	0	251,536	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	3,304,058	0	3,304,058	90.00
91.00	09100	EMERGENCY	0	3,673,555	0	3,673,555	91.00
92.00	09200	OBSERVATION BEDS	0		0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	13,650	0	13,650	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,551,720	0	4,551,720	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	90,203,652	0	90,203,652	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	MARKETING	0	464,756	0	464,756	194.00
194.01	07951	BUSINESS HEALTH	0	877,048	0	877,048	194.01
194.02	07952	VITACARE	0	371,069	0	371,069	194.02
194.03	07953	CASCADE CLINIC	0	2,580,888	0	2,580,888	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	-14,742	0	-14,742	194.04
194.05	07955	ENT CLINIC	0	0	0	0	194.05
194.06	07956	RSVP	0	82,394	0	82,394	194.06
194.07	07957	CONTRACT CLEANING	0	20	0	20	194.07
194.08	07958	DIM MAINTENANCE	0	89	0	89	194.08
194.09	07959	RENTAL PROPERTY	0	682,040	0	682,040	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	40,737	0	40,737	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	136,579	0	136,579	194.11
194.12	07962	LIFESTYLES	0	19,133	0	19,133	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	1,920	0	1,920	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	3,380,962	0	3,380,962	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	50,793	0	50,793	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	2,810,053	0	2,810,053	194.19
194.20	07970	RETAIL PHARMACIES	0	2,687,976	0	2,687,976	194.20
194.22	07972	PHYSICIAN CLINICS	0	5,760,726	0	5,760,726	194.22
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	110,136,093	0	110,136,093	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 1:32 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	0	0	0	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	91,978	422,045	0	514,023	0 5.01
5.02	00591	REHAB ADMINISTRATION	0	0	0	0	0 5.02
5.03	00592	RADIOLOGY ADMINISTRATION	2,632	0	0	2,632	0 5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	2,210	0	0	2,210	0 5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
6.01	00601	MAINTENANCE & REPAIRS	20,765	10,114	0	30,879	0 6.01
7.00	00700	OPERATION OF PLANT	1,677,494	402,227	0	2,079,721	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00	00900	HOUSEKEEPING	16,151	29,385	0	45,536	0 9.00
10.00	01000	DIETARY	0	0	0	0	0 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	185,007	62,812	0	247,819	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	79,651	40,905	0	120,556	0 14.00
15.00	01500	PHARMACY	103,194	43,980	0	147,174	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,984	29,444	0	32,428	0 16.00
17.00	01700	SOCIAL SERVICE	0	4,471	0	4,471	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	97,334	571,695	0	669,029	0 30.00
31.00	03100	INTENSIVE CARE UNIT	112,263	58,204	0	170,467	0 31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0 33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0 33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	10,205	72,877	0	83,082	0 40.00
41.00	04100	SUBPROVIDER - IRF	27,285	125,244	0	152,529	0 41.00
43.00	04300	NURSERY	16,034	45,777	0	61,811	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	761,132	303,732	0	1,064,864	0 50.00
51.00	05100	RECOVERY ROOM	267,558	181,027	0	448,585	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,083	71,589	0	102,672	0 52.00
53.00	05300	ANESTHESIOLOGY	127,398	3,807	0	131,205	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	165,850	135,006	0	300,856	0 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	67,274	6,424	0	73,698	0 54.01
54.02	03630	ULTRA SOUND	3,198	2,236	0	5,434	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	472,215	0	0	472,215	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	19,815	7,439	0	27,254	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32,705	10,231	0	42,936	0 58.00
60.00	06000	LABORATORY	37,313	48,071	0	85,384	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,201	10,104	0	14,305	0 63.00
64.00	06400	INTRAVENOUS THERAPY	22,712	68,533	0	91,245	0 64.00
65.00	06500	RESPIRATORY THERAPY	31,571	20,335	0	51,906	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0 65.01
66.00	06600	PHYSICAL THERAPY	16,496	50,707	0	67,203	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	10,403	0	0	10,403	0 67.00
68.00	06800	SPEECH PATHOLOGY	6,431	7,693	0	14,124	0 68.00
69.00	06900	ELECTROCARDIOLOGY	9,007	7,664	0	16,671	0 69.00
69.01	03140	CARDIOLOGY	189,182	115,881	0	305,063	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	25,156	7,234	0	32,390	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	10,739	0	10,739	0 74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	2,760	25,451	0	28,211	0 76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 1:32 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		
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,694	6,492	0	9,186	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	70,948	148,645	0	219,593	0
91.00	09100	EMERGENCY	45,021	100,174	0	145,195	0
92.00	09200	OBSERVATION BEDS				0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	1,337	0	0	1,337	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,868,647	3,268,394	0	8,137,041	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	MARKETING	0	0	0	0	0
194.01	07951	BUSINESS HEALTH	11,756	0	0	11,756	0
194.02	07952	VITACARE	2,357	0	0	2,357	0
194.03	07953	CASCADE CLINIC	108,646	0	0	108,646	0
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0
194.05	07955	ENT CLINIC	0	0	0	0	0
194.06	07956	RSVP	0	0	0	0	0
194.07	07957	CONTRACT CLEANING	0	0	0	0	0
194.08	07958	DIM MAINTENANCE	0	0	0	0	0
194.09	07959	RENTAL PROPERTY	33,596	0	0	33,596	0
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0
194.11	07961	NORTH GRANDVIEW OFFICE	1,785	0	0	1,785	0
194.12	07962	LIFESTYLES	0	0	0	0	0
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0
194.14	07964	FOUNDATION	0	0	0	0	0
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0
194.17	07967	NONREIMBURSABLE	52,190	152,188	0	204,378	0
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0
194.19	07969	CARDIO SPECIALTY CARE CLINIC	1,104	0	0	1,104	0
194.20	07970	RETAIL PHARMACIES	5,122	0	0	5,122	0
194.22	07972	PHYSICIAN CLINICS	135,682	35,409	0	171,091	0
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	5,220,885	3,455,991	0	8,676,876	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	PURCHASING RECEIVING AND STORES	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	514,023					5.01
5.02	00591	REHAB ADMINISTRATION	1,260	1,260				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	1,772	0	4,404			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	2,484	0	0	4,694		5.04
5.05	00560	PURCHASING RECEIVING AND STORES	1,228	0	0	11	1,239	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	10,862	0	0	100	26	6.01
7.00	00700	OPERATION OF PLANT	20,553	0	0	189	49	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,971	0	0	18	5	8.00
9.00	00900	HOUSEKEEPING	9,175	0	0	85	22	9.00
10.00	01000	DIETARY	7,844	0	0	72	19	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	18,192	0	0	168	43	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,048	0	0	28	7	14.00
15.00	01500	PHARMACY	10,034	0	0	92	24	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,618	0	0	15	4	16.00
17.00	01700	SOCIAL SERVICE	5,031	0	0	46	12	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,526	0	0	355	123	30.00
31.00	03100	INTENSIVE CARE UNIT	12,591	0	0	116	30	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	7,213	0	0	66	17	40.00
41.00	04100	SUBPROVIDER - IRF	7,512	0	0	69	18	41.00
43.00	04300	NURSERY	7,073	0	0	65	17	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,247	0	0	343	88	50.00
51.00	05100	RECOVERY ROOM	12,045	0	0	111	29	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,870	0	0	63	16	52.00
53.00	05300	ANESTHESIOLOGY	1,982	0	0	18	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,600	0	1,309	47	12	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,130	0	990	23	6	54.01
54.02	03630	ULTRA SOUND	1,605	0	530	17	4	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	8,182	0	0	75	19	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,785	0	1,002	29	8	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,696	0	573	18	5	58.00
60.00	06000	LABORATORY	34,420	0	0	317	82	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,681	0	0	15	4	63.00
64.00	06400	INTRAVENOUS THERAPY	7,265	0	0	67	17	64.00
65.00	06500	RESPIRATORY THERAPY	4,508	0	0	42	11	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	12,484	467	0	119	31	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,405	83	0	41	11	67.00
68.00	06800	SPEECH PATHOLOGY	2,161	31	0	20	5	68.00
69.00	06900	ELECTROCARDIOLOGY	863	0	0	8	2	69.00
69.01	03140	CARDIOLOGY	10,271	0	0	95	24	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	755	0	0	7	2	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,832	0	0	81	21	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,988	0	0	230	59	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,806	0	0	173	45	73.00
74.00	07400	RENAL DIALYSIS	1,293	0	0	12	3	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	927	0	0	9	2	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,031	0	0	10	2	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	PURCHASING RECEIVING AND STORES	
			5.01	5.02	5.03	5.04	5.05	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,691	0	0	99	25	90.00
91.00	09100	EMERGENCY	13,734	0	0	127	33	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	62	0	0	1	0	95.00
101.00	10100	HOME HEALTH AGENCY	20,344	679	0	194	50	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	428,650	1,260	4,404	3,906	1,037	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	2,153	0	0	20	5	194.00
194.01	07951	BUSINESS HEALTH	4,047	0	0	37	10	194.01
194.02	07952	VITACARE	1,717	0	0	16	4	194.02
194.03	07953	CASCADE CLINIC	11,617	0	0	107	28	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	382	0	0	4	1	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	3,160	0	0	29	7	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	189	0	0	2	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	633	0	0	6	1	194.11
194.12	07962	LIFESTYLES	89	0	0	1	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	9	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	12,585	0	0	116	30	194.17
194.18	07968	CONTRACTED ULTRASOUND	235	0	0	2	1	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	13,009	0	0	120	31	194.19
194.20	07970	RETAIL PHARMACIES	9,871	0	0	91	23	194.20
194.22	07972	PHYSICIAN CLINICS	25,677	0	0	237	61	194.22
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)	514,023	1,260	4,404	4,694	1,239	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS	0	41,867				6.01
7.00	00700	OPERATION OF PLANT	0	5,569	2,106,081			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,994		8.00
9.00	00900	HOUSEKEEPING	0	407	23,607	0	78,832	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	870	50,461	5	1,910	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	566	32,861	22	1,244	14.00
15.00	01500	PHARMACY	0	609	35,332	9	1,337	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	408	23,654	0	895	16.00
17.00	01700	SOCIAL SERVICE	0	62	3,592	0	136	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,915	459,275	490	17,389	30.00
31.00	03100	INTENSIVE CARE UNIT	0	806	46,759	98	1,770	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	1,009	58,546	29	2,216	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,734	100,615	57	3,809	41.00
43.00	04300	NURSERY	0	634	36,775	41	1,392	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,205	244,005	249	9,237	50.00
51.00	05100	RECOVERY ROOM	0	2,506	145,429	186	5,505	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	991	57,511	79	2,177	52.00
53.00	05300	ANESTHESIOLOGY	0	53	3,059	1	116	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,869	108,458	130	4,106	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	89	5,161	0	195	54.01
54.02	03630	ULTRA SOUND	0	31	1,796	1	68	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	58	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	103	5,976	0	226	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	142	8,219	0	311	58.00
60.00	06000	LABORATORY	0	666	38,618	1	1,462	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	140	8,117	11	307	63.00
64.00	06400	INTRAVENOUS THERAPY	0	949	55,056	121	2,084	64.00
65.00	06500	RESPIRATORY THERAPY	0	282	16,337	1	618	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	702	40,735	11	1,542	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	107	6,180	5	234	68.00
69.00	06900	ELECTROCARDIOLOGY	0	106	6,157	12	233	69.00
69.01	03140	CARDIOLOGY	0	1,604	93,094	55	3,524	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	100	5,812	2	220	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	149	8,627	2	327	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	352	20,446	0	774	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	90	5,215	19	197	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,058	119,414	50	4,520	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
91.00	09100	EMERGENCY	0	1,387	80,475	237	3,046	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	1	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	39,270	1,955,374	1,983	73,127	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	2,107	122,261	0	4,628	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	3	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	490	28,446	8	1,077	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	41,867	2,106,081	1,994	78,832	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
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	7,935					10.00
11.00	01100	CAFETERIA	0	0				11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0			11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	319,468	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,022	0	0	0	69,846	30.00
31.00	03100	INTENSIVE CARE UNIT	893	0	0	0	15,172	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	814	0	0	0	9,536	40.00
41.00	04100	SUBPROVIDER - IRF	883	0	0	0	11,431	41.00
43.00	04300	NURSERY	0	0	0	0	6,022	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	29,161	50.00
51.00	05100	RECOVERY ROOM	75	0	0	0	16,833	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	11,673	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	858	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	4,889	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	1,283	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	1,868	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,168	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	5,548	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	2,457	58.00
60.00	06000	LABORATORY	0	0	0	0	4,849	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,599	63.00
64.00	06400	INTRAVENOUS THERAPY	4	0	0	0	12,520	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	7,400	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	21,870	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	7,303	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	3,315	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,197	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	9,397	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,299	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	69	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	34,442	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
91.00	09100	EMERGENCY	78	0	0	0	20,463	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,769	0	0	0	319,468	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	166	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,935	0	0	0	319,468	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	158,332					14.00
15.00	01500	PHARMACY	1,494	196,105				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	65	0	59,087			16.00
17.00	01700	SOCIAL SERVICE	23	0	0	13,373		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,182	0	3,372	8,051		30.00
31.00	03100	INTENSIVE CARE UNIT	2,686	0	933	1,492		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	249	0	780	1,360		40.00
41.00	04100	SUBPROVIDER - IRF	518	0	765	1,476		41.00
43.00	04300	NURSERY	637	0	340	994		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,074	0	9,708	0		50.00
51.00	05100	RECOVERY ROOM	1,566	0	1,519	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,236	0	650	0		52.00
53.00	05300	ANESTHESIOLOGY	3,558	0	1,451	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	799	0	983	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	48	0	559	0		54.01
54.02	03630	ULTRA SOUND	495	0	506	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	529	0	2,496	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	162	0	2,752	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	101	0	1,334	0		58.00
60.00	06000	LABORATORY	6,540	0	4,720	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	336	0	206	0		63.00
64.00	06400	INTRAVENOUS THERAPY	1,436	0	1,476	0		64.00
65.00	06500	RESPIRATORY THERAPY	3,700	0	760	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	329	0		65.01
66.00	06600	PHYSICAL THERAPY	768	0	1,556	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	186	0	621	0		67.00
68.00	06800	SPEECH PATHOLOGY	154	0	233	0		68.00
69.00	06900	ELECTROCARDIOLOGY	147	0	213	0		69.00
69.01	03140	CARDIOLOGY	3,799	0	3,244	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	34	0	63	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	34,958	0	2,374	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	2,802	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	126,157	5,371	0		73.00
74.00	07400	RENAL DIALYSIS	1	0	108	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	18	0	94	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1	0	277	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,908	0	2,298	0		90.00
91.00	09100 EMERGENCY	2,535	0	3,341	0		91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0		95.00
101.00	10100 HOME HEALTH AGENCY	1,506	0	853	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	154,449	126,157	59,087	13,373	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950 MARKETING	3	0	0	0		194.00
194.01	07951 BUSINESS HEALTH	136	242	0	0		194.01
194.02	07952 VITACARE	93	0	0	0		194.02
194.03	07953 CASCADE CLINIC	374	6,036	0	0		194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0		194.04
194.05	07955 ENT CLINIC	0	0	0	0		194.05
194.06	07956 RSVP	0	0	0	0		194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0		194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0		194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0		194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0		194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0		194.11
194.12	07962 LIFESTYLES	0	0	0	0		194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0		194.13
194.14	07964 FOUNDATION	0	0	0	0		194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0		194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0		194.16
194.17	07967 NONREIMBURSABLE	914	9,301	0	0		194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0		194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	300	2	0	0		194.19
194.20	07970 RETAIL PHARMACIES	135	46,985	0	0		194.20
194.22	07972 PHYSICIAN CLINICS	1,928	7,382	0	0		194.22
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0		0 201.00
202.00	TOTAL (sum lines 118 through 201)	158,332	196,105	59,087	13,373	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS			PARAMEDICAL ED PRGM	Subtotal	
			NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
				20.00	21.00			
			23.00	24.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		0				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			0			22.00
23.00	02300	PARAMEDICAL ED PRGM				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					1,287,575	30.00
31.00	03100	INTENSIVE CARE UNIT					253,813	31.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT					0	33.01
33.02	03301	NURSING ADMINISTRATION					0	33.02
33.03	03303	GEROPSYCH REVENUE					0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT					0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT					0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - IPF					164,917	40.00
41.00	04100	SUBPROVIDER - IRF					281,416	41.00
43.00	04300	NURSERY					115,801	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					1,473,181	50.00
51.00	05100	RECOVERY ROOM					634,389	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					183,938	52.00
53.00	05300	ANESTHESIOLOGY					142,306	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					428,058	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC					84,182	54.01
54.02	03630	ULTRA SOUND					12,355	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					490,742	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN					45,845	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					57,792	58.00
60.00	06000	LABORATORY					177,059	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					26,721	63.00
64.00	06400	INTRAVENOUS THERAPY					172,240	64.00
65.00	06500	RESPIRATORY THERAPY					85,565	65.00
65.01	03560	PULMONARY FUNCTION TESTING					329	65.01
66.00	06600	PHYSICAL THERAPY					147,488	66.00
67.00	06700	OCCUPATIONAL THERAPY					23,053	67.00
68.00	06800	SPEECH PATHOLOGY					26,569	68.00
69.00	06900	ELECTROCARDIOLOGY					25,609	69.00
69.01	03140	CARDIOLOGY					430,170	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY					39,385	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS					46,266	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT					28,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					150,552	73.00
74.00	07400	RENAL DIALYSIS					21,261	74.00
76.00	03320	ELECTROSHOCK THERAPY					0	76.00
76.97	07697	CARDIAC REHABILITATION					52,132	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					16,097	76.98
76.99	07699	LITHOTRIPSY					0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

