

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: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/26/2021 4:14 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/26/2021	Time: 4:14 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 MERCY HEALTH LOURDES HOSPITAL LLC (18-0102) 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) BILLIE JEAN MOUNTS
Officer or Administrator of Provider(s)

CHIEF REVENUE OFFICER
Title

(Dated when report is electronically signed.)
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	237,149	4,026	0	2,935,316	1.00
2.00	Subprovider - IPF	0	-9,231	0		0	2.00
3.00	Subprovider - IRF	0	78,193	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	19,926		0	9.00
200.00	Total	0	306,111	23,952	0	2,935,316	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: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/26/2021 4:14 pm	
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	1.00		2.00		3.00		4.00					
	Hospital and Hospital Health Care Complex Address:											
1.00	Street:1530 LONE OAK ROAD			PO Box:							1.00	
2.00	City: PADUCAH			State: KY		Zip Code: 42003		County: MC CRACKEN			2.00	
			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		MERCY HEALTH LOURDES HOSPITAL LLC		180102	99918	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		LOURDES HOSPITAL GERI PSYCH UNIT		18S102	99918	4	01/01/2016	N	P	O	4.00
5.00	Subprovider - IRF		LOURDES REHAB UNIT		18T102	99918	5	01/10/1985	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA		LOURDES HOMECARE		187100	99918		01/01/1988	N	P	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice		LOURDES HOSPICE		181507	99918		01/27/1987				14.00
14.01	Hospital-Based Hospice II		LOURDES HOSPICE IL		141548	99918		04/15/1992				14.01
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
								From:		To:		
								1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)							01/01/2020		12/31/2020		20.00
21.00	Type of Control (see instructions)							1				21.00
						1.00		2.00		3.00		

Inpatient PPS Information							
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				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 Y	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 18-0102

Period:
From 01/01/2020
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Part I
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	872	572	22	593	6,963	191	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	5	197	0	0	492		25.00
					Urban/Rural St	Date of Geogra	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0102		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/26/2021 4:14 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	
				1.00	2.00	3.00	
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	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
				Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
				1.00	2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	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	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
62.01	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
63.00	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
				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.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				0.00	0.00	0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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To 12/31/2020Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
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

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			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 1.00	XIX 2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	Y	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	5.00	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	Y	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	5.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
			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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/26/2021 4:14 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,499,521	183,800	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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	HB0359	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/26/2021 4:14 pm
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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: MERCY HEALTH PARTNERS	Contractor's Name: CGS		Contractor's Number: 15201		141.00	
142.00	Street: 1701 MERCY HEALTH PLACE	PO Box:				142.00	
143.00	City: CINCINNATI	State: OH		Zip Code: 45237		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	
						2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y	N	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.					Y	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
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00
		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: 18-0102		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/26/2021 4:14 pm	
		Y/N	Date				
		1.00	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	Date				
		1.00	2.00				
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	Type				
		1.00	2.00				
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		04/09/2021		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	Legal Oper.				
		1.00	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.	Y					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/27/2021	Y	04/27/2021		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		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		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/26/2021 4:14 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.	JOHN	FRANK		41.00
42.00	Enter the employer/company name of the cost report preparer	MERCY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	5139524858	JFRANK@MERCY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/26/2021 4:14 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	239	87,474	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)		239	87,474	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,392	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		265	96,990	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	13	4,758		0	16.00
17.00 SUBPROVIDER - IRF	41.00	28	10,248		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	10	3,660			24.00
24.01 HOSPICE II	116.01	0	0			24.01
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)		316				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)		3	1,098			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: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/26/2021 4:14 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)	12,062	726	30,408			1.00
2.00	HMO and other (see instructions)	6,993	8,150				2.00
3.00	HMO IPF Subprovider	248	0				3.00
4.00	HMO IRF Subprovider	726	689				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)	12,062	726	30,408			7.00
8.00	INTENSIVE CARE UNIT	1,344	73	3,329			8.00
9.00	CORONARY CARE UNIT	1,032	55	2,290			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		18	1,359			13.00
14.00	Total (see instructions)	14,438	872	37,386	0.00	761.83	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	736	0	1,319	0.00	10.82	16.00
17.00	SUBPROVIDER - IRF	3,413	5	5,458	0.00	19.66	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	31,526	4,048	57,893	0.00	62.45	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	195	195	2,233	0.00	67.32	24.00
24.01	HOSPICE II	0	0	0	0.00	6.39	24.01
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	928.47	27.00
28.00	Observation Bed Days		675	675			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	188	191	1,359			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: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/26/2021 4:14 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,639	278	9,552	1.00
2.00 HMO and other (see instructions)			1,596	1,872		2.00
3.00 HMO IPF Subprovider				73		3.00
4.00 HMO IRF Subprovider				33		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,639	278	9,552	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	100	12	288	16.00
17.00 SUBPROVIDER - IRF	0.00	0	253	5	413	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.01 HOSPICE II	0.00					24.01
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: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/26/2021 4:14 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	59,879,870	0	59,879,870	1,931,232.92	31.01
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		24,927	0	24,927	232.30	107.31
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,420,423	429,688	11,850,111	352,579.47	33.61
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		41,285	0	41,285	542.60	76.09
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		226,400	0	226,400	2,571.00	88.06
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		13,556,995	0	13,556,995	343,062.00	39.52
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,267,495	0	11,267,495		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,644,279	0	2,644,279		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,655,924	0	1,655,924		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/26/2021 4:14 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	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,877,650	-1,877,643	7	0.01	26.00
27.00	Administrative & General	5.00	5,307,611	171,842	5,479,453	180,572.65	27.00
28.00	Administrative & General under contract (see inst.)		298,208	0	298,208	4,771.00	28.00
29.00	Maintenance & Repairs	6.00	576,941	18,679	595,620	23,773.88	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,116,987	-154,617	962,370	63,935.79	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	190,781	190,781	13,156.06	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	866,717	28,061	894,778	19,112.11	38.00
39.00	Central Services and Supply	14.00	4,670	152	4,822	0.27	39.00
40.00	Pharmacy	15.00	2,404,484	77,849	2,482,333	52,119.05	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/26/2021 4:14 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)	60,153,151	0	60,153,151	1,935,771.62	31.07	1.00
2.00	Excluded area salaries (see instructions)	11,420,423	429,688	11,850,111	352,579.47	33.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,732,728	-429,688	48,303,040	1,583,192.15	30.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,824,680	0	13,824,680	346,175.60	39.94	4.00
5.00	Subtotal wage-related costs (see inst.)	12,923,419	0	12,923,419	0.00	26.75	5.00
6.00	Total (sum of lines 3 thru 5)	75,480,827	-429,688	75,051,139	1,929,367.75	38.90	6.00
7.00	Total overhead cost (see instructions)	12,453,268	-1,544,896	10,908,372	357,440.82	30.52	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,215,137	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)	4,665,354	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,767,249	9.00
10.00	Dental, Hearing and Vision Plan	260,824	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	70,926	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)	262,189	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	230,651	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	4,262,566	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-10,196	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	187,074	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	13,911,774	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: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/26/2021 4:14 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	41,285	13,911,774	1.00
2.00	Hospital	41,285	11,267,495	2.00
3.00	Subprovider - IPF	0	166,631	3.00
4.00	Subprovider - IRF	0	262,696	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,075,026	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	1,120,204	13.00
13.01	Hospital-Based Hospice 1	0	0	13.01
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	19,722	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 18-0102 Component CCN: 18-7100		Period: From 01/01/2020 To 12/31/2020		Worksheet S-4 Date/Time Prepared: 7/26/2021 4:14 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County			MCCRACKEN				0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours			0	3,562	87	62	3,711	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	1,625.00	276.00	1,105.00	3,006.00	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	0.00	3.00
4.00	Director(s) and Assistant Director(s)				1.00	0.00	0.00	1.00	4.00
5.00	Other Administrative Personnel				9.14	0.00	0.00	9.14	5.00
6.00	Direct Nursing Service				29.70	0.00	0.00	29.70	6.00
7.00	Nursing Supervisor				3.00	0.00	0.00	3.00	7.00
8.00	Physical Therapy Service				19.50	0.00	0.00	19.50	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				4.15	0.00	0.00	4.15	10.00
11.00	Occupational Therapy Supervisor				0.90	0.00	0.00	0.90	11.00
12.00	Speech Pathology Service				1.74	0.00	0.00	1.74	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	0.00	13.00
14.00	Medical Social Service				1.20	0.00	0.00	1.20	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	0.00	15.00
16.00	Home Health Aide				1.70	0.00	0.00	1.70	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	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.				1				19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914					20.00
				Full Episodes					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			10,663	2,457	347	82	13,549	21.00
22.00	Skilled Nursing Visit Charges			2,985,640	687,960	97,160	22,960	3,793,720	22.00
23.00	Physical Therapy Visits			8,988	3,357	145	58	12,548	23.00
24.00	Physical Therapy Visit Charges			2,067,240	772,110	33,350	13,340	2,886,040	24.00
25.00	Occupational Therapy Visits			1,321	1,306	19	21	2,667	25.00
26.00	Occupational Therapy Visit Charges			306,472	302,992	4,406	4,872	618,742	26.00
27.00	Speech Pathology Visits			414	621	5	6	1,046	27.00
28.00	Speech Pathology Visit Charges			96,048	144,072	1,160	1,392	242,672	28.00
29.00	Medical Social Service Visits			247	100	4	4	355	29.00
30.00	Medical Social Service Visit Charges			51,376	20,800	832	832	73,840	30.00
31.00	Home Health Aide Visits			1,091	261	1	8	1,361	31.00
32.00	Home Health Aide Visit Charges			87,280	20,880	80	640	108,880	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			22,724	8,102	521	179	31,526	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)			5,594,056	1,948,814	136,988	44,036	7,723,894	35.00
36.00	Total Number of Episodes (standard/non outlier)			2,219		280	28	2,527	36.00
37.00	Total Number of Outlier Episodes				368		0	368	37.00
38.00	Total Non-Routine Medical Supply Charges			174,805	45,397	10,758	2,856	233,816	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 18-0102

Period:

Worksheet S-9

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020PARTS I THROUGH IV
Date/Time Prepared:
7/26/2021 4:14 pm

		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	53,324	3,074	2,663	59,061	11.00
12.00	Hospice Inpatient Respite Care	286	5	83	374	12.00
13.00	Hospice General Inpatient Care	1,687	195	351	2,233	13.00
14.00	Total Hospice Days	55,297	3,274	3,097	61,668	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 18-0102

Period:

Worksheet S-9

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020PARTS I THROUGH IV
Date/Time Prepared:
7/26/2021 4:14 pm

		Hospice II					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	10,146	2	116	10,264	11.00
12.00	Hospice Inpatient Respite Care	46	0	0	46	12.00
13.00	Hospice General Inpatient Care	117	0	0	117	13.00
14.00	Total Hospice Days	10,309	2	116	10,427	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 18-0102

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

Worksheet S-10

Date/Time Prepared:
7/26/2021 4:14 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)	0.203571	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	33,207,392	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	164,437,612	6.00
7.00	Medicaid cost (line 1 times line 6)	33,474,729	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)	267,337	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)	267,337	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		3.00	Total (col. 1 + col. 2)
Uncompensated Care (see instructions for each line)			
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,756,924	695,428
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,171,943	695,428
22.00	Payments received from patients for amounts previously written off as charity care	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,171,943	695,428
		1.00	2.00
		3.00	Total (col. 1 + col. 2)
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)	16,930,220	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	994,381	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,529,817	27.01
28.00	Non-Medicare bad debt expense (see instructions)	15,400,403	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,670,511	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	5,537,882	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,805,219	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
7/26/2021 4:14 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		0	0	3,661,326	3,661,326	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,284,065	5,284,065	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,877,650	10,223,809	12,101,459	431,879	12,533,338	4.00
5.01	00540	NONPATIENT TELEPHONES	189,608	14,684	204,292	6,138	210,430	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	5,118,003	56,516,426	61,634,429	-4,961,889	56,672,540	5.05
6.00	00600	MAINTENANCE & REPAIRS	576,941	7,534,397	8,111,338	-259,035	7,852,303	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	685,807	685,807	0	685,807	8.00
9.00	00900	HOUSEKEEPING	0	2,646,491	2,646,491	-103	2,646,388	9.00
10.00	01000	DIETARY	1,116,987	1,416,470	2,533,457	-397,127	2,136,330	10.00
11.00	01100	CAFETERIA	0	0	0	432,595	432,595	11.00
13.00	01300	NURSING ADMINISTRATION	866,717	245,496	1,112,213	-61,060	1,051,153	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,670	402,496	407,166	850,101	1,257,267	14.00
15.00	01500	PHARMACY	2,404,484	35,458,091	37,862,575	-34,560,784	3,301,791	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	190	190	-190	0	16.00
17.00	01700	SOCIAL SERVICE	0	25,661	25,661	-3	25,658	17.00
18.00	01850	PATIENT TRANSPORT	0	483,612	483,612	0	483,612	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,431,853	5,875,767	16,307,620	-2,424,435	13,883,185	30.00
31.00	03100	INTENSIVE CARE UNIT	2,171,897	481,552	2,653,449	3,709	2,657,158	31.00
32.00	03200	CORONARY CARE UNIT	1,317,274	244,832	1,562,106	9,849	1,571,955	32.00
40.00	04000	SUBPROVIDER - IPF	692,827	64,272	757,099	53,727	810,826	40.00
41.00	04100	SUBPROVIDER - IRF	1,112,772	140,809	1,253,581	59,330	1,312,911	41.00
43.00	04300	NURSERY	0	0	0	639,554	639,554	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,034,037	19,697,271	23,731,308	-12,175,381	11,555,927	50.00
50.01	05001	REHAB MEDICINE	932,660	106,492	1,039,152	-40,936	998,216	50.01
51.00	05100	RECOVERY ROOM	371,571	79,462	451,033	12,321	463,354	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,100,356	82,913	1,183,269	1,905,745	3,089,014	52.00
53.00	05300	ANESTHESIOLOGY	26,418	1,808,120	1,834,538	-23,316	1,811,222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,342,401	2,991,901	5,334,302	-1,423,931	3,910,371	54.00
54.01	03630	ULTRA SOUND	321,483	131,971	453,454	93,141	546,595	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	308,461	885,355	1,193,816	-768,034	425,782	56.01
57.00	05700	CT SCAN	580,431	347,730	928,161	-594	927,567	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,376,321	6,221,629	7,597,950	-5,691,156	1,906,794	59.00
60.00	06000	LABORATORY	2,262,924	4,501,405	6,764,329	41,173	6,805,502	60.00
64.00	06400	INTRAVENOUS THERAPY	1,524,319	1,374,914	2,899,233	34,882	2,934,115	64.00
65.00	06500	RESPIRATORY THERAPY	980,584	235,992	1,216,576	22,259	1,238,835	65.00
66.00	06600	PHYSICAL THERAPY	895,380	192,877	1,088,257	-66,442	1,021,815	66.00
67.00	06700	OCCUPATIONAL THERAPY	265,738	20,698	286,436	56,309	342,745	67.00
68.00	06800	SPEECH PATHOLOGY	115,595	9,991	125,586	90,634	216,220	68.00
69.00	06900	ELECTROCARDIOLOGY	962,858	424,724	1,387,582	38,100	1,425,682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	428,334	254,090	682,424	-54,085	628,339	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,923,426	4,923,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,748,415	13,748,415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	36,888,795	36,888,795	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	1,070,543	1,070,543	-7,838	1,062,705	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	505,151	536,721	1,041,872	-2,619	1,039,253	76.02
76.03	03020	PICC LINE TEAM	30,832	112,701	143,533	-11,115	132,418	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	554,546	371,564	926,110	55,881	981,991	90.02
91.00	09100	EMERGENCY	2,462,963	833,122	3,296,085	-44,335	3,251,750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	64,811	64,811	-64,811	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,666,549	4,564,167	9,230,716	-3,063,890	6,166,826	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	4,861,989	8,640,618	13,502,607	-4,097,904	9,404,703	116.00
116.01	11601	HOSPICE II	673	390,362	391,035	859,434	1,250,469	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,794,257	178,413,006	238,207,263	1,775	238,209,038	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
7/26/2021 4:14 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	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	211,246	211,246	0	211,246	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	85,613	49,726	135,339	-1,775	133,564	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	59,879,870	178,673,978	238,553,848	0	238,553,848	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-140,259	3,521,067	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,741,845	8,025,910	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,640,448	9,892,890	4.00
5.01	00540	NONPATIENT TELEPHONES	0	210,430	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	-10,123,488	46,549,052	5.05
6.00	00600	MAINTENANCE & REPAIRS	-78,879	7,773,424	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	685,807	8.00
9.00	00900	HOUSEKEEPING	0	2,646,388	9.00
10.00	01000	DIETARY	-1,283	2,135,047	10.00
11.00	01100	CAFETERIA	-528,890	-96,295	11.00
13.00	01300	NURSING ADMINISTRATION	-1,113	1,050,040	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,330,687	2,587,954	14.00
15.00	01500	PHARMACY	-444	3,301,347	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	25,658	17.00
18.00	01850	PATIENT TRANSPORT	0	483,612	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,840,873	10,042,312	30.00
31.00	03100	INTENSIVE CARE UNIT	-186	2,656,972	31.00
32.00	03200	CORONARY CARE UNIT	0	1,571,955	32.00
40.00	04000	SUBPROVIDER - IPF	0	810,826	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,312,911	41.00
43.00	04300	NURSERY	-67,992	571,562	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	3,420	11,559,347	50.00
50.01	05001	REHAB MEDICINE	-513	997,703	50.01
51.00	05100	RECOVERY ROOM	0	463,354	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-102,331	2,986,683	52.00
53.00	05300	ANESTHESIOLOGY	-1,662,650	148,572	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,785	3,969,156	54.00
54.01	03630	ULTRA SOUND	0	546,595	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	425,782	56.01
57.00	05700	CT SCAN	0	927,567	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-598,415	1,308,379	59.00
60.00	06000	LABORATORY	-135,000	6,670,502	60.00
64.00	06400	INTRAVENOUS THERAPY	-507,208	2,426,907	64.00
65.00	06500	RESPIRATORY THERAPY	-9,460	1,229,375	65.00
66.00	06600	PHYSICAL THERAPY	-8,559	1,013,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	342,745	67.00
68.00	06800	SPEECH PATHOLOGY	0	216,220	68.00
69.00	06900	ELECTROCARDIOLOGY	-122,400	1,303,282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-863	627,476	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,923,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,748,415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,888,795	73.00
73.01	07301	RETAIL PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	1,062,705	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
76.02	03030	WOUNDCARE	-187,458	851,795	76.02
76.03	03020	PICC LINE TEAM	0	132,418	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	90.01
90.02	09002	PAIN MANAGEMENT	-267,994	713,997	90.02
91.00	09100	EMERGENCY	-113,926	3,137,824	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	-1,823	6,165,003	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-6,068	9,398,635	116.00
116.01	11601	HOSPICE II	-128	1,250,341	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,013,914	221,195,124	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	211,246	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	-792	132,772	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	194.01
194.02	07952	FOUNDATION	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-17,014,706	221,539,142	200.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
7/26/2021 4:14 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Chargeable Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,923,426		1.00
2.00	PICC LINE TEAM	76.03	0	642		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
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
	0		0	4,924,068		
	B - Implantable Devices					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,284		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,748,415		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
	0		0	13,775,699		
	C - Drugs Charged to Patients					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	36,888,795		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
	0		0	36,888,795		
	D - Dietary and Cafeteria					
1.00	CAFETERIA	11.00	190,781	241,933		1.00
	0		190,781	241,933		
	E - Property Insurance and Taxes					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	26,478		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
	0		0	26,478		
	F - Depreciation Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,610,024		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,284,065		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

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
7/26/2021 4:14 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
0			0	8,894,089	
G - Nursery and Labor/Delivery					
1.00	NURSERY	43.00	480,339	159,215	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,666,121	239,624	2.00
0			2,146,460	398,839	
I - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	24,824	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			0	24,824	
J - Employee Benefit Salaries					
1.00	NONPATIENT TELEPHONES	5.01	6,138	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.05	165,704	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	18,679	0	3.00
4.00	DIETARY	10.00	36,164	0	4.00
5.00	NURSING ADMINISTRATION	13.00	28,061	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	152	0	6.00
7.00	PHARMACY	15.00	77,849	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	373,102	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	70,320	0	9.00
10.00	CORONARY CARE UNIT	32.00	42,649	0	10.00
11.00	SUBPROVIDER - IPF	40.00	22,432	0	11.00
12.00	SUBPROVIDER - IRF	41.00	36,028	0	12.00
13.00	OPERATING ROOM	50.00	130,609	0	13.00
14.00	REHAB MEDICINE	50.01	30,196	0	14.00
15.00	RECOVERY ROOM	51.00	12,030	0	15.00
16.00	ANESTHESIOLOGY	53.00	856	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	75,840	0	17.00
18.00	ULTRA SOUND	54.01	10,408	0	18.00
19.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	9,987	0	19.00
20.00	CT SCAN	57.00	18,792	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	44,560	0	21.00
22.00	LABORATORY	60.00	73,266	0	22.00
23.00	INTRAVENOUS THERAPY	64.00	49,352	0	23.00
24.00	RESPIRATORY THERAPY	65.00	31,747	0	24.00
25.00	PHYSICAL THERAPY	66.00	28,989	0	25.00
26.00	OCCUPATIONAL THERAPY	67.00	8,603	0	26.00
27.00	SPEECH PATHOLOGY	68.00	3,742	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	31,175	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	13,868	0	29.00
30.00	WOUND CARE	76.02	16,354	0	30.00
31.00	PICC LINE TEAM	76.03	999	0	31.00
32.00	EMERGENCY	91.00	34	0	32.00
33.00	PAIN MANAGEMENT	90.02	17,954	0	33.00
34.00	EMERGENCY	91.00	79,708	0	34.00
35.00	HOME HEALTH AGENCY	101.00	151,087	0	35.00
36.00	HOSPICE	116.00	157,415	0	36.00
37.00	HOSPICE II	116.01	23	0	37.00
38.00	MEDICAL BUILDING AND OTHER	194.00	2,771	0	38.00
TOTALS			1,877,643	0	