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	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM	Subtotal	
			SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
			20.00	21.00			
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				397,098	90.00
91.00	09100	EMERGENCY				270,651	91.00
92.00	09200	OBSERVATION BEDS					92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				64	95.00
101.00	10100	HOME HEALTH AGENCY				24,963	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	7,817,661	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	190.00
194.00	07950	MARKETING				2,181	194.00
194.01	07951	BUSINESS HEALTH				16,228	194.01
194.02	07952	VITACARE				4,187	194.02
194.03	07953	CASCADE CLINIC				126,808	194.03
194.04	07954	ORTHOPEDIC CLINIC				0	194.04
194.05	07955	ENT CLINIC				0	194.05
194.06	07956	RSVP				387	194.06
194.07	07957	CONTRACT CLEANING				0	194.07
194.08	07958	DIM MAINTENANCE				0	194.08
194.09	07959	RENTAL PROPERTY				36,792	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER				191	194.10
194.11	07961	NORTH GRANDVIEW OFFICE				2,425	194.11
194.12	07962	LIFESTYLES				90	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES				0	194.13
194.14	07964	FOUNDATION				0	194.14
194.15	07965	PHYSICIAN BILLING				9	194.15
194.16	07966	GUEST MEALS / MOW'S				0	194.16
194.17	07967	NONREIMBURSABLE				356,486	194.17
194.18	07968	CONTRACTED ULTRASOUND				238	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC				14,569	194.19
194.20	07970	RETAIL PHARMACIES				62,227	194.20
194.22	07972	PHYSICIAN CLINICS				236,397	194.22
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	8,676,876	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	ADMINISTRATIVE & GENERAL		5.01
5.02	00591	REHAB ADMINISTRATION		5.02
5.03	00592	RADIOLOGY ADMINISTRATION		5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION		5.04
5.05	00560	PURCHASING RECEIVING AND STORES		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
6.01	00601	MAINTENANCE & REPAIRS		6.01
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
11.01	01101	EMPLOYEE CAFETERIA		11.01
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 1,287,575	30.00
31.00	03100	INTENSIVE CARE UNIT	0 253,813	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0 0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0 0	33.01
33.02	03301	NURSING ADMINISTRATION	0 0	33.02
33.03	03303	GEROPSYCH REVENUE	0 0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0 0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0 0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
40.00	04000	SUBPROVIDER - IPF	0 164,917	40.00
41.00	04100	SUBPROVIDER - IRF	0 281,416	41.00
43.00	04300	NURSERY	0 115,801	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 1,473,181	50.00
51.00	05100	RECOVERY ROOM	0 634,389	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 183,938	52.00
53.00	05300	ANESTHESIOLOGY	0 142,306	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 428,058	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0 84,182	54.01
54.02	03630	ULTRA SOUND	0 12,355	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0 490,742	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0 45,845	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0 57,792	58.00
60.00	06000	LABORATORY	0 177,059	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0 0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 26,721	63.00
64.00	06400	INTRAVENOUS THERAPY	0 172,240	64.00
65.00	06500	RESPIRATORY THERAPY	0 85,565	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0 329	65.01
66.00	06600	PHYSICAL THERAPY	0 147,488	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 23,053	67.00
68.00	06800	SPEECH PATHOLOGY	0 26,569	68.00
69.00	06900	ELECTROCARDIOLOGY	0 25,609	69.00
69.01	03140	CARDIOLOGY	0 430,170	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0 39,385	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0 46,266	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0 28,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 150,552	73.00
74.00	07400	RENAL DIALYSIS	0 21,261	74.00
76.00	03320	ELECTROSHOCK THERAPY	0 0	76.00
76.97	07697	CARDIAC REHABILITATION	0 52,132	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0 16,097	76.98