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AA - Director Manager					
1.00	SUBPROVIDER - IPF	40.00	31,482	0	1.00	
2.00	SUBPROVIDER - IRF	41.00	28,450	0	2.00	
3.00	RECOVERY ROOM	51.00	4,231	0	3.00	
4.00	ULTRA SOUND	54.01	100,622	0	4.00	
5.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	15,371	0	5.00	
6.00	CT SCAN	57.00	50,043	0	6.00	
7.00	OCCUPATIONAL THERAPY	67.00	47,803	0	7.00	
8.00	SPEECH PATHOLOGY	68.00	86,892	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	29,783	0	9.00	
10.00	PAIN MANAGEMENT	90.02	47,464	0	10.00	
	TOTALS		442,141	0		
	BB - Palliative					
1.00	HOSPICE II	116.01	15,747	1,368	1.00	
			15,747	1,368		
	CC - hha and hospice					
1.00	HOSPICE II	116.01	421,148	421,148	1.00	
	TOTALS		421,148	421,148		
	DD - HHA and Hospice A/G					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,309,522	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.05	0	4,033,662	2.00	
	TOTALS		0	6,343,184		
	EE - AMBULANCE					
1.00	EMERGENCY	91.00	0	64,811	1.00	
	TOTALS		0	64,811		
	ZZ - COVID-19					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,094,400	1.00	
2.00	PHARMACY	15.00	0	501,119	2.00	
	TOTALS		0	1,595,519		
500.00	Grand Total: Increases		5,093,920	73,600,755	500.00	

RECLASSIFICATIONS

Provider CCN: 18-0102

Period:
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To 12/31/2020Worksheet 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		
A - Chargeable Medical Supplies							
1.00	ADULTS & PEDIATRICS	30.00	0	1,438	0	1.00	
2.00	OPERATING ROOM	50.00	0	2,684,331	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	282,553	0	3.00	
4.00	ULTRA SOUND	54.01	0	3,216	0	4.00	
5.00	CT SCAN	57.00	0	623	0	5.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	1,949,461	0	6.00	
8.00	PAIN MANAGEMENT	90.02	0	2,400	0	8.00	
9.00	EMERGENCY	91.00	0	46	0	9.00	
0			0	4,924,068			
B - Implantable Devices							
1.00	ADULTS & PEDIATRICS	30.00	0	784	0	1.00	
2.00	OPERATING ROOM	50.00	0	9,222,101	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	887,860	0	3.00	
4.00	CARDIAC CATHETERIZATION	59.00	0	3,652,604	0	4.00	
5.00	WOUNDCARE	76.02	0	7,650	0	5.00	
6.00	PAIN MANAGEMENT	90.02	0	4,700	0	6.00	
0			0	13,775,699			
C - Drugs Charged to Patients							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	261,203	0	1.00	
2.00	PHARMACY	15.00	0	35,103,526	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	176,003	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	54,355	0	4.00	
5.00	CORONARY CARE UNIT	32.00	0	28,360	0	5.00	
6.00	SUBPROVIDER - IPF	40.00	0	187	0	6.00	
7.00	SUBPROVIDER - IRF	41.00	0	3,148	0	7.00	
8.00	OPERATING ROOM	50.00	0	166,866	0	8.00	
9.00	RECOVERY ROOM	51.00	0	3,940	0	9.00	
10.00	ANESTHESIOLOGY	53.00	0	24,172	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	40,339	0	11.00	
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	769,010	0	12.00	
13.00	CT SCAN	57.00	0	18,009	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	35,625	0	14.00	
15.00	LABORATORY	60.00	0	2,513	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	1,380	0	16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	12,438	0	17.00	
18.00	RENAL DIALYSIS	74.00	0	7,838	0	18.00	
19.00	WOUNDCARE	76.02	0	8,513	0	19.00	
20.00	PICC LINE TEAM	76.03	0	12,756	0	20.00	
21.00	PAIN MANAGEMENT	90.02	0	259	0	21.00	
22.00	EMERGENCY	91.00	0	158,355	0	22.00	
0			0	36,888,795			
D - Dietary and Cafeteria							
1.00	DIETARY	10.00	190,781	241,933	0	1.00	
0			190,781	241,933			
E - Property Insurance and Taxes							
1.00	ADMINISTRATIVE AND GENERAL	5.05	0	49	11	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	416	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,955	0	3.00	
4.00	OPERATING ROOM	50.00	0	375	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,875	0	5.00	
6.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	2,100	0	6.00	
7.00	CT SCAN	57.00	0	430	0	7.00	
8.00	LABORATORY	60.00	0	345	0	8.00	
9.00	PAIN MANAGEMENT	90.02	0	125	0	9.00	
10.00	HOME HEALTH AGENCY	101.00	0	7,404	0	10.00	
11.00	HOSPICE	116.00	0	7,404	0	11.00	
0			0	26,478			
F - Depreciation Expense							
1.00	ADMINISTRATIVE AND GENERAL	5.05	0	7,564,715	11	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	277,298	11	2.00	
3.00	HOUSEKEEPING	9.00	0	103	0	3.00	
4.00	DIETARY	10.00	0	577	0	4.00	
5.00	CAFETERIA	11.00	0	119	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	89,121	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,577	0	7.00	
8.00	PHARMACY	15.00	0	36,226	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	190	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	3	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	42,694	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	12,256	0	12.00	
13.00	CORONARY CARE UNIT	32.00	0	4,440	0	13.00	
14.00	SUBPROVIDER - IRF	41.00	0	2,000	0	14.00	
15.00	OPERATING ROOM	50.00	0	228,086	0	15.00	

RECLASSIFICATIONS

Provider CCN: 18-0102

Period:
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To 12/31/2020Worksheet A-6
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
16.00	REHAB MEDICINE	50.01	0	916	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	133,048	0		17.00
18.00	ULTRA SOUND	54.01	0	14,673	0		18.00
19.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	22,282	0		19.00
20.00	CT SCAN	57.00	0	50,367	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	54,303	0		21.00
22.00	LABORATORY	60.00	0	29,235	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	0	14,470	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	8,108	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	2,502	0		25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	97	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	10,420	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,489	0		28.00
29.00	WOUNDCARE	76.02	0	2,810	0		29.00
31.00	PAIN MANAGEMENT	90.02	0	2,053	0		31.00
32.00	EMERGENCY	91.00	0	30,324	0		32.00
33.00	HOME HEALTH AGENCY	101.00	0	122,634	0		33.00
34.00	HOSPICE	116.00	0	106,407	0		34.00
35.00	MEDICAL BUILDING AND OTHER	194.00	0	4,546	0		35.00
	0		0	8,894,089			
G - Nursery and Labor/Delivery							
1.00	ADULTS & PEDIATRICS	30.00	2,146,460	398,839	0		1.00
2.00		0.00	0	0	0		2.00
	0		2,146,460	398,839			
I - Interest Expense							
1.00	ADMINISTRATIVE AND GENERAL	5.05	0	972	11		1.00
2.00	HOME HEALTH AGENCY	101.00	0	11,926	0		2.00
3.00	HOSPICE	116.00	0	11,926	0		3.00
	0		0	24,824			
J - Employee Benefit Salaries							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,877,643	0	11		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
	TOTALS		1,877,643	0			
AA - Director Manager							
1.00	ADULTS & PEDIATRICS	30.00	31,319	0	0		1.00
2.00	OPERATING ROOM	50.00	4,231	0	0		2.00
3.00	REHAB MEDICINE	50.01	70,216	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	152,096	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet 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		
5.00	CARDIAC CATHETERIZATION	59.00	43,723	0	0		5.00
6.00	PHYSICAL THERAPY	66.00	92,929	0	0		6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	47,464	0	0		7.00
8.00	EMERGENCY	91.00	163	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	TOTALS		442,141	0			
	BB - Palliative						
1.00	HOSPICE	116.00	15,747	1,368			1.00
			15,747	1,368			
	CC - hha and hospice						
1.00	HOSPICE	116.00	421,148	421,148	0		1.00
	TOTALS		421,148	421,148			
	DD - HHA and Hospice A/G						
1.00	HOME HEALTH AGENCY	101.00	0	3,073,013	0		1.00
2.00	HOSPICE	116.00	0	3,270,171	0		2.00
	TOTALS		0	6,343,184			
	EE - AMBULANCE						
1.00	AMBULANCE SERVICES	95.00	0	64,811	0		1.00
	TOTALS		0	64,811			
	ZZ - COVID-19						
1.00	ADMINISTRATIVE AND GENERAL	5.05	0	1,595,519	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	1,595,519			
500.00	Grand Total: Decreases		5,093,920	73,600,755			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
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		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	437,015	0	0	0	0	1.00
2.00	Land Improvements	3,113,611	0	0	0	0	2.00
3.00	Buildings and Fixtures	125,849,093	1,323,443	0	1,323,443	0	3.00
4.00	Building Improvements	0	3	0	3	0	4.00
5.00	Fixed Equipment	128,197,192	11,931,799	0	11,931,799	0	5.00
6.00	Movable Equipment	17,205,488	0	0	0	8,990,016	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	274,802,399	13,255,245	0	13,255,245	8,990,016	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	274,802,399	13,255,245	0	13,255,245	8,990,016	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	437,015	0				1.00
2.00	Land Improvements	3,113,611	0				2.00
3.00	Buildings and Fixtures	127,172,536	0				3.00
4.00	Building Improvements	3	0				4.00
5.00	Fixed Equipment	140,128,991	0				5.00
6.00	Movable Equipment	8,215,472	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	279,067,628	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	279,067,628	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/26/2021 4:14 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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	270,852,156	0	270,852,156	0.970561	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,215,473	0	8,215,473	0.029439	0	2.00
3.00	Total (sum of lines 1-2)	279,067,629	0	279,067,629	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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	-1,068,790	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	-1,068,790	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)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,589,857	0	0	0	3,521,067	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,025,910	0	0	0	8,025,910	2.00
3.00	Total (sum of lines 1-2)	12,615,767	0	0	0	11,546,977	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0102

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

Worksheet A-8

Date/Time Prepared:
7/26/2021 4:14 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		A	-24,824	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0		0.00	0	3.00
4.00	Investment income - other (chapter 2)		0		0.00	0	4.00
5.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	5.00
6.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	6.00
7.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	7.00
8.00	Telephone services (pay stations excluded) (chapter 21)	A	-51,140	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Television and radio service (chapter 21)	A	-27,739	MAINTENANCE & REPAIRS	6.00	0	9.00
10.00	Parking lot (chapter 21)		0		0.00	0	10.00
11.00	Provider-based physician adjustment	A-8-2	-12,637,750				11.00
12.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	12.00
13.00	Related organization transactions (chapter 10)	A-8-1	-1,792,720			0	13.00
14.00	Laundry and linen service		0		0.00	0	14.00
15.00	Cafeteria-employees and guests	B	-494,393	CAFETERIA	11.00	0	15.00
16.00	Rental of quarters to employee and others	B	0	CAP REL COSTS-BLDG & FIXT	1.00	10	16.00
17.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	17.00
18.00	Sale of drugs to other than patients		0		0.00	0	18.00
19.00	Sale of medical records and abstracts		0		0.00	0	19.00
20.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	20.00
21.00	Vending machines	B	-34,233	CAFETERIA	11.00	0	21.00
22.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	22.00
23.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	23.00
24.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		24.00
25.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		25.00
26.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		26.00
27.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	27.00
28.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	28.00
29.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		29.00
30.00	Physicians' assistant		0		0.00	0	30.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	ADMIN MISC INCOME	B	0	ADMINISTRATIVE AND GENERAL	5.05	0	33.00
33.01	Other Operating Revenue	B	-1,068,790	CAP REL COSTS-BLDG & FIXT	1.00	9	33.01
33.02	Other Operating Revenue	B	58,785	RADIOLOGY-DIAGNOSTIC	54.00	0	33.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0102

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

Worksheet A-8

Date/Time Prepared:
7/26/2021 4:14 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.		
1.00	2.00	3.00	4.00	5.00			
33.03 Other Operating Revenue	B	-1,470	ADULTS & PEDIATRICS	30.00	0	33.03	
33.05 Other Operating Revenue	B	-495,976	ADMINISTRATIVE AND GENERAL	5.05	0	33.05	
33.08 Other Operating Revenue	A	-7,407	ADMINISTRATIVE AND GENERAL	5.05	0	33.08	
33.12 Other Operating Revenue	B	-8,559	PHYSICAL THERAPY	66.00	0	33.12	
33.13 ECHOCARDIOLOGY OTHER INCOME	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13	
33.14 LAB OTHER INCOME	B	0	LABORATORY	60.00	0	33.14	
33.15 Other Operating Revenue	B	-92,013	ADMINISTRATIVE AND GENERAL	5.05	0	33.15	
33.16 HOSPICE OTHER INCOME	B	0	LABORATORY	60.00	0	33.16	
33.17 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.17	
33.18 CONTRIBUTIONS/DONATIONS	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	33.18	
33.19 PATIENT TELEPHONE	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	33.19	
33.20 MIDLEVEL SALARY & BENEFIT	A	0	PAIN MANAGEMENT	90.02	0	33.20	
33.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.21	
33.22 TELEPHONE EMPLOYEE BENEFITS	A	0	EMERGENCY	91.00	0	33.22	
33.23 OTHER OPERATING REVENUE CT	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	33.23	
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24	
33.25 GIFTS AND NON-REIMBURSABLES HR	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25	
33.26 GIFTS AND NON-REIMBURSABLES A&G	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	33.26	
33.27 GIFTS AND NON-REIMBURSABLES NURSE AD	A	0	INTENSIVE CARE UNIT	31.00	0	33.27	
33.28 DONTATIONS	B	0	DRUGS CHARGED TO PATIENTS	73.00	0	33.28	
33.29 GIFTS AND NON-REIMBURSABLES REHAB	A	0	REHAB MEDICINE	50.01	0	33.29	
33.50 Non Operating	B	716	ADMINISTRATIVE AND GENERAL	5.05	0	33.50	
34.00 LOBBYING	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	34.00	
35.00 MARKETING	A	0	CAP REL COSTS-MVBLE EQUIP	2.00	14	35.00	
35.01 Non Allowable Expense	A	-1,113	NURSING ADMINISTRATION	13.00	0	35.01	
35.02 ADVERTISING OFFSET	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	35.02	
35.03 Non Allowable Expense	A	-610	ADULTS & PEDIATRICS	30.00	0	35.03	
35.04 ADVERTISING OFFSET	A	0	CAFETERIA	11.00	0	35.04	
35.05 ADVERTISING OFFSET	A	0	ADULTS & PEDIATRICS	30.00	0	35.05	
35.06 Non Allowable Expense	A	-863	ELECTROENCEPHALOGRAPHY	70.00	0	35.06	
35.08 Non Allowable Expense	A	-1,283	DIETARY	10.00	0	35.08	
35.09 Non Allowable Expense	A	-264	CAFETERIA	11.00	0	35.09	
35.10 Non Allowable Expense	A	3,420	OPERATING ROOM	50.00	0	35.10	
36.00 Advertising & Marketing	A	-1,823	HOME HEALTH AGENCY	101.00	0	36.00	
36.01 Advertising & Marketing	A	-6,068	HOSPICE	116.00	0	36.01	
36.02 Advertising & Marketing	A	-128	HOSPICE II	116.01	0	36.02	
36.03 Advertising & Marketing	A	-792	MEDICAL BUILDING AND OTHER	194.00	0	36.03	
37.00 OTHER INCOME ER		0		0.00	0	37.00	
37.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.01	
37.04 OTHER INCOME	B	0	NURSING ADMINISTRATION	13.00	0	37.04	
38.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00	
38.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.01	
39.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.00	
45.01 Hospital Specific Offset	A	-138,049	ADMINISTRATIVE AND GENERAL	5.05	0	45.01	
45.03 Hospital Specific Offset	A	-14,163	ADMINISTRATIVE AND GENERAL	5.05	0	45.03	
45.04 Hospital Specific Offset	A	-9,676	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.04	
45.05 Hospital Specific Offset	A	-15,168	ADMINISTRATIVE AND GENERAL	5.05	0	45.05	
45.07 Hospital Specific Offset	A	-1,695	ADULTS & PEDIATRICS	30.00	0	45.07	
45.08 Hospital Specific Offset	A	-186	INTENSIVE CARE UNIT	31.00	0	45.08	
45.09 Hospital Specific Offset	A	-513	REHAB MEDICINE	50.01	0	45.09	
45.10 Hospital Specific Offset	A	-148,219	ADMINISTRATIVE AND GENERAL	5.05	0	45.10	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,014,706				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: 18-0102

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

Worksheet A-8-1

Date/Time Prepared:
7/26/2021 4:14 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	1.00	CAP REL COSTS-BLDG & FIXT	MHP CAP REL COSTS-BLDG & FIX	953,355	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MHP CAP REL COSTS-MME	2,741,845	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MHP EMPLOYEE BENEFITS	9,729,468	12,360,240	3.00
3.01	5.05	ADMINISTRATIVE AND GENERAL	MHP A&G	39,135,089	43,322,924	3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	MHP CENTRAL SUPPLY	1,330,687	0	3.02
3.03	0.00			0	0	3.03
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.07	0.00			0	0	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			53,890,444	55,683,164	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		
Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B	MERCY HEALTH	100.00	MERCY HEALTH	100.00	6.00
7.00	B	LOURDES PHYSICI	100.00	LOURDES PHYSICI	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 18-0102

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

Worksheet A-8-1

Date/Time Prepared:
7/26/2021 4:14 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	953,355	11		1.00
2.00	2,741,845	11		2.00
3.00	-2,630,772	0		3.00
3.01	-4,187,835	0		3.01
3.02	1,330,687	0		3.02
3.03	0	0		3.03
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.07	0	0		4.07
5.00	-1,792,720			5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	SISTER COMPANY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 18-0102