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	397,098	90.00
91.00	09100	EMERGENCY	0	270,651	91.00
92.00	09200	OBSERVATION BEDS	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	64	95.00
101.00	10100	HOME HEALTH AGENCY	0	24,963	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,817,661	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	MARKETING	0	2,181	194.00
194.01	07951	BUSINESS HEALTH	0	16,228	194.01
194.02	07952	VITACARE	0	4,187	194.02
194.03	07953	CASCADE CLINIC	0	126,808	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	194.04
194.05	07955	ENT CLINIC	0	0	194.05
194.06	07956	RSVP	0	387	194.06
194.07	07957	CONTRACT CLEANING	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	36,792	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	191	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	2,425	194.11
194.12	07962	LIFESTYLES	0	90	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	194.13
194.14	07964	FOUNDATION	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	9	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	356,486	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	238	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	14,569	194.19
194.20	07970	RETAIL PHARMACIES	0	62,227	194.20
194.22	07972	PHYSICIAN CLINICS	0	236,397	194.22
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	8,676,876	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A.01	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	354,005				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	44,204,689		4.00
5.01	00590	ADMINISTRATIVE & GENERAL	43,231	0	1,622,267	-16,806,746	93,344,089
5.02	00591	REHAB ADMINISTRATION	0	0	178,618	0	228,746
5.03	00592	RADIOLOGY ADMINISTRATION	0	0	240,348	0	321,780
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	331,450	0	451,141
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	172,322	0	222,965
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
6.01	00601	MAINTENANCE & REPAIRS	1,036	0	0	0	1,972,337
7.00	00700	OPERATION OF PLANT	41,201	0	896,839	0	3,732,228
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	357,990
9.00	00900	HOUSEKEEPING	3,010	0	822,328	0	1,666,087
10.00	01000	DIETARY	0	0	768,332	0	1,424,351
11.00	01100	CAFETERIA	0	0	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,434	0	2,343,964	0	3,303,365
14.00	01400	CENTRAL SERVICES & SUPPLY	4,190	0	183,238	0	553,501
15.00	01500	PHARMACY	4,505	0	1,473,369	0	1,821,998
16.00	01600	MEDICAL RECORDS & LIBRARY	3,016	0	207,711	0	293,722
17.00	01700	SOCIAL SERVICE	458	0	697,854	0	913,642
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	58,560	0	4,730,803	0	7,362,601
31.00	03100	INTENSIVE CARE UNIT	5,962	0	1,253,861	0	2,286,336
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	7,465	0	617,729	0	1,309,813
41.00	04100	SUBPROVIDER - IRF	12,829	0	814,932	0	1,364,057
43.00	04300	NURSERY	4,689	0	976,542	0	1,284,315
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,112	0	2,088,273	0	6,763,631
51.00	05100	RECOVERY ROOM	18,543	0	1,365,378	0	2,187,274
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,333	0	873,800	0	1,247,449
53.00	05300	ANESTHESIOLOGY	390	0	39,411	0	359,973
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,829	0	314,151	0	835,340
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	658	0	108,195	0	386,839
54.02	03630	ULTRA SOUND	229	0	217,684	0	291,482
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	694,540	0	1,485,717
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	762	0	371,386	0	505,784
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048	0	212,441	0	308,036
60.00	06000	LABORATORY	4,924	0	378,058	0	6,250,299
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,035	0	113,353	0	305,292
64.00	06400	INTRAVENOUS THERAPY	7,020	0	921,081	0	1,319,147
65.00	06500	RESPIRATORY THERAPY	2,083	0	490,264	0	818,570
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	5,194	0	1,697,297	0	2,266,906
67.00	06700	OCCUPATIONAL THERAPY	0	0	624,315	0	799,840
68.00	06800	SPEECH PATHOLOGY	788	0	293,875	0	392,407
69.00	06900	ELECTROCARDIOLOGY	785	0	94,956	0	156,770
69.01	03140	CARDIOLOGY	11,870	0	792,846	0	1,865,154
70.00	07000	ELECTROENCEPHALOGRAPHY	741	0	0	0	137,142
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	1,603,839
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,537,566
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,414,969
74.00	07400	RENAL DIALYSIS	1,100	0	0	0	234,821
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A.01	5.01	
76.97	07697	CARDIAC REHABILITATION	2,607	0	111,862	0	168,355	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	665	0	5,523	0	187,232	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,226	0	1,408,847	0	1,941,283	90.00
91.00	09100	EMERGENCY	10,261	0	3,591,021	0	2,493,948	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	11,329	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,945,902	0	3,694,207	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	334,789	0	37,086,966	-16,806,746	77,841,576	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	93,968	0	390,987	194.00
194.01	07951	BUSINESS HEALTH	0	0	456,287	0	734,871	194.01
194.02	07952	VITACARE	0	0	240,876	0	311,784	194.02
194.03	07953	CASCADE CLINIC	0	0	873,375	0	2,109,533	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	450	14,742	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	37,728	0	69,318	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	15	194.07
194.08	07958	DIM MAINTENANCE	0	0	61	0	75	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	573,800	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	34,272	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	114,903	194.11
194.12	07962	LIFESTYLES	0	0	12,559	0	16,097	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	1,615	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	15,589	0	402,533	0	2,285,202	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	31,246	0	42,732	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	1,998,760	0	2,362,330	194.19
194.20	07970	RETAIL PHARMACIES	0	0	422,185	0	1,792,395	194.20
194.22	07972	PHYSICIAN CLINICS	3,627	0	2,547,695	0	4,662,584	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,455,991	0	159,570		16,806,746	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.762549	0.000000	0.003610		0.180052	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		514,023	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.005507	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: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION	Reconciliation	
			(DOLLAR VALUE)	(DOLLAR VALUE)		(ACCUM. COST)		
			5.02	5.03	5A.04	5.04	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION	7,291,942					5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	2,479,227				5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	-532,370	109,618,465		5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	263,110	-264,388	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	0	0	2,327,460	0	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	4,404,223	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	422,447	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,966,069	0	9.00
10.00	01000	DIETARY	0	0	0	1,680,808	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,898,142	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	653,160	0	14.00
15.00	01500	PHARMACY	0	0	0	2,150,052	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	346,607	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,078,145	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	8,688,211	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,697,995	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,545,647	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,609,658	0	41.00
43.00	04300	NURSERY	0	0	0	1,515,558	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	7,981,436	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,581,097	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,472,055	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	424,787	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	736,255	0	1,098,511	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	557,636	0	541,897	0	54.01
54.02	03630	ULTRA SOUND	0	298,320	0	389,654	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,753,223	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	564,199	0	683,263	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	322,817	0	412,940	0	58.00
60.00	06000	LABORATORY	0	0	0	7,375,678	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	360,260	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,556,662	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	965,955	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,701,515	0	0	2,775,072	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	481,799	0	0	961,688	0	67.00
68.00	06800	SPEECH PATHOLOGY	178,648	0	0	469,674	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	184,997	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	2,200,979	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	161,835	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,892,613	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,354,564	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,029,841	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	277,101	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	198,668	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	220,943	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	
			5.02	5.03	5A.04	5.04	5A.05	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,290,815	0	90.00
91.00	09100	EMERGENCY	0	0	0	2,942,988	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	13,369	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,929,980	0	0	4,504,835	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,291,942	2,479,227	-532,370	91,324,692	-264,388	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	461,385	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	867,186	0	194.01
194.02	07952	VITACARE	0	0	0	367,921	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	2,489,359	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	14,742	0	14,742	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	81,799	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	18	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	89	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	677,114	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	40,443	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	135,592	0	194.11
194.12	07962	LIFESTYLES	0	0	0	18,995	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	1,906	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	2,696,657	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	50,426	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	2,787,672	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	2,115,119	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	5,502,092	0	194.22
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)	269,932	379,717		532,370		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.037018	0.153159		0.004857		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,260	4,404		4,694		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000173	0.001776		0.000043		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: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	6.00	6.01	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES	109,886,447				5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
6.01	00601	MAINTENANCE & REPAIRS	2,338,764	0	309,738		6.01
7.00	00700	OPERATION OF PLANT	4,425,614	0	41,201	268,537	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	424,499	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,975,618	0	3,010	3,010	9.00
10.00	01000	DIETARY	1,688,972	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,917,075	0	6,434	6,434	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	656,332	0	4,190	4,190	14.00
15.00	01500	PHARMACY	2,160,495	0	4,505	4,505	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	348,290	0	3,016	3,016	16.00
17.00	01700	SOCIAL SERVICE	1,083,382	0	458	458	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,730,363	0	58,560	58,560	30.00
31.00	03100	INTENSIVE CARE UNIT	2,711,099	0	5,962	5,962	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,553,154	0	7,465	7,465	40.00
41.00	04100	SUBPROVIDER - IRF	1,617,476	0	12,829	12,829	41.00
43.00	04300	NURSERY	1,522,919	0	4,689	4,689	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,020,202	0	31,112	31,112	50.00
51.00	05100	RECOVERY ROOM	2,593,633	0	18,543	18,543	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,479,205	0	7,333	7,333	52.00
53.00	05300	ANESTHESIOLOGY	426,850	0	390	390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,103,846	0	13,829	13,829	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	544,529	0	658	658	54.01
54.02	03630	ULTRA SOUND	391,547	0	229	229	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,761,738	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	686,582	0	762	762	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	414,946	0	1,048	1,048	58.00
60.00	06000	LABORATORY	7,411,502	0	4,924	4,924	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	362,010	0	1,035	1,035	63.00
64.00	06400	INTRAVENOUS THERAPY	1,564,223	0	7,020	7,020	64.00
65.00	06500	RESPIRATORY THERAPY	970,647	0	2,083	2,083	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,788,551	0	5,194	5,194	66.00
67.00	06700	OCCUPATIONAL THERAPY	966,359	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	471,955	0	788	788	68.00
69.00	06900	ELECTROCARDIOLOGY	185,896	0	785	785	69.00
69.01	03140	CARDIOLOGY	2,211,669	0	11,870	11,870	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	162,621	0	741	741	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,901,805	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,380,571	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,049,414	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	278,447	0	1,100	1,100	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	199,633	0	2,607	2,607	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	222,016	0	665	665	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	6.00	6.01	7.00	8.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,301,941	0	15,226	15,226	12,557	90.00
91.00	09100 EMERGENCY	2,957,282	0	10,261	10,261	59,904	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	13,434	0	0	0	218	95.00
101.00	10100 HOME HEALTH AGENCY	4,526,715	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	91,503,821	0	290,522	249,321	501,271	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	463,626	0	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	871,398	0	0	0	0	194.01
194.02	07952 VITACARE	369,708	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	2,501,450	0	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	82,196	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	18	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	89	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	680,403	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	40,639	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	136,251	0	0	0	0	194.11
194.12	07962 LIFESTYLES	19,087	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	1,915	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	2,709,755	0	15,589	15,589	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	50,671	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	2,801,212	0	0	0	666	194.19
194.20	07970 RETAIL PHARMACIES	2,125,392	0	0	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	5,528,816	0	3,627	3,627	2,018	194.22
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)	264,388	0	2,344,391	4,748,110	425,520	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002406	0.000000	7.568949	17.681400	0.844361	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,239	0	41,867	2,106,081	1,994	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000011	0.000000	0.135169	7.842796	0.003957	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: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS					6.01
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	265,527				9.00
10.00	01000	DIETARY	0	54,375			10.00
11.00	01100	CAFETERIA	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,434	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,190	0	0	0	14.00
15.00	01500	PHARMACY	4,505	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,016	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	458	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	58,560	34,422	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,962	6,117	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	7,465	5,577	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,829	6,051	0	0	41.00
43.00	04300	NURSERY	4,689	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,112	0	0	0	50.00
51.00	05100	RECOVERY ROOM	18,543	512	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,333	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	390	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,829	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	658	0	0	0	54.01
54.02	03630	ULTRA SOUND	229	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	762	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048	0	0	0	58.00
60.00	06000	LABORATORY	4,924	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,035	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,020	24	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,083	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,194	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	788	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	785	0	0	0	69.00
69.01	03140	CARDIOLOGY	11,870	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	741	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,100	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,607	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	665	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	15,226	0	0	0	0	90.00
91.00	09100 EMERGENCY	10,261	532	0	0	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	246,311	53,235	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	0	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952 VITACARE	0	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	15,589	1,140	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970 RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	3,627	0	0	0	0	194.22
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,056,375	1,693,036	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.744504	31.136294	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	78,832	7,935	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.296889	0.145931	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	733,468					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,480,053				14.00
15.00	01500	PHARMACY	0	51,711	5,308,358			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,244	0	288,963,408		16.00
17.00	01700	SOCIAL SERVICE	0	802	0	0	18,280	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	160,364	213,971	0	16,530,921	11,006	30.00
31.00	03100	INTENSIVE CARE UNIT	34,833	92,969	0	4,573,520	2,039	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	21,893	8,616	0	3,824,049	1,859	40.00
41.00	04100	SUBPROVIDER - IRF	26,244	17,934	0	3,750,737	2,017	41.00
43.00	04300	NURSERY	13,826	22,061	0	1,666,136	1,359	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	66,951	2,563,744	0	46,909,831	0	50.00
51.00	05100	RECOVERY ROOM	38,648	54,186	0	7,446,962	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,801	42,765	0	3,183,891	0	52.00
53.00	05300	ANESTHESIOLOGY	1,969	123,151	0	7,110,756	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,225	27,649	0	4,818,034	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,945	1,671	0	2,742,047	0	54.01
54.02	03630	ULTRA SOUND	4,288	17,132	0	2,479,268	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	16,457	18,304	0	12,234,994	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	12,738	5,621	0	13,488,248	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,642	3,512	0	6,538,488	0	58.00
60.00	06000	LABORATORY	11,132	226,366	0	23,138,736	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,671	11,632	0	1,011,875	0	63.00
64.00	06400	INTRAVENOUS THERAPY	28,744	49,688	0	7,233,451	0	64.00
65.00	06500	RESPIRATORY THERAPY	16,990	128,062	0	3,725,496	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,611,880	0	65.01
66.00	06600	PHYSICAL THERAPY	50,212	26,567	0	7,629,342	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,766	6,446	0	3,044,918	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,610	5,333	0	1,141,686	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,748	5,079	0	1,046,269	0	69.00
69.01	03140	CARDIOLOGY	21,574	131,501	0	15,900,813	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,164	0	307,642	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,209,967	0	11,636,377	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,734,562	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,414,968	26,330,346	0	73.00
74.00	07400	RENAL DIALYSIS	0	23	0	531,054	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,982	608	0	459,812	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	158	30	0	1,358,862	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
76.99	07699 LITHOTRIPSY	13.00	14.00	15.00	16.00	17.00	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	79,075	135,270	0	11,263,023	0	90.00
91.00	09100 EMERGENCY	46,982	87,725	0	16,376,952	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	52,110	0	4,182,430	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	733,468	5,345,614	3,414,968	288,963,408	18,280	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	106	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	4,713	6,541	0	0	194.01
194.02	07952 VITACARE	0	3,224	0	0	0	194.02
194.03	07953 CASCADE CLINIC	0	12,949	163,386	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	15	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	31,625	251,758	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	10,394	46	0	0	194.19
194.20	07970 RETAIL PHARMACIES	0	4,682	1,271,832	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	0	66,731	199,827	0	0	194.22
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)	4,139,952	800,768	2,323,908	448,968	1,101,218	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.644353	0.146124	0.437783	0.001554	60.241685	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	319,468	158,332	196,105	59,087	13,373	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.435558	0.028892	0.036943	0.000204	0.731565	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: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM (ASSIGNED TIME)		
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)			
		19.00	20.00	21.00	22.00	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	
5.01	00590	ADMINISTRATIVE & GENERAL					5.01	
5.02	00591	REHAB ADMINISTRATION					5.02	
5.03	00592	RADIOLOGY ADMINISTRATION					5.03	
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04	
5.05	00560	PURCHASING RECEIVING AND STORES					5.05	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MAINTENANCE & REPAIRS					6.01	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
11.01	01101	EMPLOYEE CAFETERIA					11.01	
12.00	01200	MAINTENANCE OF PERSONNEL					12.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00	
20.00	02000	NURSING SCHOOL		0			20.00	
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			0		21.00	
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				0	22.00	
23.00	02300	PARAMEDICAL ED PRGM				0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01	
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02	
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03	
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04	
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.01	
54.02	03630	ULTRA SOUND	0	0	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
69.01	03140	CARDIOLOGY	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:32 pm

	Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 19.00	NURSING SCHOOL (ASSIGNED TIME) 20.00	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM (ASSIGNED TIME) 23.00	
					SRVCES-SALARY & FRINGES (ASSIGNED TIME) 21.00	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:32 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,485,253		13,485,253	3,627	13,488,880	30.00
31.00	03100	INTENSIVE CARE UNIT	3,465,837		3,465,837	0	3,465,837	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0		0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0		0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,225,850		2,225,850	0	2,225,850	40.00
41.00	04100	SUBPROVIDER - IRF	2,523,268		2,523,268	0	2,523,268	41.00
43.00	04300	NURSERY	1,855,671		1,855,671	0	1,855,671	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,944,553		9,944,553	0	9,944,553	50.00
51.00	05100	RECOVERY ROOM	3,504,984		3,504,984	0	3,504,984	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,903,963		1,903,963	0	1,903,963	52.00
53.00	05300	ANESTHESIOLOGY	481,066		481,066	22,645	503,711	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,665,417		1,665,417	0	1,665,417	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	588,677		588,677	0	588,677	54.01
54.02	03630	ULTRA SOUND	430,757		430,757	0	430,757	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,892,935		1,892,935	18,927	1,911,862	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	807,056		807,056	0	807,056	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	493,041		493,041	0	493,041	58.00
60.00	06000	LABORATORY	7,723,968		7,723,968	6,625	7,730,593	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	423,350		423,350	0	423,350	63.00
64.00	06400	INTRAVENOUS THERAPY	2,006,931		2,006,931	0	2,006,931	64.00
65.00	06500	RESPIRATORY THERAPY	1,162,254	0	1,162,254	3,720	1,165,974	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,505	0	2,505	0	2,505	65.01
66.00	06600	PHYSICAL THERAPY	3,268,106	0	3,268,106	0	3,268,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,068,991	0	1,068,991	0	1,068,991	67.00
68.00	06800	SPEECH PATHOLOGY	545,725	0	545,725	0	545,725	68.00
69.00	06900	ELECTROCARDIOLOGY	232,700		232,700	0	232,700	69.00
69.01	03140	CARDIOLOGY	2,786,050		2,786,050	0	2,786,050	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	188,607		188,607	2,280	190,887	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,101,269		2,101,269	0	2,101,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,414,861		5,414,861	0	5,414,861	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,595,088		5,595,088	0	5,595,088	73.00
74.00	07400	RENAL DIALYSIS	316,605		316,605	0	316,605	74.00
76.00	03320	ELECTROSHOCK THERAPY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	303,795		303,795	0	303,795	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	251,536		251,536	0	251,536	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,304,058		3,304,058	0	3,304,058	90.00
91.00	09100	EMERGENCY	3,673,555		3,673,555	0	3,673,555	91.00
92.00	09200	OBSERVATION BEDS	1,653,858		1,653,858	0	1,653,858	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	13,650		13,650	0	13,650	95.00
101.00	10100	HOME HEALTH AGENCY	4,551,720		4,551,720	0	4,551,720	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	91,857,510	0	91,857,510	57,824	91,915,334	200.00
201.00		Less Observation Beds	1,653,858		1,653,858		1,653,858	201.00
202.00		Total (see instructions)	90,203,652	0	90,203,652	57,824	90,261,476	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:32 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	14,752,189		14,752,189		30.00
31.00	03100	INTENSIVE CARE UNIT	4,573,520		4,573,520		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0		33.01
33.02	03301	NURSING ADMINISTRATION	0		0		33.02
33.03	03303	GEROPSYCH REVENUE	0		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	3,824,049		3,824,049		40.00
41.00	04100	SUBPROVIDER - IRF	3,750,737		3,750,737		41.00
43.00	04300	NURSERY	1,666,136		1,666,136		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,108,182	34,801,649	46,909,831	0.211993	50.00
51.00	05100	RECOVERY ROOM	1,258,654	6,188,308	7,446,962	0.470660	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,033,277	150,614	3,183,891	0.597999	52.00
53.00	05300	ANESTHESIOLOGY	1,760,551	5,350,205	7,110,756	0.067653	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,031,494	3,786,540	4,818,034	0.345663	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	93,049	2,648,998	2,742,047	0.214685	54.01
54.02	03630	ULTRA SOUND	482,604	1,996,664	2,479,268	0.173744	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,392	12,220,602	12,234,994	0.154715	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,560,853	9,927,395	13,488,248	0.059834	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	668,368	5,870,120	6,538,488	0.075406	58.00
60.00	06000	LABORATORY	11,125,150	12,013,586	23,138,736	0.333811	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	645,321	366,554	1,011,875	0.418382	63.00
64.00	06400	INTRAVENOUS THERAPY	1,838,139	5,395,312	7,233,451	0.277451	64.00
65.00	06500	RESPIRATORY THERAPY	3,267,767	457,729	3,725,496	0.311973	65.00
65.01	03560	PULMONARY FUNCTION TESTING	994,667	617,213	1,611,880	0.001554	65.01
66.00	06600	PHYSICAL THERAPY	2,746,241	4,883,101	7,629,342	0.428360	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,882,016	1,162,902	3,044,918	0.351074	67.00
68.00	06800	SPEECH PATHOLOGY	704,107	437,579	1,141,686	0.477999	68.00
69.00	06900	ELECTROCARDIOLOGY	320,348	725,921	1,046,269	0.222409	69.00
69.01	03140	CARDIOLOGY	6,962,921	8,937,892	15,900,813	0.175214	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	16,223	291,419	307,642	0.613073	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	5,680,100	5,956,277	11,636,377	0.180578	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,998,347	6,736,215	13,734,562	0.394251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,352,870	11,977,476	26,330,346	0.212496	73.00
74.00	07400	RENAL DIALYSIS	527,625	3,429	531,054	0.596182	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	459,812	459,812	0.660694	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	17,333	1,341,529	1,358,862	0.185108	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,644,086	9,618,937	11,263,023	0.293354	90.00
91.00	09100	EMERGENCY	2,762,178	13,614,774	16,376,952	0.224312	91.00
92.00	09200	OBSERVATION BEDS	298,217	1,480,515	1,778,732	0.929796	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,182,430	4,182,430		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	115,361,711	173,601,697	288,963,408		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	115,361,711	173,601,697	288,963,408		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:32 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
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03302	BURN INTENSIVE CARE UNIT				33.01
33.02	03301	NURSING ADMINISTRATION				33.02
33.03	03303	GEROPSYCH REVENUE				33.03
33.04	03304	BURN INTENSIVE CARE UNIT				33.04
33.05	03305	BURN INTENSIVE CARE UNIT				33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.211993			50.00
51.00	05100	RECOVERY ROOM	0.470660			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.597999			52.00
53.00	05300	ANESTHESIOLOGY	0.070838			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.345663			54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.214685			54.01
54.02	03630	ULTRA SOUND	0.173744			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156262			55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.059834			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.075406			58.00
60.00	06000	LABORATORY	0.334097			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.418382			63.00
64.00	06400	INTRAVENOUS THERAPY	0.277451			64.00
65.00	06500	RESPIRATORY THERAPY	0.312971			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.001554			65.01
66.00	06600	PHYSICAL THERAPY	0.428360			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351074			67.00
68.00	06800	SPEECH PATHOLOGY	0.477999			68.00
69.00	06900	ELECTROCARDIOLOGY	0.222409			69.00
69.01	03140	CARDIOLOGY	0.175214			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.620484			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180578			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.394251			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.212496			73.00
74.00	07400	RENAL DIALYSIS	0.596182			74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.660694			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.185108			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.293354			90.00
91.00	09100	EMERGENCY	0.224312			91.00
92.00	09200	OBSERVATION BEDS	0.929796			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:32 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,485,253		13,485,253	3,627	13,488,880	30.00
31.00	03100	INTENSIVE CARE UNIT	3,465,837		3,465,837	0	3,465,837	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0		0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0		0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,225,850		2,225,850	0	2,225,850	40.00
41.00	04100	SUBPROVIDER - IRF	2,523,268		2,523,268	0	2,523,268	41.00
43.00	04300	NURSERY	1,855,671		1,855,671	0	1,855,671	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,944,553		9,944,553	0	9,944,553	50.00
51.00	05100	RECOVERY ROOM	3,504,984		3,504,984	0	3,504,984	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,903,963		1,903,963	0	1,903,963	52.00
53.00	05300	ANESTHESIOLOGY	481,066		481,066	22,645	503,711	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,665,417		1,665,417	0	1,665,417	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	588,677		588,677	0	588,677	54.01
54.02	03630	ULTRA SOUND	430,757		430,757	0	430,757	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,892,935		1,892,935	18,927	1,911,862	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	807,056		807,056	0	807,056	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	493,041		493,041	0	493,041	58.00
60.00	06000	LABORATORY	7,723,968		7,723,968	6,625	7,730,593	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	423,350		423,350	0	423,350	63.00
64.00	06400	INTRAVENOUS THERAPY	2,006,931		2,006,931	0	2,006,931	64.00
65.00	06500	RESPIRATORY THERAPY	1,162,254	0	1,162,254	3,720	1,165,974	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,505	0	2,505	0	2,505	65.01
66.00	06600	PHYSICAL THERAPY	3,268,106	0	3,268,106	0	3,268,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,068,991	0	1,068,991	0	1,068,991	67.00
68.00	06800	SPEECH PATHOLOGY	545,725	0	545,725	0	545,725	68.00
69.00	06900	ELECTROCARDIOLOGY	232,700		232,700	0	232,700	69.00
69.01	03140	CARDIOLOGY	2,786,050		2,786,050	0	2,786,050	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	188,607		188,607	2,280	190,887	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,101,269		2,101,269	0	2,101,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,414,861		5,414,861	0	5,414,861	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,595,088		5,595,088	0	5,595,088	73.00
74.00	07400	RENAL DIALYSIS	316,605		316,605	0	316,605	74.00
76.00	03320	ELECTROSHOCK THERAPY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	303,795		303,795	0	303,795	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	251,536		251,536	0	251,536	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,304,058		3,304,058	0	3,304,058	90.00
91.00	09100	EMERGENCY	3,673,555		3,673,555	0	3,673,555	91.00
92.00	09200	OBSERVATION BEDS	1,653,858		1,653,858	0	1,653,858	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	13,650		13,650	0	13,650	95.00
101.00	10100	HOME HEALTH AGENCY	4,551,720		4,551,720	0	4,551,720	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	91,857,510	0	91,857,510	57,824	91,915,334	200.00
201.00		Less Observation Beds	1,653,858		1,653,858		1,653,858	201.00
202.00		Total (see instructions)	90,203,652	0	90,203,652	57,824	90,261,476	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:32 pm

			Title XIX		Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,752,189		14,752,189			30.00
31.00	03100	INTENSIVE CARE UNIT	4,573,520		4,573,520			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0			33.01
33.02	03301	NURSING ADMINISTRATION	0		0			33.02
33.03	03303	GEROPSYCH REVENUE	0		0			33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0			33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	3,824,049		3,824,049			40.00
41.00	04100	SUBPROVIDER - IRF	3,750,737		3,750,737			41.00
43.00	04300	NURSERY	1,666,136		1,666,136			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,108,182	34,801,649	46,909,831	0.211993	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,258,654	6,188,308	7,446,962	0.470660	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,033,277	150,614	3,183,891	0.597999	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,760,551	5,350,205	7,110,756	0.067653	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,031,494	3,786,540	4,818,034	0.345663	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	93,049	2,648,998	2,742,047	0.214685	0.000000	54.01
54.02	03630	ULTRA SOUND	482,604	1,996,664	2,479,268	0.173744	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,392	12,220,602	12,234,994	0.154715	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,560,853	9,927,395	13,488,248	0.059834	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	668,368	5,870,120	6,538,488	0.075406	0.000000	58.00
60.00	06000	LABORATORY	11,125,150	12,013,586	23,138,736	0.333811	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	645,321	366,554	1,011,875	0.418382	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,838,139	5,395,312	7,233,451	0.277451	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,267,767	457,729	3,725,496	0.311973	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	994,667	617,213	1,611,880	0.001554	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,746,241	4,883,101	7,629,342	0.428360	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,882,016	1,162,902	3,044,918	0.351074	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	704,107	437,579	1,141,686	0.477999	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	320,348	725,921	1,046,269	0.222409	0.000000	69.00
69.01	03140	CARDIOLOGY	6,962,921	8,937,892	15,900,813	0.175214	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	16,223	291,419	307,642	0.613073	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	5,680,100	5,956,277	11,636,377	0.180578	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,998,347	6,736,215	13,734,562	0.394251	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,352,870	11,977,476	26,330,346	0.212496	0.000000	73.00
74.00	07400	RENAL DIALYSIS	527,625	3,429	531,054	0.596182	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	459,812	459,812	0.660694	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	17,333	1,341,529	1,358,862	0.185108	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,644,086	9,618,937	11,263,023	0.293354	0.000000	90.00
91.00	09100	EMERGENCY	2,762,178	13,614,774	16,376,952	0.224312	0.000000	91.00
92.00	09200	OBSERVATION BEDS	298,217	1,480,515	1,778,732	0.929796	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,182,430	4,182,430			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	115,361,711	173,601,697	288,963,408			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	115,361,711	173,601,697	288,963,408			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03302	BURN INTENSIVE CARE UNIT				33.01
33.02	03301	NURSING ADMINISTRATION				33.02
33.03	03303	GEROPSYCH REVENUE				33.03
33.04	03304	BURN INTENSIVE CARE UNIT				33.04
33.05	03305	BURN INTENSIVE CARE UNIT				33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.211993			50.00
51.00	05100	RECOVERY ROOM	0.470660			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.597999			52.00
53.00	05300	ANESTHESIOLOGY	0.070838			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.345663			54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.214685			54.01
54.02	03630	ULTRA SOUND	0.173744			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156262			55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.059834			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.075406			58.00
60.00	06000	LABORATORY	0.334097			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.418382			63.00
64.00	06400	INTRAVENOUS THERAPY	0.277451			64.00
65.00	06500	RESPIRATORY THERAPY	0.312971			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.001554			65.01
66.00	06600	PHYSICAL THERAPY	0.428360			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351074			67.00
68.00	06800	SPEECH PATHOLOGY	0.477999			68.00
69.00	06900	ELECTROCARDIOLOGY	0.222409			69.00
69.01	03140	CARDIOLOGY	0.175214			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.620484			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180578			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.394251			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.212496			73.00
74.00	07400	RENAL DIALYSIS	0.596182			74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.660694			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.185108			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.293354			90.00
91.00	09100	EMERGENCY	0.224312			91.00
92.00	09200	OBSERVATION BEDS	0.929796			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description			Title XIX		Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,944,553	1,473,181	8,471,372	0	0
51.00	05100	RECOVERY ROOM	3,504,984	634,389	2,870,595	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,903,963	183,938	1,720,025	0	0
53.00	05300	ANESTHESIOLOGY	481,066	142,306	338,760	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,665,417	428,058	1,237,359	0	0
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	588,677	84,182	504,495	0	0
54.02	03630	ULTRA SOUND	430,757	12,355	418,402	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,892,935	490,742	1,402,193	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	807,056	45,845	761,211	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	493,041	57,792	435,249	0	0
60.00	06000	LABORATORY	7,723,968	177,059	7,546,909	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	423,350	26,721	396,629	0	0
64.00	06400	INTRAVENOUS THERAPY	2,006,931	172,240	1,834,691	0	0
65.00	06500	RESPIRATORY THERAPY	1,162,254	85,565	1,076,689	0	0
65.01	03560	PULMONARY FUNCTION TESTING	2,505	329	2,176	0	0
66.00	06600	PHYSICAL THERAPY	3,268,106	147,488	3,120,618	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,068,991	23,053	1,045,938	0	0
68.00	06800	SPEECH PATHOLOGY	545,725	26,569	519,156	0	0
69.00	06900	ELECTROCARDIOLOGY	232,700	25,609	207,091	0	0
69.01	03140	CARDIOLOGY	2,786,050	430,170	2,355,880	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	188,607	39,385	149,222	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,101,269	46,266	2,055,003	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,414,861	28,079	5,386,782	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,595,088	150,552	5,444,536	0	0
74.00	07400	RENAL DIALYSIS	316,605	21,261	295,344	0	0
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	303,795	52,132	251,663	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	251,536	16,097	235,439	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,304,058	397,098	2,906,960	0	0
91.00	09100	EMERGENCY	3,673,555	270,651	3,402,904	0	0
92.00	09200	OBSERVATION BEDS	1,653,858	157,869	1,495,989	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	13,650	64	13,586	0	0
101.00	10100	HOME HEALTH AGENCY	4,551,720	24,963	4,526,757	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (sum of lines 50 thru 199)	68,301,631	5,872,008	62,429,623	0	0
201.00		Less Observation Beds	1,653,858	157,869	1,495,989	0	0
202.00		Total (line 200 minus line 201)	66,647,773	5,714,139	60,933,634	0	0