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

Worksheet A-8-2

Date/Time Prepared:
7/26/2021 4:14 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	5.05	ADMINISTRATIVE AND GENERAL	5,030,499	5,025,374	5,125	211,500	51	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,837,098	3,837,098	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	15.00	PHARMACY	444	444	0	0	0	4.00
5.00	43.00	NURSERY	67,992	67,992	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,662,650	1,662,650	0	0	0	6.00
7.00	60.00	LABORATORY	135,000	135,000	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	9,460	9,460	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	102,331	102,331	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	598,415	598,415	0	0	0	10.00
11.00	64.00	INTRAVENOUS THERAPY	507,208	507,208	0	0	0	11.00
12.00	90.02	PAIN MANAGEMENT	72,000	72,000	0	0	0	12.00
13.00	91.00	EMERGENCY	113,926	113,926	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	122,400	122,400	0	0	0	14.00
15.00	76.02	WOUND CARE	187,458	187,458	0	0	0	15.00
17.00	90.02	PAIN MANAGEMENT	195,994	195,994	0	0	0	17.00
200.00			12,642,875	12,637,750	5,125		51	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	5.05	ADMINISTRATIVE AND GENERAL	5,186	259	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	15.00	PHARMACY	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	11.00
12.00	90.02	PAIN MANAGEMENT	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	76.02	WOUND CARE	0	0	0	0	0	15.00
17.00	90.02	PAIN MANAGEMENT	0	0	0	0	0	17.00
200.00			5,186	259	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	5.05	ADMINISTRATIVE AND GENERAL	0	5,186	0	5,025,374		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,837,098		2.00
3.00	0.00		0	0	0	0		3.00
4.00	15.00	PHARMACY	0	0	0	444		4.00
5.00	43.00	NURSERY	0	0	0	67,992		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,662,650		6.00
7.00	60.00	LABORATORY	0	0	0	135,000		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	9,460		8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	102,331		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	598,415		10.00
11.00	64.00	INTRAVENOUS THERAPY	0	0	0	507,208		11.00
12.00	90.02	PAIN MANAGEMENT	0	0	0	72,000		12.00
13.00	91.00	EMERGENCY	0	0	0	113,926		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	122,400		14.00
15.00	76.02	WOUND CARE	0	0	0	187,458		15.00
17.00	90.02	PAIN MANAGEMENT	0	0	0	195,994		17.00
200.00			0	5,186	0	12,637,750		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,521,067	3,521,067			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,025,910		8,025,910		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,892,890	27,270	62,159	9,982,319	4.00
5.01	00540	NONPATIENT TELEPHONES	210,430	4,058	9,250	32,632	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	46,549,052	624,985	1,424,589	880,826	5.05
6.00	00600	MAINTENANCE & REPAIRS	7,773,424	231,945	528,695	99,293	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	685,807	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,646,388	23,677	53,969	0	9.00
10.00	01000	DIETARY	2,135,047	91,959	209,612	160,433	10.00
11.00	01100	CAFETERIA	-96,295	39,410	89,831	31,804	11.00
13.00	01300	NURSING ADMINISTRATION	1,050,040	10,891	24,824	149,165	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,587,954	42,305	96,430	804	14.00
15.00	01500	PHARMACY	3,301,347	27,261	62,139	413,820	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	25,658	4,317	9,839	0	17.00
18.00	01850	PATIENT TRANSPORT	483,612	6,324	14,415	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,042,312	766,030	1,746,091	1,438,188	30.00
31.00	03100	INTENSIVE CARE UNIT	2,656,972	103,824	236,656	373,791	31.00
32.00	03200	CORONARY CARE UNIT	1,571,955	70,910	161,633	226,707	32.00
40.00	04000	SUBPROVIDER - IPF	810,826	64,509	147,041	124,486	40.00
41.00	04100	SUBPROVIDER - IRF	1,312,911	138,977	316,785	196,255	41.00
43.00	04300	NURSERY	571,562	3,309	7,542	80,075	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,559,347	332,943	758,909	693,566	50.00
50.01	05001	REHAB MEDICINE	997,703	42,891	97,765	148,808	50.01
51.00	05100	RECOVERY ROOM	463,354	38,169	87,003	64,654	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,986,683	24,177	55,108	461,188	52.00
53.00	05300	ANESTHESIOLOGY	148,572	3,748	8,543	4,547	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,969,156	159,165	362,800	377,780	54.00
54.01	03630	ULTRA SOUND	546,595	2,783	6,344	72,103	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	425,782	9,624	21,937	55,650	56.01
57.00	05700	CT SCAN	927,567	10,563	24,078	108,237	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,308,379	107,374	244,747	229,581	59.00
60.00	06000	LABORATORY	6,670,502	72,470	165,188	389,457	60.00
64.00	06400	INTRAVENOUS THERAPY	2,426,907	15,811	36,038	262,340	64.00
65.00	06500	RESPIRATORY THERAPY	1,229,375	9,986	22,762	168,762	65.00
66.00	06600	PHYSICAL THERAPY	1,013,256	2,068	4,713	138,606	66.00
67.00	06700	OCCUPATIONAL THERAPY	342,745	0	0	53,703	67.00
68.00	06800	SPEECH PATHOLOGY	216,220	0	0	34,380	68.00
69.00	06900	ELECTROCARDIOLOGY	1,303,282	44,967	102,498	170,676	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	627,476	0	0	65,805	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,923,426	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,748,415	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,888,795	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,062,705	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02	03030	WOUND CARE	851,795	0	0	86,938	76.02
76.03	03020	PICC LINE TEAM	132,418	439	1,002	5,306	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	713,997	32,483	74,041	103,352	90.02
91.00	09100	EMERGENCY	3,137,824	190,631	434,524	423,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,165,003	0	0	803,129	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	9,398,635	80,199	182,804	763,932	116.00
116.01	11601	HOSPICE II	1,250,341	0	0	72,949	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	221,195,124	3,462,452	7,892,304	9,967,585	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,905	36,254	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	211,246	25,202	57,445	0	283
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	MEDICAL BUILDING AND OTHER	132,772	9,667	22,035	14,734	567
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0
194.02	07952	FOUNDATION	0	7,841	17,872	0	1,700
194.03	07953	RETAIL PHARMACY	0	0	0	0	0
194.04	07954	SNF CLOSING EXP	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	221,539,142	3,521,067	8,025,910	9,982,319	256,370