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

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,944,553	46,909,831	0.211993	50.00
51.00	05100	RECOVERY ROOM	3,504,984	7,446,962	0.470660	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,903,963	3,183,891	0.597999	52.00
53.00	05300	ANESTHESIOLOGY	481,066	7,110,756	0.067653	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,665,417	4,818,034	0.345663	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	588,677	2,742,047	0.214685	54.01
54.02	03630	ULTRA SOUND	430,757	2,479,268	0.173744	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,892,935	12,234,994	0.154715	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	807,056	13,488,248	0.059834	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	493,041	6,538,488	0.075406	58.00
60.00	06000	LABORATORY	7,723,968	23,138,736	0.333811	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	423,350	1,011,875	0.418382	63.00
64.00	06400	INTRAVENOUS THERAPY	2,006,931	7,233,451	0.277451	64.00
65.00	06500	RESPIRATORY THERAPY	1,162,254	3,725,496	0.311973	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,505	1,611,880	0.001554	65.01
66.00	06600	PHYSICAL THERAPY	3,268,106	7,629,342	0.428360	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,068,991	3,044,918	0.351074	67.00
68.00	06800	SPEECH PATHOLOGY	545,725	1,141,686	0.477999	68.00
69.00	06900	ELECTROCARDIOLOGY	232,700	1,046,269	0.222409	69.00
69.01	03140	CARDIOLOGY	2,786,050	15,900,813	0.175214	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	188,607	307,642	0.613073	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,101,269	11,636,377	0.180578	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,414,861	13,734,562	0.394251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,595,088	26,330,346	0.212496	73.00
74.00	07400	RENAL DIALYSIS	316,605	531,054	0.596182	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	303,795	459,812	0.660694	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	251,536	1,358,862	0.185108	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,304,058	11,263,023	0.293354	90.00
91.00	09100	EMERGENCY	3,673,555	16,376,952	0.224312	91.00
92.00	09200	OBSERVATION BEDS	1,653,858	1,778,732	0.929796	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	13,650	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	4,551,720	4,182,430	1.088296	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (sum of lines 50 thru 199)	68,301,631	260,396,777		200.00
201.00		Less Observation Beds	1,653,858	0		201.00
202.00		Total (line 200 minus line 201)	66,647,773	260,396,777		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/29/2021 1:32 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,287,575	0	1,287,575	12,544	102.64	30.00	
31.00	INTENSIVE CARE UNIT	253,813		253,813	2,039	124.48	31.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01	
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02	
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03	
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04	
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	164,917	0	164,917	1,859	88.71	40.00	
41.00	SUBPROVIDER - IRF	281,416	0	281,416	2,017	139.52	41.00	
43.00	NURSERY	115,801		115,801	1,359	85.21	43.00	
200.00	Total (lines 30 through 199)	2,103,522		2,103,522	19,818		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	5,377	551,895					30.00
31.00	INTENSIVE CARE UNIT	862	107,302					31.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
33.01	BURN INTENSIVE CARE UNIT	0	0					33.01
33.02	NURSING ADMINISTRATION	0	0					33.02
33.03	GEROPSYCH REVENUE	0	0					33.03
33.04	BURN INTENSIVE CARE UNIT	0	0					33.04
33.05	BURN INTENSIVE CARE UNIT	0	0					33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	1,266	112,307					40.00
41.00	SUBPROVIDER - IRF	1,253	174,819					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	8,758	946,323					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/29/2021 1:32 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	1,473,181	46,909,831	0.031405	4,864,095	152,757	50.00
51.00	05100	RECOVERY ROOM	634,389	7,446,962	0.085188	565,682	48,189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	183,938	3,183,891	0.057771	6,125	354	52.00
53.00	05300	ANESTHESIOLOGY	142,306	7,110,756	0.020013	647,198	12,952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	428,058	4,818,034	0.088845	507,693	45,106	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	84,182	2,742,047	0.030700	39,843	1,223	54.01
54.02	03630	ULTRA SOUND	12,355	2,479,268	0.004983	194,974	972	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	490,742	12,234,994	0.040110	7,161	287	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	45,845	13,488,248	0.003399	1,741,181	5,918	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,792	6,538,488	0.008839	278,709	2,464	58.00
60.00	06000	LABORATORY	177,059	23,138,736	0.007652	4,798,512	36,718	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,721	1,011,875	0.026407	308,608	8,149	63.00
64.00	06400	INTRAVENOUS THERAPY	172,240	7,233,451	0.023812	846,940	20,167	64.00
65.00	06500	RESPIRATORY THERAPY	85,565	3,725,496	0.022967	1,613,318	37,053	65.00
65.01	03560	PULMONARY FUNCTION TESTING	329	1,611,880	0.000204	477,651	97	65.01
66.00	06600	PHYSICAL THERAPY	147,488	7,629,342	0.019332	954,706	18,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,053	3,044,918	0.007571	496,447	3,759	67.00
68.00	06800	SPEECH PATHOLOGY	26,569	1,141,686	0.023272	123,571	2,876	68.00
69.00	06900	ELECTROCARDIOLOGY	25,609	1,046,269	0.024476	162,965	3,989	69.00
69.01	03140	CARDIOLOGY	430,170	15,900,813	0.027053	3,325,850	89,974	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	39,385	307,642	0.128022	9,858	1,262	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	46,266	11,636,377	0.003976	2,683,259	10,669	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,079	13,734,562	0.002044	3,455,435	7,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	150,552	26,330,346	0.005718	5,970,946	34,142	73.00
74.00	07400	RENAL DIALYSIS	21,261	531,054	0.040035	395,980	15,853	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	52,132	459,812	0.113377	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,097	1,358,862	0.011846	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	397,098	11,263,023	0.035257	542,468	19,126	90.00
91.00	09100	EMERGENCY	270,651	16,376,952	0.016526	1,344,389	22,217	91.00
92.00	09200	OBSERVATION BEDS	157,869	1,778,732	0.088754	121,091	10,747	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,846,981	256,214,347		36,484,655	612,539	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0117		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/29/2021 1:32 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	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.00	
33.01	03302	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.01	
33.02	03301	NURSING ADMINISTRATION		0	0	0	0	0	0	33.02	
33.03	03303	GEROPSYCH REVENUE		0	0	0	0	0	0	33.03	
33.04	03304	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.04	
33.05	03305	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.05	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
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	12,544	0.00	5,377	30.00		
31.00	03100	INTENSIVE CARE UNIT			0	2,039	0.00	862	31.00		
33.00	03300	BURN INTENSIVE CARE UNIT			0	0	0.00	0	33.00		
33.01	03302	BURN INTENSIVE CARE UNIT			0	0	0.00	0	33.01		
33.02	03301	NURSING ADMINISTRATION			0	0	0.00	0	33.02		
33.03	03303	GEROPSYCH REVENUE			0	0	0.00	0	33.03		
33.04	03304	BURN INTENSIVE CARE UNIT			0	0	0.00	0	33.04		
33.05	03305	BURN INTENSIVE CARE UNIT			0	0	0.00	0	33.05		
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0	0.00	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0		0	1,859	0.00	1,266	40.00		
41.00	04100	SUBPROVIDER - IRF	0		0	2,017	0.00	1,253	41.00		
43.00	04300	NURSERY			0	1,359	0.00	0	43.00		
200.00		Total (lines 30 through 199)			0	19,818		8,758	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		
33.00	03300	BURN INTENSIVE CARE UNIT		0					33.00		
33.01	03302	BURN INTENSIVE CARE UNIT		0					33.01		
33.02	03301	NURSING ADMINISTRATION		0					33.02		
33.03	03303	GEROPSYCH REVENUE		0					33.03		
33.04	03304	BURN INTENSIVE CARE UNIT		0					33.04		
33.05	03305	BURN INTENSIVE CARE UNIT		0					33.05		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0					34.00		
40.00	04000	SUBPROVIDER - IPF		0					40.00		
41.00	04100	SUBPROVIDER - IRF		0					41.00		
43.00	04300	NURSERY		0					43.00		
200.00		Total (lines 30 through 199)		0					200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		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	46,909,831	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,446,962	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,183,891	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,110,756	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,818,034	0.000000 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,742,047	0.000000 54.01
54.02	03630	ULTRA SOUND	0	0	0	2,479,268	0.000000 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,234,994	0.000000 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	13,488,248	0.000000 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,538,488	0.000000 58.00
60.00	06000	LABORATORY	0	0	0	23,138,736	0.000000 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,011,875	0.000000 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,233,451	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,725,496	0.000000 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,611,880	0.000000 65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	7,629,342	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,044,918	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,141,686	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,046,269	0.000000 69.00
69.01	03140	CARDIOLOGY	0	0	0	15,900,813	0.000000 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	307,642	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	11,636,377	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,734,562	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,330,346	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	531,054	0.000000 74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	459,812	0.000000 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,358,862	0.000000 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	11,263,023	0.000000 90.00
91.00	09100	EMERGENCY	0	0	0	16,376,952	0.000000 91.00
92.00	09200	OBSERVATION BEDS	0	0	0	1,778,732	0.000000 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	0	256,214,347	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:32 pm	
					Title XVIII		Hospital	PPS
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	4,864,095	0	9,932,949	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	565,682	0	1,647,462	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	6,125	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	647,198	0	1,517,442	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	507,693	0	853,248	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	39,843	0	1,124,440	0	54.01
54.02	03630	ULTRA SOUND	0.000000	194,974	0	439,645	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	7,161	0	5,925,836	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	1,741,181	0	2,809,638	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	278,709	0	1,573,035	0	58.00
60.00	06000	LABORATORY	0.000000	4,798,512	0	2,319,615	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	308,608	0	116,066	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	846,940	0	1,424,873	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,613,318	0	137,790	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	477,651	0	224,313	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	954,706	0	44,066	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	496,447	0	17,652	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	123,571	0	7,542	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	162,965	0	203,436	0	69.00
69.01	03140	CARDIOLOGY	0.000000	3,325,850	0	3,816,221	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	9,858	0	97,883	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	2,683,259	0	1,979,387	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	3,455,435	0	2,546,777	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,970,946	0	3,662,512	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	395,980	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	201,390	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	682,584	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	542,468	0	4,735,202	0	90.00
91.00	09100	EMERGENCY	0.000000	1,344,389	0	2,746,190	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	121,091	0	417,236	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		36,484,655	0	51,204,430	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 16-0117		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/29/2021 1:32 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.211993	9,932,949	0	0	2,105,716	50.00
51.00	05100	RECOVERY ROOM		0.470660	1,647,462	0	0	775,394	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.597999	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.067653	1,517,442	0	0	102,660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.345663	853,248	0	0	294,936	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.214685	1,124,440	0	0	241,400	54.01
54.02	03630	ULTRA SOUND		0.173744	439,645	0	0	76,386	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.154715	5,925,836	0	0	916,816	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.059834	2,809,638	0	0	168,112	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.075406	1,573,035	0	0	118,616	58.00
60.00	06000	LABORATORY		0.333811	2,319,615	13,099	0	774,313	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.418382	116,066	0	0	48,560	63.00
64.00	06400	INTRAVENOUS THERAPY		0.277451	1,424,873	0	0	395,332	64.00
65.00	06500	RESPIRATORY THERAPY		0.311973	137,790	0	0	42,987	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.001554	224,313	0	0	349	65.01
66.00	06600	PHYSICAL THERAPY		0.428360	44,066	0	0	18,876	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.351074	17,652	0	0	6,197	67.00
68.00	06800	SPEECH PATHOLOGY		0.477999	7,542	0	0	3,605	68.00
69.00	06900	ELECTROCARDIOLOGY		0.222409	203,436	0	0	45,246	69.00
69.01	03140	CARDIOLOGY		0.175214	3,816,221	0	0	668,655	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.613073	97,883	0	0	60,009	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.180578	1,979,387	0	0	357,434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.394251	2,546,777	7,700	0	1,004,069	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.212496	3,662,512	0	19,985	778,269	73.00
74.00	07400	RENAL DIALYSIS		0.596182	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.660694	201,390	0	0	133,057	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.185108	682,584	0	0	126,352	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.293354	4,735,202	0	57	1,389,090	90.00
91.00	09100	EMERGENCY		0.224312	2,746,190	0	0	616,003	91.00
92.00	09200	OBSERVATION BEDS		0.929796	417,236	0	0	387,944	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)			51,204,430	20,799	20,042	11,656,383	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			51,204,430	20,799	20,042	11,656,383	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 16-0117		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:32 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.01
54.02	03630	ULTRA SOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	4,373	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03140	CARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,036	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,247		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	17		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	7,409	4,264		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	7,409	4,264		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117

Period:

Worksheet D

Component CCN: 16-S117

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:

7/29/2021 1:32 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	1,473,181	46,909,831	0.031405	0	0 50.00
51.00	05100 RECOVERY ROOM	634,389	7,446,962	0.085188	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	183,938	3,183,891	0.057771	0	0 52.00
53.00	05300 ANESTHESIOLOGY	142,306	7,110,756	0.020013	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	428,058	4,818,034	0.088845	3,227	287 54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	84,182	2,742,047	0.030700	0	0 54.01
54.02	03630 ULTRA SOUND	12,355	2,479,268	0.004983	773	4 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	490,742	12,234,994	0.040110	0	0 55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	45,845	13,488,248	0.003399	24,959	85 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	57,792	6,538,488	0.008839	2,789	25 58.00
60.00	06000 LABORATORY	177,059	23,138,736	0.007652	118,780	909 60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	26,721	1,011,875	0.026407	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	172,240	7,233,451	0.023812	7,758	185 64.00
65.00	06500 RESPIRATORY THERAPY	85,565	3,725,496	0.022967	20,088	461 65.00
65.01	03560 PULMONARY FUNCTION TESTING	329	1,611,880	0.000204	4,937	1 65.01
66.00	06600 PHYSICAL THERAPY	147,488	7,629,342	0.019332	47,283	914 66.00
67.00	06700 OCCUPATIONAL THERAPY	23,053	3,044,918	0.007571	37,312	282 67.00
68.00	06800 SPEECH PATHOLOGY	26,569	1,141,686	0.023272	5,206	121 68.00
69.00	06900 ELECTROCARDIOLOGY	25,609	1,046,269	0.024476	3,129	77 69.00
69.01	03140 CARDIOLOGY	430,170	15,900,813	0.027053	2,100	57 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	39,385	307,642	0.128022	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	46,266	11,636,377	0.003976	18,430	73 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	28,079	13,734,562	0.002044	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	150,552	26,330,346	0.005718	69,663	398 73.00
74.00	07400 RENAL DIALYSIS	21,261	531,054	0.040035	0	0 74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	52,132	459,812	0.113377	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	16,097	1,358,862	0.011846	0	0 76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	397,098	11,263,023	0.035257	4,943	174 90.00
91.00	09100 EMERGENCY	270,651	16,376,952	0.016526	35,587	588 91.00
92.00	09200 OBSERVATION BEDS	0	1,778,732	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	5,689,112	256,214,347		406,964	4,641 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:32 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	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:32 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	46,909,831	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	7,446,962	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,183,891	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	7,110,756	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	4,818,034	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	2,742,047	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	2,479,268	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	12,234,994	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	13,488,248	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	6,538,488	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	23,138,736	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	1,011,875	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,233,451	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	3,725,496	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	1,611,880	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	7,629,342	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,044,918	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,141,686	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	1,046,269	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	15,900,813	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	307,642	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	11,636,377	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	13,734,562	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	26,330,346	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	531,054	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	459,812	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	1,358,862	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	11,263,023	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	16,376,952	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	1,778,732	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0			95.00
200.00		Total (lines 50 through 199)		0	0	0	256,214,347		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:32 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	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,227	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	773	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	24,959	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,789	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	118,780	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	7,758	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	20,088	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	4,937	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	47,283	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	37,312	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	5,206	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,129	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	2,100	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	18,430	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	69,663	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	4,943	0	0	928	0	90.00
91.00	09100	EMERGENCY	0.000000	35,587	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			406,964	0	928	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0117