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.01	5.05	6.00	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	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	49,506,080	49,506,080				5.05
6.00	00600	MAINTENANCE & REPAIRS	8,639,306	2,486,142	11,125,448			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	685,807	197,355	0	883,162		8.00
9.00	00900	HOUSEKEEPING	2,725,734	784,387	100,052	0	3,610,173	9.00
10.00	01000	DIETARY	2,600,450	748,334	388,593	0	127,241	10.00
11.00	01100	CAFETERIA	64,750	18,633	166,535	0	54,530	11.00
13.00	01300	NURSING ADMINISTRATION	1,236,620	355,863	46,021	0	15,069	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,727,493	784,893	178,768	0	58,536	14.00
15.00	01500	PHARMACY	3,804,567	1,094,844	115,198	0	37,721	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	43,780	12,599	18,241	0	5,973	17.00
18.00	01850	PATIENT TRANSPORT	504,918	145,301	26,724	0	8,751	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,045,593	4,041,914	3,237,009	400,658	1,059,930	30.00
31.00	03100	INTENSIVE CARE UNIT	3,374,359	971,043	438,728	45,195	143,658	31.00
32.00	03200	CORONARY CARE UNIT	2,043,953	588,190	299,646	26,924	98,116	32.00
40.00	04000	SUBPROVIDER - IPF	1,150,828	331,175	272,594	0	89,259	40.00
41.00	04100	SUBPROVIDER - IRF	1,975,976	568,629	587,276	38,923	192,299	41.00
43.00	04300	NURSERY	662,488	190,645	13,981	0	4,578	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,366,011	3,846,350	1,406,915	70,766	460,682	50.00
50.01	05001	REHAB MEDICINE	1,287,167	370,409	181,244	0	59,347	50.01
51.00	05100	RECOVERY ROOM	656,013	188,782	161,292	9,946	52,814	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,527,156	1,015,013	102,164	0	33,453	52.00
53.00	05300	ANESTHESIOLOGY	165,410	47,600	15,838	0	5,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,879,949	1,404,308	672,583	76,441	220,232	54.00
54.01	03630	ULTRA SOUND	627,825	180,670	11,760	0	3,851	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	512,993	147,625	40,669	0	13,317	56.01
57.00	05700	CT SCAN	1,070,445	308,043	44,637	0	14,616	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,901,979	547,334	453,728	30,847	148,570	59.00
60.00	06000	LABORATORY	7,306,965	2,102,733	306,236	0	100,274	60.00
64.00	06400	INTRAVENOUS THERAPY	2,741,946	789,053	66,810	5,211	21,877	64.00
65.00	06500	RESPIRATORY THERAPY	1,431,735	412,012	42,198	170	13,817	65.00
66.00	06600	PHYSICAL THERAPY	1,163,459	334,810	8,738	2,436	2,861	66.00
67.00	06700	OCCUPATIONAL THERAPY	397,015	114,249	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	252,866	72,768	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,622,556	466,925	190,018	22,427	62,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	696,397	200,403	0	3,539	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,926,825	1,417,797	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,748,415	3,956,395	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,893,611	10,616,863	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,063,555	306,060	0	4,077	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	944,399	271,771	0	3,655	0	76.02
76.03	03020	PICC LINE TEAM	139,165	40,048	1,857	0	608	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	927,272	266,842	137,262	1,720	44,945	90.02
91.00	09100	EMERGENCY	4,195,901	1,207,459	805,548	123,549	263,770	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,979,180	2,008,406	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,443,417	3,005,313	338,895	16,630	110,968	116.00
116.01	11601	HOSPICE II	1,323,290	380,804	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	220,985,619	49,346,792	10,877,758	883,114	3,529,069	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,159	15,010	67,211	0	22,008	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	294,176	84,655	106,496	0	34,871	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.01	5.05	6.00	8.00	9.00	
194.00	07950	MEDICAL BUILDING AND OTHER	179,775	51,734	40,851	48	13,376	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	27,413	7,889	33,132	0	10,849	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	221,539,142	49,506,080	11,125,448	883,162	3,610,173	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,864,618					10.00
11.00	01100	CAFETERIA	0	304,448				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,528	1,657,101			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,749,690		14.00
15.00	01500	PHARMACY	0	9,619	0	10,940	5,072,889	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,483,280	59,036	996,394	63,575	0	30.00
31.00	03100	INTENSIVE CARE UNIT	381,338	11,780	241,126	27,952	0	31.00
32.00	03200	CORONARY CARE UNIT	0	7,174	146,246	12,481	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	4,153	0	692	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	7,546	0	4,957	0	41.00
43.00	04300	NURSERY	0	2,576	0	7,134	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	24,666	0	476,860	0	50.00
50.01	05001	REHAB MEDICINE	0	4,710	0	317	0	50.01
51.00	05100	RECOVERY ROOM	0	1,996	0	5,465	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,855	0	10,888	1	52.00
53.00	05300	ANESTHESIOLOGY	0	322	0	14,011	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,108	0	132,451	0	54.00
54.01	03630	ULTRA SOUND	0	2,341	0	4,787	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,509	0	903	0	56.01
57.00	05700	CT SCAN	0	3,562	0	19,939	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,218	0	0	0	59.00
60.00	06000	LABORATORY	0	18,279	0	323,106	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	11,109	0	41,160	9,592	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,268	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,211	0	1,205	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,366	0	27	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,002	0	115	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,412	0	20,805	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,303	0	2,500	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	785,878	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,631,971	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,944,160	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	1,255	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	3,075	0	8,721	0	76.02
76.03	03020	PICC LINE TEAM	0	184	0	11,675	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	3,666	0	3,091	0	90.02
91.00	09100	EMERGENCY	0	15,507	273,335	36,167	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	23,971	0	38,700	61	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	25,841	0	44,893	106,403	116.00
116.01	11601	HOSPICE II	0	2,453	0	4,857	12,672	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,864,618	303,350	1,657,101	3,749,478	5,072,889	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	212	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	1,098	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	3,864,618	304,448	1,657,101	3,749,690	5,072,889	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
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	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0					16.00
17.00	01700	SOCIAL SERVICE	0	80,597				17.00
18.00	01850	PATIENT TRANSPORT	0	0	685,694			18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	59,292	43,760	27,490,441	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,820	7,891	5,645,890	0	31.00
32.00	03200	CORONARY CARE UNIT	0	2,820	4,975	3,230,525	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	1,335	1,850,036	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,215	3,379,821	0	41.00
43.00	04300	NURSERY	0	0	571	881,973	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	71,603	19,723,853	0	50.00
50.01	05001	REHAB MEDICINE	0	0	4,493	1,907,687	0	50.01
51.00	05100	RECOVERY ROOM	0	0	2,475	1,078,783	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,033	4,705,563	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	9,162	257,529	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	38,777	7,437,849	0	54.00
54.01	03630	ULTRA SOUND	0	0	6,989	838,223	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	17,430	734,446	0	56.01
57.00	05700	CT SCAN	0	0	36,274	1,497,516	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	23,429	3,112,105	0	59.00
60.00	06000	LABORATORY	0	0	52,713	10,210,306	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	18,043	3,704,801	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,599	1,917,799	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,360	1,521,080	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,318	513,975	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,543	328,294	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	24,398	2,414,761	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,269	910,411	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	8,970	7,139,470	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	57,445	19,394,226	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	146,572	52,601,206	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	2,943	1,377,890	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	8,988	1,240,609	0	76.02
76.03	03020	PICC LINE TEAM	0	0	1,118	194,655	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	6,196	1,390,994	0	90.02
91.00	09100	EMERGENCY	0	15,665	37,584	6,974,485	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					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	6,679	9,056,997	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	13,634	14,105,994	0	116.00
116.01	11601	HOSPICE II	0	0	1,910	1,725,986	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	80,597	685,694	220,496,179	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	156,388	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	520,410	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	286,882	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	79,283	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	80,597	685,694	221,539,142	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		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	00540	NONPATIENT TELEPHONES	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	PATIENT TRANSPORT	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	REHAB MEDICINE	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
56.00	05600	RADIOISOTOPE	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	RETAIL PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	DIABETES	76.00
76.01	03950	LITHOTRIPTOR	76.01
76.02	03030	WOUND CARE	76.02
76.03	03020	PICC LINE TEAM	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PARTIAL HOSPITAL PRG	90.01
90.02	09002	PAIN MANAGEMENT	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
116.01	11601	HOSPICE II	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
194.01	07951	MARCUM & WALLACE HOSPITAL	0	194.01
194.02	07952	FOUNDATION	79,283	194.02
194.03	07953	RETAIL PHARMACY	0	194.03
194.04	07954	SNF CLOSING EXP	0	194.04
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	221,539,142	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19	27,270	62,159	89,448	4.00
5.01	00540	NONPATIENT TELEPHONES	360	4,058	9,250	13,668	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	145,377	624,985	1,424,589	2,194,951	5.05
6.00	00600	MAINTENANCE & REPAIRS	47,662	231,945	528,695	808,302	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,387	0	0	5,387	8.00
9.00	00900	HOUSEKEEPING	0	23,677	53,969	77,646	9.00
10.00	01000	DIETARY	10,823	91,959	209,612	312,394	10.00
11.00	01100	CAFETERIA	2,229	39,410	89,831	131,470	11.00
13.00	01300	NURSING ADMINISTRATION	360	10,891	24,824	36,075	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	174,601	42,305	96,430	313,336	14.00
15.00	01500	PHARMACY	788	27,261	62,139	90,188	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	721	4,317	9,839	14,877	17.00
18.00	01850	PATIENT TRANSPORT	0	6,324	14,415	20,739	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,160	766,030	1,746,091	2,519,281	30.00
31.00	03100	INTENSIVE CARE UNIT	2,182	103,824	236,656	342,662	31.00
32.00	03200	CORONARY CARE UNIT	0	70,910	161,633	232,543	32.00
40.00	04000	SUBPROVIDER - IPF	1,068	64,509	147,041	212,618	40.00
41.00	04100	SUBPROVIDER - IRF	814	138,977	316,785	456,576	41.00
43.00	04300	NURSERY	423	3,309	7,542	11,274	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	53,120	332,943	758,909	1,144,972	50.00
50.01	05001	REHAB MEDICINE	1,181	42,891	97,765	141,837	50.01
51.00	05100	RECOVERY ROOM	677	38,169	87,003	125,849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	636	24,177	55,108	79,921	52.00
53.00	05300	ANESTHESIOLOGY	0	3,748	8,543	12,291	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	335,225	159,165	362,800	857,190	54.00
54.01	03630	ULTRA SOUND	47,466	2,783	6,344	56,593	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	30,832	9,624	21,937	62,393	56.01
57.00	05700	CT SCAN	51,517	10,563	24,078	86,158	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,369	107,374	244,747	355,490	59.00
60.00	06000	LABORATORY	25,209	72,470	165,188	262,867	60.00
64.00	06400	INTRAVENOUS THERAPY	143,266	15,811	36,038	195,115	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,986	22,762	32,748	65.00
66.00	06600	PHYSICAL THERAPY	97,301	2,068	4,713	104,082	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	21,178	44,967	102,498	168,643	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,658	0	0	129,658	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02	03030	WOUNDCARE	50,715	0	0	50,715	76.02
76.03	03020	PICC LINE TEAM	0	439	1,002	1,441	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	2,977	32,483	74,041	109,501	90.02
91.00	09100	EMERGENCY	1,970	190,631	434,524	627,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	67,326	0	0	67,326	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	234,654	80,199	182,804	497,657	116.00
116.01	11601	HOSPICE II	4,824	0	0	4,824	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,703,075	3,462,452	7,892,304	13,057,831	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,905	36,254	52,159	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	25,202	57,445	82,647	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	9,667	22,035	31,702	132 194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0 194.01
194.02	07952	FOUNDATION	0	7,841	17,872	25,713	0 194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0 194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0 194.04
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)	1,703,075	3,521,067	8,025,910	13,250,052	89,448 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
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To 12/31/2020Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.05	6.00	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	00540	NONPATIENT TELEPHONES	13,960					5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	1,450	2,204,295				5.05
6.00	00600	MAINTENANCE & REPAIRS	324	110,695	920,211			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	8,787	0	14,174		8.00
9.00	00900	HOUSEKEEPING	93	34,925	8,276	0	120,940	9.00
10.00	01000	DIETARY	185	33,320	32,141	0	4,263	10.00
11.00	01100	CAFETERIA	0	830	13,774	0	1,827	11.00
13.00	01300	NURSING ADMINISTRATION	93	15,845	3,806	0	505	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,947	14,786	0	1,961	14.00
15.00	01500	PHARMACY	0	48,748	9,528	0	1,264	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	216	561	1,509	0	200	17.00
18.00	01850	PATIENT TRANSPORT	31	6,470	2,210	0	293	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,882	179,966	267,742	6,428	35,507	30.00
31.00	03100	INTENSIVE CARE UNIT	170	43,236	36,288	725	4,813	31.00
32.00	03200	CORONARY CARE UNIT	694	26,189	24,784	432	3,287	32.00
40.00	04000	SUBPROVIDER - IPF	216	14,746	22,547	0	2,990	40.00
41.00	04100	SUBPROVIDER - IRF	602	25,318	48,575	625	6,442	41.00
43.00	04300	NURSERY	0	8,488	1,156	0	153	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,157	171,259	116,369	1,136	15,433	50.00
50.01	05001	REHAB MEDICINE	0	16,492	14,991	0	1,988	50.01
51.00	05100	RECOVERY ROOM	154	8,405	13,341	160	1,769	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	45,193	8,450	0	1,121	52.00
53.00	05300	ANESTHESIOLOGY	0	2,119	1,310	0	174	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	602	62,527	55,631	1,227	7,378	54.00
54.01	03630	ULTRA SOUND	0	8,044	973	0	129	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	6,573	3,364	0	446	56.01
57.00	05700	CT SCAN	0	13,716	3,692	0	490	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	648	24,370	37,529	495	4,977	59.00
60.00	06000	LABORATORY	509	93,624	25,329	0	3,359	60.00
64.00	06400	INTRAVENOUS THERAPY	46	35,133	5,526	84	733	64.00
65.00	06500	RESPIRATORY THERAPY	46	18,345	3,490	3	463	65.00
66.00	06600	PHYSICAL THERAPY	262	14,907	723	39	96	66.00
67.00	06700	OCCUPATIONAL THERAPY	31	5,087	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	123	3,240	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	62	20,790	15,717	360	2,084	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	170	8,923	0	57	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	185	63,127	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	176,158	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	262	472,756	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	46	13,627	0	65	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	309	12,101	0	59	0	76.02
76.03	03020	PICC LINE TEAM	0	1,783	154	0	20	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	185	11,881	11,353	28	1,506	90.02
91.00	09100	EMERGENCY	494	53,762	66,629	1,983	8,836	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	602	89,424	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	972	133,812	28,031	267	3,717	116.00
116.01	11601	HOSPICE II	0	16,955	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,821	2,197,204	899,724	14,173	118,224	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	668	5,559	0	737	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15	3,769	8,809	0	1,168	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			NONPATIENT TELEPHONES	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.05	6.00	8.00	9.00	
194.00	07950	MEDICAL BUILDING AND OTHER	31	2,303	3,379	1	448	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	93	351	2,740	0	363	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	13,960	2,204,295	920,211	14,174	120,940	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	383,741					10.00
11.00	01100	CAFETERIA	0	112,578				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,304	58,965			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	365,037		14.00
15.00	01500	PHARMACY	0	3,557	0	1,065	158,059	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	345,876	21,832	35,453	6,189	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37,865	4,356	8,581	2,721	0	31.00
32.00	03200	CORONARY CARE UNIT	0	2,653	5,204	1,215	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,536	0	67	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,790	0	483	0	41.00
43.00	04300	NURSERY	0	952	0	694	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,121	0	46,423	0	50.00
50.01	05001	REHAB MEDICINE	0	1,742	0	31	0	50.01
51.00	05100	RECOVERY ROOM	0	738	0	532	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,493	0	1,060	0	52.00
53.00	05300	ANESTHESIOLOGY	0	119	0	1,364	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,847	0	12,894	0	54.00
54.01	03630	ULTRA SOUND	0	866	0	466	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	558	0	88	0	56.01
57.00	05700	CT SCAN	0	1,317	0	1,941	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,299	0	0	0	59.00
60.00	06000	LABORATORY	0	6,759	0	31,455	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,108	0	4,007	299	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,318	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,557	0	117	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	505	0	3	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	370	0	11	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,001	0	2,025	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	852	0	243	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	76,507	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	158,875	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	154,048	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	122	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	1,137	0	849	0	76.02
76.03	03020	PICC LINE TEAM	0	68	0	1,137	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	1,356	0	301	0	90.02
91.00	09100	EMERGENCY	0	5,734	9,727	3,521	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,864	0	3,767	2	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	9,555	0	4,370	3,315	116.00
116.01	11601	HOSPICE II	0	907	0	473	395	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	383,741	112,172	58,965	365,016	158,059	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	21	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	406	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	35,608	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	383,741	148,186	58,965	365,037	158,059	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
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	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0					16.00
17.00	01700	SOCIAL SERVICE	0	17,364				17.00
18.00	01850	PATIENT TRANSPORT	0	0	29,743			18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	12,773	1,867	3,448,670	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	608	337	485,712	0	31.00
32.00	03200	CORONARY CARE UNIT	0	608	212	299,853	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	57	255,893	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	180	543,350	0	41.00
43.00	04300	NURSERY	0	0	24	23,459	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	3,054	1,515,140	0	50.00
50.01	05001	REHAB MEDICINE	0	0	192	178,607	0	50.01
51.00	05100	RECOVERY ROOM	0	0	106	151,633	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	87	145,458	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	391	17,809	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,654	1,007,336	0	54.00
54.01	03630	ULTRA SOUND	0	0	298	68,015	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	743	74,664	0	56.01
57.00	05700	CT SCAN	0	0	1,547	109,831	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	999	428,864	0	59.00
60.00	06000	LABORATORY	0	0	2,248	429,640	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	770	248,172	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	495	59,420	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	143	123,168	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	56	6,163	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	66	4,118	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,041	214,253	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	225	140,718	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	383	140,202	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,450	337,483	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,746	633,812	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	126	13,986	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	383	66,332	0	76.02
76.03	03020	PICC LINE TEAM	0	0	48	4,699	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	264	137,301	0	90.02
91.00	09100	EMERGENCY	0	3,375	1,603	786,588	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					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	285	177,468	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	582	689,124	0	116.00
116.01	11601	HOSPICE II	0	0	81	24,289	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	17,364	29,743	12,991,230	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	59,123	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	96,429	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	38,402	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	29,260	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	35,608	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	17,364	29,743	13,250,052	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description		Total	
		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	00540	NONPATIENT TELEPHONES	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	PATIENT TRANSPORT	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	REHAB MEDICINE	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
56.00	05600	RADIOISOTOPE	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	RETAIL PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	DIABETES	76.00
76.01	03950	LITHOTRIPTOR	76.01
76.02	03030	WOUND CARE	76.02
76.03	03020	PICC LINE TEAM	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PARTIAL HOSPITAL PRG	90.01
90.02	09002	PAIN MANAGEMENT	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
116.01	11601	HOSPICE II	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			Total	
			26.00	
194.01	07951	MARCUM & WALLACE HOSPITAL	0	194.01
194.02	07952	FOUNDATION	29,260	194.02
194.03	07953	RETAIL PHARMACY	0	194.03
194.04	07954	SNF CLOSING EXP	0	194.04
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	35,608	201.00
202.00		TOTAL (sum lines 118 through 201)	13,250,052	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	408,662				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		408,662			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,165	3,165	59,879,863		4.00
5.01	00540	NONPATIENT TELEPHONES	471	471	195,746	905	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	72,537	72,537	5,283,707	94	5.05
6.00	00600	MAINTENANCE & REPAIRS	26,920	26,920	595,620	21	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,748	2,748	0	0	9.00
10.00	01000	DIETARY	10,673	10,673	962,370	12	10.00
11.00	01100	CAFETERIA	4,574	4,574	190,781	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,264	1,264	894,778	6	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,910	4,910	4,822	0	14.00
15.00	01500	PHARMACY	3,164	3,164	2,482,333	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	501	501	0	14	17.00
18.00	01850	PATIENT TRANSPORT	734	734	0	2	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,907	88,907	8,627,176	187	30.00
31.00	03100	INTENSIVE CARE UNIT	12,050	12,050	2,242,217	11	31.00
32.00	03200	CORONARY CARE UNIT	8,230	8,230	1,359,923	45	32.00
40.00	04000	SUBPROVIDER - IPF	7,487	7,487	746,741	14	40.00
41.00	04100	SUBPROVIDER - IRF	16,130	16,130	1,177,250	39	41.00
43.00	04300	NURSERY	384	384	480,339	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,642	38,642	4,160,415	75	50.00
50.01	05001	REHAB MEDICINE	4,978	4,978	892,640	0	50.01
51.00	05100	RECOVERY ROOM	4,430	4,430	387,832	10	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,806	2,806	2,766,477	0	52.00
53.00	05300	ANESTHESIOLOGY	435	435	27,274	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,473	18,473	2,266,145	39	54.00
54.01	03630	ULTRA SOUND	323	323	432,513	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,117	1,117	333,819	0	56.01
57.00	05700	CT SCAN	1,226	1,226	649,266	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,462	12,462	1,377,158	42	59.00
60.00	06000	LABORATORY	8,411	8,411	2,336,190	33	60.00
64.00	06400	INTRAVENOUS THERAPY	1,835	1,835	1,573,671	3	64.00
65.00	06500	RESPIRATORY THERAPY	1,159	1,159	1,012,331	3	65.00
66.00	06600	PHYSICAL THERAPY	240	240	831,440	17	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	322,144	2	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	206,229	8	68.00
69.00	06900	ELECTROCARDIOLOGY	5,219	5,219	1,023,816	4	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	394,738	11	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02	03030	WOUND CARE	0	0	521,505	20	76.02
76.03	03020	PICC LINE TEAM	51	51	31,831	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	3,770	3,770	619,964	12	90.02
91.00	09100	EMERGENCY	22,125	22,125	2,542,542	32	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					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	4,817,636	39	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	9,308	9,308	4,582,509	63	116.00
116.01	11601	HOSPICE II	0	0	437,591	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	401,859	401,859	59,791,479	896	-49,506,080