Period:

Worksheet D

Component CCN: 16-S117

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/29/2021 1:32 pm

Title XVIII

Subprovider -

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	0.211993	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.470660	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.597999	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.067653	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.345663	0	0	0	0 54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.214685	0	0	0	0 54.01
54.02	03630 ULTRA SOUND	0.173744	0	0	0	0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.154715	0	0	0	0 55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.059834	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.075406	0	0	0	0 58.00
60.00	06000 LABORATORY	0.333811	0	0	0	0 60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.418382	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.277451	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.311973	0	0	0	0 65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.001554	0	0	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.428360	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.351074	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.477999	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.222409	0	0	0	0 69.00
69.01	03140 CARDIOLOGY	0.175214	0	0	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.613073	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180578	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.394251	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.212496	0	0	1,959	0 73.00
74.00	07400 RENAL DIALYSIS	0.596182	0	0	0	0 74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.660694	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.185108	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.293354	928	0	0	272 90.00
91.00	09100 EMERGENCY	0.224312	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS	0.929796	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000		0		
200.00	Subtotal (see instructions)		928	0	1,959	272 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		928	0	1,959	272 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:32 pm
			Title XVIII		Subprovider - IPF	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.01	
54.02	03630	ULTRA SOUND	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
60.00	06000	LABORATORY	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00	
69.01	03140	CARDIOLOGY	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	416	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
76.00	03320	ELECTROSHOCK THERAPY	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	90.00	
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		95.00	
200.00		Subtotal (see instructions)	0	416	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00	
202.00		Net Charges (line 200 - line 201)	0	416	202.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/29/2021 1:32 pm		
				Component CCN: 16-T117				
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,473,181	46,909,831	0.031405	300	9	50.00
51.00	05100	RECOVERY ROOM	634,389	7,446,962	0.085188	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	183,938	3,183,891	0.057771	0	0	52.00
53.00	05300	ANESTHESIOLOGY	142,306	7,110,756	0.020013	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	428,058	4,818,034	0.088845	13,490	1,199	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	84,182	2,742,047	0.030700	1,675	51	54.01
54.02	03630	ULTRA SOUND	12,355	2,479,268	0.004983	9,388	47	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	490,742	12,234,994	0.040110	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	45,845	13,488,248	0.003399	36,631	125	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,792	6,538,488	0.008839	16,419	145	58.00
60.00	06000	LABORATORY	177,059	23,138,736	0.007652	203,380	1,556	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,721	1,011,875	0.026407	2,552	67	63.00
64.00	06400	INTRAVENOUS THERAPY	172,240	7,233,451	0.023812	21,484	512	64.00
65.00	06500	RESPIRATORY THERAPY	85,565	3,725,496	0.022967	35,482	815	65.00
65.01	03560	PULMONARY FUNCTION TESTING	329	1,611,880	0.000204	15,517	3	65.01
66.00	06600	PHYSICAL THERAPY	147,488	7,629,342	0.019332	576,751	11,150	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,053	3,044,918	0.007571	582,025	4,407	67.00
68.00	06800	SPEECH PATHOLOGY	26,569	1,141,686	0.023272	157,681	3,670	68.00
69.00	06900	ELECTROCARDIOLOGY	25,609	1,046,269	0.024476	2,384	58	69.00
69.01	03140	CARDIOLOGY	430,170	15,900,813	0.027053	4,200	114	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	39,385	307,642	0.128022	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	46,266	11,636,377	0.003976	46,854	186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,079	13,734,562	0.002044	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	150,552	26,330,346	0.005718	192,856	1,103	73.00
74.00	07400	RENAL DIALYSIS	21,261	531,054	0.040035	6,302	252	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	52,132	459,812	0.113377	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,097	1,358,862	0.011846	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	397,098	11,263,023	0.035257	2,718	96	90.00
91.00	09100	EMERGENCY	270,651	16,376,952	0.016526	16,129	267	91.00
92.00	09200	OBSERVATION BEDS	0	1,778,732	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,689,112	256,214,347		1,944,218	25,832	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:32 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:32 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	46,909,831	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	7,446,962	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,183,891	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	7,110,756	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	4,818,034	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	2,742,047	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	2,479,268	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	12,234,994	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	13,488,248	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	6,538,488	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	23,138,736	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	1,011,875	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	7,233,451	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	3,725,496	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	1,611,880	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	7,629,342	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,044,918	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,141,686	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	1,046,269	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	15,900,813	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	307,642	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	11,636,377	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	13,734,562	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	26,330,346	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	531,054	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	459,812	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	1,358,862	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	11,263,023	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	16,376,952	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	1,778,732	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0			95.00
200.00		Total (lines 50 through 199)		0	0	0	256,214,347		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:32 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	300	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	13,490	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	1,675	0	0	0	54.01
54.02	03630	ULTRA SOUND		0.000000	9,388	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	36,631	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	16,419	0	0	0	58.00
60.00	06000	LABORATORY		0.000000	203,380	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	2,552	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	21,484	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	35,482	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.000000	15,517	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	576,751	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	582,025	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	157,681	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	2,384	0	0	0	69.00
69.01	03140	CARDIOLOGY		0.000000	4,200	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.000000	46,854	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	192,856	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	6,302	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	2,718	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	16,129	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,944,218	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,287,575	0	1,287,575	12,544	102.64	30.00
31.00	INTENSIVE CARE UNIT	253,813		253,813	2,039	124.48	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	164,917	0	164,917	1,859	88.71	40.00
41.00	SUBPROVIDER - IRF	281,416	0	281,416	2,017	139.52	41.00
43.00	NURSERY	115,801		115,801	1,359	85.21	43.00
200.00	Total (lines 30 through 199)	2,103,522		2,103,522	19,818		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	1,796	184,341				30.00
31.00	INTENSIVE CARE UNIT	127	15,809				31.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	BURN INTENSIVE CARE UNIT	0	0				33.01
33.02	NURSING ADMINISTRATION	0	0				33.02
33.03	GEROPSYCH REVENUE	0	0				33.03
33.04	BURN INTENSIVE CARE UNIT	0	0				33.04
33.05	BURN INTENSIVE CARE UNIT	0	0				33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	617	52,575				43.00
200.00	Total (lines 30 through 199)	2,540	252,725				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,473,181	46,909,831	0.031405	0	50.00
51.00	05100	RECOVERY ROOM	634,389	7,446,962	0.085188	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	183,938	3,183,891	0.057771	0	52.00
53.00	05300	ANESTHESIOLOGY	142,306	7,110,756	0.020013	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	428,058	4,818,034	0.088845	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	84,182	2,742,047	0.030700	0	54.01
54.02	03630	ULTRA SOUND	12,355	2,479,268	0.004983	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	490,742	12,234,994	0.040110	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	45,845	13,488,248	0.003399	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,792	6,538,488	0.008839	0	58.00
60.00	06000	LABORATORY	177,059	23,138,736	0.007652	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,721	1,011,875	0.026407	0	63.00
64.00	06400	INTRAVENOUS THERAPY	172,240	7,233,451	0.023812	0	64.00
65.00	06500	RESPIRATORY THERAPY	85,565	3,725,496	0.022967	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	329	1,611,880	0.000204	0	65.01
66.00	06600	PHYSICAL THERAPY	147,488	7,629,342	0.019332	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,053	3,044,918	0.007571	0	67.00
68.00	06800	SPEECH PATHOLOGY	26,569	1,141,686	0.023272	0	68.00
69.00	06900	ELECTROCARDIOLOGY	25,609	1,046,269	0.024476	0	69.00
69.01	03140	CARDIOLOGY	430,170	15,900,813	0.027053	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	39,385	307,642	0.128022	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	46,266	11,636,377	0.003976	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,079	13,734,562	0.002044	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	150,552	26,330,346	0.005718	0	73.00
74.00	07400	RENAL DIALYSIS	21,261	531,054	0.040035	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	52,132	459,812	0.113377	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,097	1,358,862	0.011846	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	397,098	11,263,023	0.035257	0	90.00
91.00	09100	EMERGENCY	270,651	16,376,952	0.016526	0	91.00
92.00	09200	OBSERVATION BEDS	157,869	1,778,732	0.088754	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	5,846,981	256,214,347		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part III
Date/Time Prepared:
7/29/2021 1:32 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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	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	12,544	0.00	1,796	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,039	0.00	127	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01
33.02	03301	NURSING ADMINISTRATION		0	0	0.00	0	33.02
33.03	03303	GEROPSYCH REVENUE		0	0	0.00	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	1,859	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,017	0.00	0	41.00
43.00	04300	NURSERY		0	1,359	0.00	617	43.00
200.00		Total (lines 30 through 199)		0	19,818		2,540	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
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0					33.01
33.02	03301	NURSING ADMINISTRATION	0					33.02
33.03	03303	GEROPSYCH REVENUE	0					33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0					33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0					33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0117		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:32 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	46,909,831	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,446,962	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,183,891	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,110,756	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,818,034	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,742,047	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	2,479,268	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,234,994	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	13,488,248	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,538,488	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	23,138,736	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,011,875	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,233,451	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,725,496	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,611,880	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	7,629,342	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,044,918	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,141,686	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,046,269	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,900,813	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	307,642	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	11,636,377	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,734,562	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,330,346	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	531,054	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	459,812	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,358,862	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	11,263,023	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	16,376,952	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	1,778,732	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	256,214,347		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630 ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 CARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		0	0	0		95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/29/2021 1:32 pm	
				Component CCN: 16-S117			
				Title XIX		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	1,473,181	46,909,831	0.031405	0	50.00
51.00	05100	RECOVERY ROOM	634,389	7,446,962	0.085188	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	183,938	3,183,891	0.057771	0	52.00
53.00	05300	ANESTHESIOLOGY	142,306	7,110,756	0.020013	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	428,058	4,818,034	0.088845	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	84,182	2,742,047	0.030700	0	54.01
54.02	03630	ULTRA SOUND	12,355	2,479,268	0.004983	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	490,742	12,234,994	0.040110	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	45,845	13,488,248	0.003399	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,792	6,538,488	0.008839	0	58.00
60.00	06000	LABORATORY	177,059	23,138,736	0.007652	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,721	1,011,875	0.026407	0	63.00
64.00	06400	INTRAVENOUS THERAPY	172,240	7,233,451	0.023812	0	64.00
65.00	06500	RESPIRATORY THERAPY	85,565	3,725,496	0.022967	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	329	1,611,880	0.000204	0	65.01
66.00	06600	PHYSICAL THERAPY	147,488	7,629,342	0.019332	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,053	3,044,918	0.007571	0	67.00
68.00	06800	SPEECH PATHOLOGY	26,569	1,141,686	0.023272	0	68.00
69.00	06900	ELECTROCARDIOLOGY	25,609	1,046,269	0.024476	0	69.00
69.01	03140	CARDIOLOGY	430,170	15,900,813	0.027053	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	39,385	307,642	0.128022	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	46,266	11,636,377	0.003976	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,079	13,734,562	0.002044	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	150,552	26,330,346	0.005718	0	73.00
74.00	07400	RENAL DIALYSIS	21,261	531,054	0.040035	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	52,132	459,812	0.113377	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,097	1,358,862	0.011846	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	397,098	11,263,023	0.035257	0	90.00
91.00	09100	EMERGENCY	270,651	16,376,952	0.016526	0	91.00
92.00	09200	OBSERVATION BEDS	0	1,778,732	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	5,689,112	256,214,347		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:32 pm	
				Title XIX		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	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D
Part IV
Date/Time Prepared:
7/29/2021 1:32 pm

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	46,909,831	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,446,962	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,183,891	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,110,756	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,818,034	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,742,047	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	2,479,268	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,234,994	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	13,488,248	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,538,488	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	23,138,736	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,011,875	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,233,451	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,725,496	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,611,880	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	7,629,342	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,044,918	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,141,686	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,046,269	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	15,900,813	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	307,642	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	11,636,377	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,734,562	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,330,346	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	531,054	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	459,812	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,358,862	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	11,263,023	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	16,376,952	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	1,778,732	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	256,214,347		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:32 pm	
				Title XIX		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	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:32 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)			12,544	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			12,544	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)			11,006	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)			5,377	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)			13,488,880	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)			13,488,880	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)			13,488,880	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)			1,075.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,782,049	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)			5,782,049	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

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

Worksheet D-1

Date/Time Prepared:
7/29/2021 1:32 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	3,465,837	2,039	1,699.77	862	1,465,202		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0		45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0		45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
	Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						9,356,502	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						16,603,753	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)						659,197	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						612,539	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						1,271,736	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						15,332,017	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)						1,538	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,075.33	88.00

Date/Time Prepared:
7/29/2021 1:32 pm

		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,653,858	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,287,575	13,488,880	0.095455	1,653,858	157,869	90.00
91.00	Nursing School cost	0	13,488,880	0.000000	1,653,858	0	91.00
92.00	Allied health cost	0	13,488,880	0.000000	1,653,858	0	92.00
93.00	All other Medical Education	0	13,488,880	0.000000	1,653,858	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:32 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)		1,859	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,859	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)		1,859	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)		1,266	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)		2,225,850	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)		2,225,850	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)		2,225,850	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)		1,197.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,515,832	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)		1,515,832	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

Period:

Worksheet D-1

Component CCN: 16-S117

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 1:32 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
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					115,552	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,631,384	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)					112,307	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,641	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					116,948	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,514,436	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

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:32 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description									
								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00	
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			164,917	2,225,850	0.074092	0	90.00	
91.00	Nursing School cost			0	2,225,850	0.000000	0	91.00	
92.00	Allied health cost			0	2,225,850	0.000000	0	92.00	
93.00	All other Medical Education			0	2,225,850	0.000000	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:32 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)		2,017	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,017	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)		2,017	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)		1,253	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)		2,523,268	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)		2,523,268	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)		2,523,268	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)		1,251.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,567,503	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)		1,567,503	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

Period:

Worksheet D-1

Component CCN: 16-T117

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 1:32 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					681,897	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,249,400	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)					174,819	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,832	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					200,651	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,048,749	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

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:32 pm		
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description								
							1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00
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	281,416	2,523,268	0.111528	0	0	0	90.00
91.00	Nursing School cost	0	2,523,268	0.000000	0	0	0	91.00
92.00	Allied health cost	0	2,523,268	0.000000	0	0	0	92.00
93.00	All other Medical Education	0	2,523,268	0.000000	0	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:32 pm
Cost Center Description		Title XIX	Hospital	PPS
PART I - ALL PROVIDER COMPONENTS				1.00
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,544	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,544	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)		11,006	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)		1,796	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,359	15.00
16.00	Nursery days (title V or XIX only)		617	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)		13,488,880	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)		13,488,880	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)		13,488,880	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)		1,075.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,931,293	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)		1,931,293	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

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

Worksheet D-1

Date/Time Prepared:
7/29/2021 1:32 pm

		Title XIX		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	1,855,671	1,359	1,365.47	617	842,495
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,465,837	2,039	1,699.77	127	215,871
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,989,659
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					252,725
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)					252,725
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,736,934
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)					1,538
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,075.33

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:32 pm	
				Title XIX	Hospital	PPS	
Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,653,858	89.00
	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,287,575	13,488,880	0.095455	1,653,858	157,869	90.00
91.00	Nursing School cost	0	13,488,880	0.000000	1,653,858	0	91.00
92.00	Allied health cost	0	13,488,880	0.000000	1,653,858	0	92.00
93.00	All other Medical Education	0	13,488,880	0.000000	1,653,858	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:32 pm
		Title XIX	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)		1,859	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,859	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)		1,859	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)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,359	15.00
16.00	Nursery days (title V or XIX only)		617	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)		2,225,850	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)		2,225,850	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)		2,225,850	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)		1,197.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

Period:

Worksheet D-1

Component CCN: 16-S117

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 1:32 pm

Title XIX

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
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	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

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:32 pm	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description									
								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0		89.00
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	164,917	2,225,850	0.074092	0	0	0	90.00	
91.00	Nursing School cost	0	2,225,850	0.000000	0	0	0	91.00	
92.00	Allied health cost	0	2,225,850	0.000000	0	0	0	92.00	
93.00	All other Medical Education	0	2,225,850	0.000000	0	0	0	93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:32 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		6,582,350	30.00
31.00	03100	INTENSIVE CARE UNIT		1,964,338	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	33.01
33.02	03301	NURSING ADMINISTRATION		0	33.02
33.03	03303	GEROPSYCH REVENUE		0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.211993	4,864,095	50.00
51.00	05100	RECOVERY ROOM	0.470660	565,682	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.597999	6,125	52.00
53.00	05300	ANESTHESIOLOGY	0.070838	647,198	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.345663	507,693	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.214685	39,843	54.01
54.02	03630	ULTRA SOUND	0.173744	194,974	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156262	7,161	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.059834	1,741,181	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.075406	278,709	58.00
60.00	06000	LABORATORY	0.334097	4,798,512	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.418382	308,608	63.00
64.00	06400	INTRAVENOUS THERAPY	0.277451	846,940	64.00
65.00	06500	RESPIRATORY THERAPY	0.312971	1,613,318	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.001554	477,651	65.01
66.00	06600	PHYSICAL THERAPY	0.428360	954,706	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351074	496,447	67.00
68.00	06800	SPEECH PATHOLOGY	0.477999	123,571	68.00
69.00	06900	ELECTROCARDIOLOGY	0.222409	162,965	69.00
69.01	03140	CARDIOLOGY	0.175214	3,325,850	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.620484	9,858	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180578	2,683,259	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.394251	3,455,435	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.212496	5,970,946	73.00
74.00	07400	RENAL DIALYSIS	0.596182	395,980	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.660694	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.185108	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.293354	542,468	90.00
91.00	09100	EMERGENCY	0.224312	1,344,389	91.00
92.00	09200	OBSERVATION BEDS	0.929796	121,091	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		36,484,655	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)		36,484,655	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:32 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
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
33.01	03302 BURN INTENSIVE CARE UNIT		0		33.01
33.02	03301 NURSING ADMINISTRATION		0		33.02
33.03	03303 GEROPSYCH REVENUE		0		33.03
33.04	03304 BURN INTENSIVE CARE UNIT		0		33.04
33.05	03305 BURN INTENSIVE CARE UNIT		0		33.05
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		2,610,058		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	0.211993	0	0	50.00
51.00	05100 RECOVERY ROOM	0.470660	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.597999	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.070838	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.345663	3,227	1,115	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.214685	0	0	54.01
54.02	03630 ULTRA SOUND	0.173744	773	134	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.156262	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.059834	24,959	1,493	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.075406	2,789	210	58.00
60.00	06000 LABORATORY	0.334097	118,780	39,684	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.418382	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.277451	7,758	2,152	64.00
65.00	06500 RESPIRATORY THERAPY	0.312971	20,088	6,287	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.001554	4,937	8	65.01
66.00	06600 PHYSICAL THERAPY	0.428360	47,283	20,254	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.351074	37,312	13,099	67.00
68.00	06800 SPEECH PATHOLOGY	0.477999	5,206	2,488	68.00
69.00	06900 ELECTROCARDIOLOGY	0.222409	3,129	696	69.00
69.01	03140 CARDIOLOGY	0.175214	2,100	368	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.620484	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180578	18,430	3,328	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.394251	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.212496	69,663	14,803	73.00
74.00	07400 RENAL DIALYSIS	0.596182	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.660694	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.185108	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.293354	4,943	1,450	90.00
91.00	09100 EMERGENCY	0.224312	35,587	7,983	91.00
92.00	09200 OBSERVATION BEDS	0.929796	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		406,964	115,552	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)		406,964		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:32 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
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
33.01	03302 BURN INTENSIVE CARE UNIT		0		33.01
33.02	03301 NURSING ADMINISTRATION		0		33.02
33.03	03303 GEROPSYCH REVENUE		0		33.03
33.04	03304 BURN INTENSIVE CARE UNIT		0		33.04
33.05	03305 BURN INTENSIVE CARE UNIT		0		33.05
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,361,996		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.211993	300	64	50.00
51.00	05100 RECOVERY ROOM	0.470660	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.597999	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.070838	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.345663	13,490	4,663	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.214685	1,675	360	54.01
54.02	03630 ULTRA SOUND	0.173744	9,388	1,631	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.156262	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.059834	36,631	2,192	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.075406	16,419	1,238	58.00
60.00	06000 LABORATORY	0.334097	203,380	67,949	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.418382	2,552	1,068	63.00
64.00	06400 INTRAVENOUS THERAPY	0.277451	21,484	5,961	64.00
65.00	06500 RESPIRATORY THERAPY	0.312971	35,482	11,105	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.001554	15,517	24	65.01
66.00	06600 PHYSICAL THERAPY	0.428360	576,751	247,057	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.351074	582,025	204,334	67.00
68.00	06800 SPEECH PATHOLOGY	0.477999	157,681	75,371	68.00
69.00	06900 ELECTROCARDIOLOGY	0.222409	2,384	530	69.00
69.01	03140 CARDIOLOGY	0.175214	4,200	736	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.620484	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.180578	46,854	8,461	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.394251	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.212496	192,856	40,981	73.00
74.00	07400 RENAL DIALYSIS	0.596182	6,302	3,757	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.660694	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.185108	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.293354	2,718	797	90.00
91.00	09100 EMERGENCY	0.224312	16,129	3,618	91.00
92.00	09200 OBSERVATION BEDS	0.929796	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,944,218	681,897	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)		1,944,218		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/29/2021 1:32 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)			9,011,514	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			3,791,356	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)			81,905	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			41,615	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			82.80	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.14	30.00
31.00	Percentage of Medicaid patient days (see instructions)			17.81	31.00
32.00	Sum of lines 30 and 31			21.95	32.00
33.00	Allowable disproportionate share percentage (see instructions)			7.32	33.00
34.00	Disproportionate share adjustment (see instructions)			234,293	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 1:32 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	441,712	563,844		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	330,681	142,120		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	472,801			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00			45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	13,633,484			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)		13,633,484		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		983,315		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		124,393		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		14,741,192		59.00
60.00	Primary payer payments		30,061		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,711,131		61.00
62.00	Deductibles billed to program beneficiaries		1,470,876		62.00
63.00	Coinurance billed to program beneficiaries		35,904		63.00
64.00	Allowable bad debts (see instructions)		72,202		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		46,931		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		42,459		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		13,251,282		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		118,006		70.93
70.94	HRR adjustment amount (see instructions)		-105,816		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/29/2021 1:32 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,263,472	71.00	
71.01	Sequestration adjustment (see instructions)		87,539	71.01	
71.02	Demonstration payment adjustment amount after sequestration		145,016	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	
72.00	Interim payments		12,924,117	72.00	
72.01	Interim payments-PARHM			72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)			73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		106,800	74.00	
74.01	Balance due provider/program-PARHM (see instructions)			74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		292,479	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 1:32 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	9,011,514	0	9,011,514		9,011,514
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,791,356	0		3,791,356	3,791,356
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	81,905	0	81,905		81,905
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	41,615	0		41,615	41,615
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0732	0.0732	0.0732	0.0732	
11.00	Disproportionate share adjustment (see instructions)	34.00	234,293	0	164,911	69,382	234,293
11.01	Uncompensated care payments	36.00	472,801	0	330,681	142,120	472,801
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	13,633,484	0	9,589,011	4,044,473	13,633,484
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	13,633,484	0	9,589,011	4,044,473	13,633,484
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	983,315	0	707,280	276,035	983,315

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 1:32 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	124,393	0	0	124,393	124,393	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	10,296,291	4,444,901	14,741,192	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	981,017	0	705,356	275,661	981,017	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,298	0	1,924	374	2,298	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	983,315	0	707,280	276,035	983,315	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/29/2021 1:32 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	9,011,514	9,011,514		9,011,514
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,791,356		3,791,356	3,791,356
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	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
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
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	81,905	81,905		81,905
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	41,615		41,615	41,615
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0732	0.0732	0.0732	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	234,293	164,911	69,382	234,293
11.01	Uncompensated care payments	36.00	472,801	330,681	142,120	472,801
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	13,633,484	9,589,011	4,044,473	13,633,484
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,633,484	9,589,011	4,044,473	13,633,484
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	983,315	707,280	276,035	983,315
17.00	Special add-on payments for new technologies	54.00	124,393	0	124,393	124,393
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
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			10,296,291	4,444,901	14,741,192

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/29/2021 1:32 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	981,017	705,356	275,661	981,017	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	2,298	1,924	374	2,298	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	983,315	707,280	276,035	983,315	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	118,006	65,901	52,105	118,006	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	-105,816	-87,412	-18,404	-105,816	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.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 1:32 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,673	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,656,383	2.00
3.00	OPPS payments		10,899,590	3.00
4.00	Outlier payment (see instructions)		10,691	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)		11,673	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		40,841	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)		40,841	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)		40,841	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		29,168	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)		11,673	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)		10,910,281	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,540	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,082,826	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)		8,837,588	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)		8,837,588	30.00
31.00	Primary payer payments		2,764	31.00
32.00	Subtotal (line 30 minus line 31)		8,834,824	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)		91,797	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		59,668	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		65,207	36.00
37.00	Subtotal (see instructions)		8,894,492	37.00
38.00	MSP-LCC reconciliation amount from PS&R		126	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)		8,894,366	40.00
40.01	Sequestration adjustment (see instructions)		58,703	40.01
40.02	Demonstration payment adjustment amount after sequestration		77,007	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		8,789,323	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)		-30,667	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: 16-0117 Component CCN: 16-S117	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 1:32 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		416	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		272	2.00
3.00	OPPS payments		566	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)		416	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,959	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)		1,959	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)		1,959	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,543	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)		416	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)		566	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)		982	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)		982	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		982	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)		982	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)		982	40.00
40.01	Sequestration adjustment (see instructions)		6	40.01
40.02	Demonstration payment adjustment amount after sequestration		11	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		937	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)		28	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: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/29/2021 1:32 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		12,924,117		8,757,423	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	11/20/2020	31,900	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		31,900	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)		12,924,117		8,789,323	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		106,800		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		30,667	6.02	
7.00	Total Medicare program liability (see instructions)		13,030,917		8,758,656	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: 16-0117
 Component CCN: 16-S117

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 7/29/2021 1:32 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		999,438		937	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)		999,438		937	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		10,406		28	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,009,844		965	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: 16-0117
 Component CCN: 16-T117

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 7/29/2021 1:32 pm

		Title XVIII		Subprovider - IRF		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,995,170		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)		1,995,170		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		42,029		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,037,199		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/29/2021 1:32 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: 16-0117 Component CCN: 16-S117	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 7/29/2021 1:32 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)			1,106,789 1.00
2.00	Net IPF PPS Outlier Payments			20,852 2.00
3.00	Net IPF PPS ECT Payments			0 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)			5.079235 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)			1,127,641 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)			1,127,641 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,127,641 18.00
19.00	Deductibles			78,672 19.00
20.00	Subtotal (line 18 minus line 19)			1,048,969 20.00
21.00	Coinsurance			32,923 21.00
22.00	Subtotal (line 20 minus line 21)			1,016,046 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			14,309 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			9,301 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,911 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,025,347 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 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)			1,025,347 31.00
31.01	Sequestration adjustment (see instructions)			6,767 31.01
31.02	Demonstration payment adjustment amount after sequestration			8,736 31.02
32.00	Interim payments			999,438 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)			10,406 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			58,063 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			20,852 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: 16-0117 Component CCN: 16-T117	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/29/2021 1:32 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,995,269 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0242 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			93,179 3.00
4.00	Outlier Payments			14,190 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)			5.510929 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)			2,102,638 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)			2,102,638 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,102,638 19.00
20.00	Deductibles			30,888 20.00
21.00	Subtotal (line 19 minus line 20)			2,071,750 21.00
22.00	Coinsurance			4,224 22.00
23.00	Subtotal (line 21 minus line 22)			2,067,526 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,637 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,664 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,018 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,071,190 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,071,190 32.00
32.01	Sequestration adjustment (see instructions)			13,670 32.01
32.02	Demonstration payment adjustment amount after sequestration			20,321 32.02
33.00	Interim payments			1,995,170 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)			42,029 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			58,063 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			14,190 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 1:32 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	8,758	3,147		26.00
27.00	Total Inpatient Days (see instructions)	17,136	17,136		27.00
28.00	Ratio of inpatient days to total inpatient days	0.511088	0.183648		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 1:32 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)			531,054	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)			20,484,537	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)			30,061	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			20,454,476	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			11,668,744	42.00
43.00	Primary payer payments (see instructions)			2,764	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			11,665,980	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			32,120,456	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.636805	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.363195	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0	50.00