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHON ES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5A.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,846	1,846	0	0		0 190.00
191.00	19100	RESEARCH	0	0	0	0		0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,925	2,925	0	1		0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		0 193.00
194.00	07950	MEDICAL BUILDING AND OTHER	1,122	1,122	88,384	2		0 194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0		0 194.01
194.02	07952	FOUNDATION	910	910	0	6		0 194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0		0 194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0		0 194.04
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)	3,521,067	8,025,910	9,982,319	256,370		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.616086	19.639482	0.166706	283.281768		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			89,448	13,960		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001494	15.425414		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: 18-0102

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.05	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	172,033,062					5.05
6.00	00600	MAINTENANCE & REPAIRS	8,639,306	305,569				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	685,807	0	1,110,168			8.00
9.00	00900	HOUSEKEEPING	2,725,734	2,748	0	302,821		9.00
10.00	01000	DIETARY	2,600,450	10,673	0	10,673	332,782	10.00
11.00	01100	CAFETERIA	64,750	4,574	0	4,574	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,236,620	1,264	0	1,264	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,727,493	4,910	0	4,910	0	14.00
15.00	01500	PHARMACY	3,804,567	3,164	0	3,164	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	43,780	501	0	501	0	17.00
18.00	01850	PATIENT TRANSPORT	504,918	734	0	734	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,045,593	88,907	503,639	88,907	299,945	30.00
31.00	03100	INTENSIVE CARE UNIT	3,374,359	12,050	56,812	12,050	32,837	31.00
32.00	03200	CORONARY CARE UNIT	2,043,953	8,230	33,845	8,230	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,150,828	7,487	0	7,487	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,975,976	16,130	48,928	16,130	0	41.00
43.00	04300	NURSERY	662,488	384	0	384	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,366,011	38,642	88,956	38,642	0	50.00
50.01	05001	REHAB MEDICINE	1,287,167	4,978	0	4,978	0	50.01
51.00	05100	RECOVERY ROOM	656,013	4,430	12,503	4,430	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,527,156	2,806	0	2,806	0	52.00
53.00	05300	ANESTHESIOLOGY	165,410	435	0	435	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,879,949	18,473	96,089	18,473	0	54.00
54.01	03630	ULTRA SOUND	627,825	323	0	323	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	512,993	1,117	0	1,117	0	56.01
57.00	05700	CT SCAN	1,070,445	1,226	0	1,226	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,901,979	12,462	38,776	12,462	0	59.00
60.00	06000	LABORATORY	7,306,965	8,411	0	8,411	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,741,946	1,835	6,551	1,835	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,431,735	1,159	214	1,159	0	65.00
66.00	06600	PHYSICAL THERAPY	1,163,459	240	3,062	240	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	397,015	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	252,866	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,622,556	5,219	28,191	5,219	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	696,397	0	4,449	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,926,825	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,748,415	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,893,611	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,063,555	0	5,125	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	944,399	0	4,595	0	0	76.02
76.03	03020	PICC LINE TEAM	139,165	51	0	51	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	927,272	3,770	2,162	3,770	0	90.02
91.00	09100	EMERGENCY	4,195,901	22,125	155,306	22,125	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,979,180	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,443,417	9,308	20,905	9,308	0	116.00
116.01	11601	HOSPICE II	1,323,290	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	171,479,539	298,766	1,110,108	296,018	332,782	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,159	1,846	0	1,846	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.05	6.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	294,176	2,925	0	2,925	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	179,775	1,122	60	1,122	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	27,413	910	0	910	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	49,506,080	11,125,448	883,162	3,610,173	3,864,618	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.287771	36.408955	0.795521	11.921805	11.613062	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,204,295	920,211	14,174	120,940	383,741	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012813	3.011467	0.012767	0.399378	1.153130	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: 18-0102

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	79,315					11.00
13.00	01300	NURSING ADMINISTRATION	919	14,929,353				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	31,577,855			14.00
15.00	01500	PHARMACY	2,506	0	92,133	37,850,250		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,380	8,976,828	535,397	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,069	2,172,386	235,394	0	0	31.00
32.00	03200	CORONARY CARE UNIT	1,869	1,317,575	105,112	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,082	0	5,829	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,966	0	41,743	0	0	41.00
43.00	04300	NURSERY	671	0	60,077	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,426	0	4,015,865	0	0	50.00
50.01	05001	REHAB MEDICINE	1,227	0	2,673	0	0	50.01
51.00	05100	RECOVERY ROOM	520	0	46,022	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,870	0	91,690	4	0	52.00
53.00	05300	ANESTHESIOLOGY	84	0	117,993	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,415	0	1,115,431	0	0	54.00
54.01	03630	ULTRA SOUND	610	0	40,312	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	393	0	7,603	0	0	56.01
57.00	05700	CT SCAN	928	0	167,912	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,620	0	0	0	0	59.00
60.00	06000	LABORATORY	4,762	0	2,721,029	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,894	0	346,627	71,568	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,633	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,097	0	10,150	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	356	0	226	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	261	0	970	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,410	0	175,212	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	600	0	21,050	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	6,618,257	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	13,743,525	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	36,889,774	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	10,573	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	801	0	73,445	0	0	76.02
76.03	03020	PICC LINE TEAM	48	0	98,323	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	955	0	26,032	0	0	90.02
91.00	09100	EMERGENCY	4,040	2,462,564	304,580	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,245	0	325,907	452	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,732	0	378,068	793,901	0	116.00
116.01	11601	HOSPICE II	639	0	40,907	94,551	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,029	14,929,353	31,576,067	37,850,250	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,788	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	286	0	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	304,448	1,657,101	3,749,690	5,072,889	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.838467	0.110996	0.118744	0.134025	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	148,186	58,965	365,037	158,059	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.419378	0.003950	0.011560	0.004176	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: 18-0102