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

Provider CCN: 16-0117

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

Worksheet G

Date/Time Prepared:
7/29/2021 1:32 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	10,187,777	0	0	0	1.00
2.00	Temporary investments	2,697,716	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	47,271,345	0	0	0	4.00
5.00	Other receivable	796,322	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-30,154,765	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	2,337,726	0	0	0	8.00
9.00	Other current assets	521,479	0	0	0	9.00
10.00	Due from other funds	3,814,560	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	37,472,160	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,140,303	0	0	0	12.00
13.00	Land improvements	7,215,186	0	0	0	13.00
14.00	Accumulated depreciation	-6,181,941	0	0	0	14.00
15.00	Buildings	104,688,300	0	0	0	15.00
16.00	Accumulated depreciation	-56,499,084	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	72,968,523	0	0	0	23.00
24.00	Accumulated depreciation	-44,495,221	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	1,779,627	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	85,615,693	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	114,185,402	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	10,696,322	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	124,881,724	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	247,969,577	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,238,240	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,416,977	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	13,813,772	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,468,989	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	25,052,430	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	25,052,430	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	48,521,419	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	199,448,158				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)	199,448,158	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	247,969,577	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0117

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

Worksheet G-1

Date/Time Prepared:
7/29/2021 1:32 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		191,320,319		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		7,047,386				2.00
3.00	Total (sum of line 1 and line 2)		198,367,705		0		3.00
4.00	CONTRIBUTIONS	395,161		0		0	4.00
5.00	CY XFERS TO/FROM AFFILIATES	34,716		0		0	5.00
6.00	FHF PERM RESTR NA - CURRENT YR	267,380		0		0	6.00
7.00	NET ASSETS RELEASE	642,361		0		0	7.00
8.00	TEMP RESTR	804,237		0		0	8.00
9.00	UNRESTRICTED NA	443,268		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,587,123		0		10.00
11.00	Subtotal (line 3 plus line 10)		200,954,828		0		11.00
12.00	FHF TEMP RESTR NA-CURRENT YR	987,909		0		0	12.00
13.00	TSFR TO UNRESTRICT CA	518,761		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)		1,506,670		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		199,448,158		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	CONTRIBUTIONS		0				4.00
5.00	CY XFERS TO/FROM AFFILIATES		0				5.00
6.00	FHF PERM RESTR NA - CURRENT YR		0				6.00
7.00	NET ASSETS RELEASE		0				7.00
8.00	TEMP RESTR		0				8.00
9.00	UNRESTRICTED NA		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	FHF TEMP RESTR NA-CURRENT YR		0				12.00
13.00	TSFR TO UNRESTRICT CA		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: 16-0117

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/29/2021 1:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	20,624,255		20,624,255	1.00
2.00	SUBPROVIDER - IPF	3,831,704		3,831,704	2.00
3.00	SUBPROVIDER - IRF	3,756,053		3,756,053	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	28,212,012		28,212,012	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,112,414		5,112,414	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
13.02	NURSING ADMINISTRATION	0		0	13.02
13.03	GEROPSYCH REVENUE	0		0	13.03
13.04	BURN INTENSIVE CARE UNIT	0		0	13.04
13.05	BURN INTENSIVE CARE UNIT	0		0	13.05
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,112,414		5,112,414	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	33,324,426		33,324,426	17.00
18.00	Ancillary services	77,443,492	150,321,609	227,765,101	18.00
19.00	Outpatient services	4,958,894	23,207,011	28,165,905	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		4,182,430	4,182,430	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY) PHYSICIANS	0	27,454,867	27,454,867	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	115,726,812	205,165,917	320,892,729	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		101,760,982		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)		101,760,982		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0117

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

Worksheet G-3

Date/Time Prepared:
7/29/2021 1:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	320,892,729	1.00
2.00	Less contractual allowances and discounts on patients' accounts	212,738,078	2.00
3.00	Net patient revenues (line 1 minus line 2)	108,154,651	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	101,760,982	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,393,669	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	9,608,455	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	14,495	21.00
22.00	Rental of hospital space	474,945	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER (SPECIFY) GRANTS	63,693	24.01
24.02	OTHER (SPECIFY) MEANINGFUL SUE	0	24.02
24.03	OTHER (SPECIFY) MISCELLANEOUS	5,254,405	24.03
24.50	COVID-19 PHE Funding	3,865,609	24.50
25.00	Total other income (sum of lines 6-24)	19,281,602	25.00
26.00	Total (line 5 plus line 25)	25,675,271	26.00
27.00	OTHER EXPENSES (SPECIFY) FTS NET	18,627,885	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	18,627,885	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,047,386	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0117

Period:

Worksheet H

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 1:32 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	0
2.00	Capital Related - Movable Equipment		0		0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	0	0	8,708	1,129,679	1,138,387
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,945,902	454,704	161,402	55,545	2,791,593
7.00	Physical Therapy	0	0	0	0	0
8.00	Occupational Therapy	0	0	0	0	0
9.00	Speech Pathology	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0
12.00	Supplies (see instructions)	0	0	0	0	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,945,902	454,704	161,402	64,253	3,929,980
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0
2.00	Capital Related - Movable Equipment	0	0	0	0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	0	1,138,387	-238,804	899,583	0
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	-3,994	2,787,599	0	2,787,599	0
7.00	Physical Therapy	0	0	0	0	0
8.00	Occupational Therapy	0	0	0	0	0
9.00	Speech Pathology	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0
12.00	Supplies (see instructions)	0	0	0	0	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	-3,994	3,925,986	-238,804	3,687,182	0

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0117

Period:

Worksheet H-1

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 1:32 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
			0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	899,583	0	0	0	0	899,583	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,787,599	0	0	0	0	2,787,599	6.00
7.00	Physical Therapy	0	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,687,182	0	0	0	0	3,687,182	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	899,583						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	899,583	3,687,182					6.00
7.00	Physical Therapy	0	0					7.00
8.00	Occupational Therapy	0	0					8.00
9.00	Speech Pathology	0	0					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	0	0					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,687,182					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0117

Period:

Worksheet H-1

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 1:32 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-899,583	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	2,787,599	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-899,583	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	899,583	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.322709	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 1:32 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.01	
1.00	Administrative and General	0	0	0	7,025	7,025	1,265	1.00
2.00	Skilled Nursing Care	3,687,182	0	0	0	3,687,182	663,884	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,687,182	0	0	7,025	3,694,207	665,149	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		REHAB	RADIOLOGY	Subtotal	OCCUPATIONAL	Subtotal	PURCHASING	
		ADMINISTRATION	ADMINISTRATION		HEALTH ADMINISTRATION		RECEIVING AND STORES	
		5.02	5.03	5A.03	5.04	5A.04	5.05	
1.00	Administrative and General	145,479	0	153,769	747	154,516	372	1.00
2.00	Skilled Nursing Care	0	0	4,351,066	21,133	4,372,199	10,519	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	145,479	0	4,504,835	21,880	4,526,715	10,891	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000		0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 1:32 pmHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE & REPAIRS 6.00	MAINTENANCE & REPAIRS 6.01	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CAFETERIA 11.00	EMPLOYEE CAFETERIA 11.01	MAINTENANCE OF PERSONNEL 12.00	NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	
1.00	Administrative and General	0	0	0	0	7,615	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	7,615	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 1:32 pmHome Health
Agency I

PPS

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
		16.00	17.00	19.00	20.00	21.00	22.00	
1.00	Administrative and General	6,499	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	6,499	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	169,002	0	169,002			1.00
2.00	Skilled Nursing Care	0	4,382,718	0	4,382,718	169,002	4,551,720	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	4,551,720	0	4,551,720	169,002	4,551,720	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.038561		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117
HHA CCN: 16-7002Period:
From 01/01/2020
To 12/31/2020Worksheet H-2
Part II
Date/Time Prepared:
7/29/2021 1:32 pm

						Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	REHAB ADMINISTRATION (DOLLAR VALUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A.01	5.01	5.02	
1.00	Administrative and General	0	0	1,945,902	0	7,025	3,929,980	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,687,182	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	1,945,902		3,694,207	3,929,980	20.00
21.00	Total cost to be allocated	0	0	7,025		665,149	145,479	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.003610		0.180052	0.037018	22.00
Cost Center Description		RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5A.04	5.04	5A.05	5.05	6.00	
1.00	Administrative and General	0	0	153,769	0	154,516	0	1.00
2.00	Skilled Nursing Care	0	0	4,351,066	0	4,372,199	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0		4,504,835		4,526,715	0	20.00
21.00	Total cost to be allocated	0		21,880		10,891	0	21.00
22.00	Unit cost multiplier	0.000000		0.004857		0.002406	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 1:32 pmHome Health
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		6.01	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.01	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	52,110	0	4,182,430	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	52,110	0	4,182,430	20.00
21.00	Total cost to be allocated	0	0	0	7,615	0	6,499	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.146133	0.000000	0.001554	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 1:32 pmHome Health
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Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM (ASSIGNED TIME)	
					SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
					21.00	22.00		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 1:32 pm

				Title XVIII		Home Health Agency I	PPS
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
		0	1.00	2.00	3.00	4.00	5.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	4,551,720		4,551,720	9,566	475.82
2.00	Physical Therapy	3.00	0	0	0	6,614	0.00
3.00	Occupational Therapy	4.00	0	0	0	2,462	0.00
4.00	Speech Pathology	5.00	0	0	0	576	0.00
5.00	Medical Social Services	6.00	0	0	0	273	0.00
6.00	Home Health Aide	7.00	0	0	0	2,188	0.00
7.00	Total (sum of lines 1-6)		4,551,720	0	4,551,720	21,679	
				Program Visits			
				Part B			
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	5.00
Limitation Cost Computation							
8.00	Skilled Nursing Care		20220	0	3,899		8.00
8.01	Skilled Nursing Care		99914	0	271		8.01
8.02	Skilled Nursing Care		99916	0	705		8.02
8.03	Skilled Nursing Care		99952	0	126		8.03
9.00	Physical Therapy		20220	0	2,963		9.00
9.01	Physical Therapy		99914	0	332		9.01
9.02	Physical Therapy		99916	0	473		9.02
9.03	Physical Therapy		99952	0	164		9.03
10.00	Occupational Therapy		20220	0	1,192		10.00
10.01	Occupational Therapy		99914	0	98		10.01
10.02	Occupational Therapy		99916	0	203		10.02
10.03	Occupational Therapy		99952	0	65		10.03
11.00	Speech Pathology		20220	0	240		11.00
11.01	Speech Pathology		99914	0	12		11.01
11.02	Speech Pathology		99916	0	64		11.02
11.03	Speech Pathology		99952	0	11		11.03
12.00	Medical Social Services		20220	0	144		12.00
12.01	Medical Social Services		99914	0	10		12.01
12.02	Medical Social Services		99916	0	16		12.02
12.03	Medical Social Services		99952	0	5		12.03
13.00	Home Health Aide		20220	0	514		13.00
13.01	Home Health Aide		99914	0	22		13.01
13.02	Home Health Aide		99916	0	103		13.02
13.03	Home Health Aide		99952	0	25		13.03
14.00	Total (sum of lines 8-13)			0	11,657		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		0	1.00	2.00	3.00	4.00	5.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
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Title XVIII

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Cost Center Description		Program Visits		Cost of Services	Agency 1				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	5,001		0	2,379,576		1.00	
2.00	Physical Therapy	0	3,932		0	0		2.00	
3.00	Occupational Therapy	0	1,558		0	0		3.00	
4.00	Speech Pathology	0	327		0	0		4.00	
5.00	Medical Social Services	0	175		0	0		5.00	
6.00	Home Health Aide	0	664		0	0		6.00	
7.00	Total (sum of lines 1-6)	0	11,657		0	2,379,576		7.00	
Cost Center Description									
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
8.03	Skilled Nursing Care							8.03	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
9.03	Physical Therapy							9.03	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
10.03	Occupational Therapy							10.03	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges		Cost of Services					
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	31,910	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 1:32 pm

Title XVIII

Home Health
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PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	2,379,576		1.00
2.00	Physical Therapy	0		2.00
3.00	Occupational Therapy	0		3.00
4.00	Speech Pathology	0		4.00
5.00	Medical Social Services	0		5.00
6.00	Home Health Aide	0		6.00
7.00	Total (sum of lines 1-6)	2,379,576		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 1:32 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.428360	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.351074	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.477999	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.180578	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.212496	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

		Provider CCN: 16-0117	Period: From 01/01/2020	Worksheet H-4	
		HHA CCN: 16-7002	To 12/31/2020	Part I-II Date/Time Prepared: 7/29/2021 1:32 pm	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,038,642	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	205,212	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	46,235	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	4,410	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	45,885	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,340,384	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	2,340,384	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	2,340,384	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,340,384	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	2,340,384	31.00
31.01	Sequestration adjustment (see instructions)		0	16,493	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	22,399	31.02
32.00	Interim payments (see instructions)		0	2,301,492	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 16-0117

Period:

Worksheet H-5

HHA CCN: 16-7002

From 01/01/2020

Date/Time Prepared:

To 12/31/2020

7/29/2021 1:32 pm

Home Health
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PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0			1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		2,301,492	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			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			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. H-4, Part II, column as appropriate, line 32)		0		2,301,492	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,301,492	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0117	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/29/2021 1:32 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		981,017	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		2,298	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)		36.58	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		983,315	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