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHARGES)	
			17.00	18.00	
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	00540	NONPATIENT TELEPHONES			5.01
5.05	00591	ADMINISTRATIVE AND GENERAL			5.05
6.00	00600	MAINTENANCE & REPAIRS			6.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE	21,404		17.00
18.00	01850	PATIENT TRANSPORT	0	1,083,053,646	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	15,746	69,131,599	30.00
31.00	03100	INTENSIVE CARE UNIT	749	12,466,578	31.00
32.00	03200	CORONARY CARE UNIT	749	7,860,161	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,109,561	40.00
41.00	04100	SUBPROVIDER - IRF	0	6,658,636	41.00
43.00	04300	NURSERY	0	901,635	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	113,116,619	50.00
50.01	05001	REHAB MEDICINE	0	7,097,428	50.01
51.00	05100	RECOVERY ROOM	0	3,909,582	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,211,199	52.00
53.00	05300	ANESTHESIOLOGY	0	14,473,737	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61,258,827	54.00
54.01	03630	ULTRA SOUND	0	11,041,443	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	27,534,922	56.01
57.00	05700	CT SCAN	0	57,304,641	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,013,235	59.00
60.00	06000	LABORATORY	0	83,274,971	60.00
64.00	06400	INTRAVENOUS THERAPY	0	28,503,292	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,324,102	65.00
66.00	06600	PHYSICAL THERAPY	0	5,307,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,082,018	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,437,184	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,543,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,323,678	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,170,655	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	90,750,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	231,363,114	73.00
73.01	07301	RETAIL PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	4,649,028	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
76.02	03030	WOUNDCARE	0	14,199,298	76.02
76.03	03020	PICC LINE TEAM	0	1,766,126	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	9,788,233	90.02
91.00	09100	EMERGENCY	4,160	59,373,788	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	10,551,228	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	21,538,612	116.00
116.01	11601	HOSPICE II	0	3,017,015	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,404	1,083,053,646	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHARGES)	
			17.00	18.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	194.01
194.02	07952	FOUNDATION	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	194.04
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)	80,597	685,694	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.765511	0.000633	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	17,364	29,743	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.811250	0.000027	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/26/2021 4:14 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	27,490,441		27,490,441	0	27,490,441	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,645,890		5,645,890	0	5,645,890	31.00	
32.00	03200	CORONARY CARE UNIT	3,230,525		3,230,525	0	3,230,525	32.00	
40.00	04000	SUBPROVIDER - IPF	1,850,036		1,850,036	0	1,850,036	40.00	
41.00	04100	SUBPROVIDER - IRF	3,379,821		3,379,821	0	3,379,821	41.00	
43.00	04300	NURSERY	881,973		881,973	0	881,973	43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	19,723,853		19,723,853	0	19,723,853	50.00	
50.01	05001	REHAB MEDICINE	1,907,687		1,907,687	0	1,907,687	50.01	
51.00	05100	RECOVERY ROOM	1,078,783		1,078,783	0	1,078,783	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,705,563		4,705,563	0	4,705,563	52.00	
53.00	05300	ANESTHESIOLOGY	257,529		257,529	0	257,529	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,437,849		7,437,849	0	7,437,849	54.00	
54.01	03630	ULTRA SOUND	838,223		838,223	0	838,223	54.01	
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	734,446		734,446	0	734,446	56.01	
57.00	05700	CT SCAN	1,497,516		1,497,516	0	1,497,516	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,112,105		3,112,105	0	3,112,105	59.00	
60.00	06000	LABORATORY	10,210,306		10,210,306	0	10,210,306	60.00	
64.00	06400	INTRAVENOUS THERAPY	3,704,801		3,704,801	0	3,704,801	64.00	
65.00	06500	RESPIRATORY THERAPY	1,917,799	0	1,917,799	0	1,917,799	65.00	
66.00	06600	PHYSICAL THERAPY	1,521,080	0	1,521,080	0	1,521,080	66.00	
67.00	06700	OCCUPATIONAL THERAPY	513,975	0	513,975	0	513,975	67.00	
68.00	06800	SPEECH PATHOLOGY	328,294	0	328,294	0	328,294	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,414,761		2,414,761	0	2,414,761	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	910,411		910,411	0	910,411	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,139,470		7,139,470	0	7,139,470	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,394,226		19,394,226	0	19,394,226	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	52,601,206		52,601,206	0	52,601,206	73.00	
73.01	07301	RETAIL PHARMACY	0		0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	1,377,890		1,377,890	0	1,377,890	74.00	
76.00	03951	DIABETES	0		0	0	0	76.00	
76.01	03950	LITHOTRIPTOR	0		0	0	0	76.01	
76.02	03030	WOUNDCARE	1,240,609		1,240,609	0	1,240,609	76.02	
76.03	03020	PICC LINE TEAM	194,655		194,655	0	194,655	76.03	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	90.00	
90.01	09001	PARTIAL HOSPITAL PRG	0		0	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	1,390,994		1,390,994	0	1,390,994	90.02	
91.00	09100	EMERGENCY	6,974,485		6,974,485	0	6,974,485	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	596,984		596,984		596,984	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00	
101.00	10100	HOME HEALTH AGENCY	9,056,997		9,056,997		9,056,997	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	14,105,994		14,105,994		14,105,994	116.00	
116.01	11601	HOSPICE II	1,725,986		1,725,986		1,725,986	116.01	
200.00		Subtotal (see instructions)	221,093,163	0	221,093,163	0	221,093,163	200.00	
201.00		Less Observation Beds	596,984		596,984		596,984	201.00	
202.00		Total (see instructions)	220,496,179	0	220,496,179	0	220,496,179	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/26/2021 4:14 pm	
					Title XVIII	Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,011,129		65,011,129			30.00
31.00	03100	INTENSIVE CARE UNIT	12,466,578		12,466,578			31.00
32.00	03200	CORONARY CARE UNIT	7,860,161		7,860,161			32.00
40.00	04000	SUBPROVIDER - IPF	2,109,561		2,109,561			40.00
41.00	04100	SUBPROVIDER - IRF	6,658,636		6,658,636			41.00
43.00	04300	NURSERY	901,635		901,635			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,268,130	61,848,488	113,116,618	0.174367	0.000000	50.00
50.01	05001	REHAB MEDICINE	7,091,599	5,829	7,097,428	0.268786	0.000000	50.01
51.00	05100	RECOVERY ROOM	1,491,643	2,417,939	3,909,582	0.275933	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,362,723	848,476	3,211,199	1.465360	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	6,641,406	7,832,331	14,473,737	0.017793	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,054,498	47,204,330	61,258,828	0.121417	0.000000	54.00
54.01	03630	ULTRA SOUND	2,728,312	8,313,131	11,041,443	0.075916	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,116,931	22,417,991	27,534,922	0.026673	0.000000	56.01
57.00	05700	CT SCAN	19,722,944	37,581,697	57,304,641	0.026133	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,454,206	20,559,029	37,013,235	0.084081	0.000000	59.00
60.00	06000	LABORATORY	47,608,269	35,666,702	83,274,971	0.122610	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	285,022	28,218,270	28,503,292	0.129978	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	16,541,484	1,782,618	18,324,102	0.104660	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,237,167	2,070,263	5,307,430	0.286594	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,721,047	360,971	2,082,018	0.246864	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,130,305	306,879	2,437,184	0.134702	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	11,816,600	26,727,273	38,543,873	0.062650	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	625,968	7,697,710	8,323,678	0.109376	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,454,839	4,715,816	14,170,655	0.503821	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,742,747	38,007,451	90,750,198	0.213710	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,346,351	201,105,415	231,451,766	0.227266	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0.000000	0.000000	73.01
74.00	07400	RENAL DIALYSIS	3,409,875	1,239,153	4,649,028	0.296382	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0.000000	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	0.000000	76.01
76.02	03030	WOUNDCARE	80,940	14,118,358	14,199,298	0.087371	0.000000	76.02
76.03	03020	PICC LINE TEAM	1,659,075	107,051	1,766,126	0.110216	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0.000000	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	10,107	9,778,126	9,788,233	0.142109	0.000000	90.02
91.00	09100	EMERGENCY	16,427,805	42,945,983	59,373,788	0.117467	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,394,728	2,725,742	4,120,470	0.144883	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	10,551,228	10,551,228			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,344,994	19,193,617	21,538,611			116.00
116.01	11601	HOSPICE II	0	3,017,015	3,017,015			116.01
200.00		Subtotal (see instructions)	423,777,415	659,364,882	1,083,142,297			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	423,777,415	659,364,882	1,083,142,297			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/26/2021 4:14 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
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.174367			50.00
50.01	05001	REHAB MEDICINE	0.268786			50.01
51.00	05100	RECOVERY ROOM	0.275933			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.465360			52.00
53.00	05300	ANESTHESIOLOGY	0.017793			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121417			54.00
54.01	03630	ULTRA SOUND	0.075916			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.026673			56.01
57.00	05700	CT SCAN	0.026133			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084081			59.00
60.00	06000	LABORATORY	0.122610			60.00
64.00	06400	INTRAVENOUS THERAPY	0.129978			64.00
65.00	06500	RESPIRATORY THERAPY	0.104660			65.00
66.00	06600	PHYSICAL THERAPY	0.286594			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246864			67.00
68.00	06800	SPEECH PATHOLOGY	0.134702			68.00
69.00	06900	ELECTROCARDIOLOGY	0.062650			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109376			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.503821			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.213710			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227266			73.00
73.01	07301	RETAIL PHARMACY	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.296382			74.00
76.00	03951	DIABETES	0.000000			76.00
76.01	03950	LITHOTRIPTOR	0.000000			76.01
76.02	03030	WOUND CARE	0.087371			76.02
76.03	03020	PICC LINE TEAM	0.110216			76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000			90.01
90.02	09002	PAIN MANAGEMENT	0.142109			90.02
91.00	09100	EMERGENCY	0.117467			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.144883			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
116.00	11600	HOSPICE				116.00
116.01	11601	HOSPICE II				116.01
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: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/26/2021 4:14 pm

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,490,441		27,490,441	0	27,490,441
31.00	03100	INTENSIVE CARE UNIT	5,645,890		5,645,890	0	5,645,890
32.00	03200	CORONARY CARE UNIT	3,230,525		3,230,525	0	3,230,525
40.00	04000	SUBPROVIDER - IPF	1,850,036		1,850,036	0	1,850,036
41.00	04100	SUBPROVIDER - IRF	3,379,821		3,379,821	0	3,379,821
43.00	04300	NURSERY	881,973		881,973	0	881,973
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,723,853		19,723,853	0	19,723,853
50.01	05001	REHAB MEDICINE	1,907,687		1,907,687	0	1,907,687
51.00	05100	RECOVERY ROOM	1,078,783		1,078,783	0	1,078,783
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,705,563		4,705,563	0	4,705,563
53.00	05300	ANESTHESIOLOGY	257,529		257,529	0	257,529
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,437,849		7,437,849	0	7,437,849
54.01	03630	ULTRA SOUND	838,223		838,223	0	838,223
56.00	05600	RADIOISOTOPE	0		0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	734,446		734,446	0	734,446
57.00	05700	CT SCAN	1,497,516		1,497,516	0	1,497,516
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	3,112,105		3,112,105	0	3,112,105
60.00	06000	LABORATORY	10,210,306		10,210,306	0	10,210,306
64.00	06400	INTRAVENOUS THERAPY	3,704,801		3,704,801	0	3,704,801
65.00	06500	RESPIRATORY THERAPY	1,917,799	0	1,917,799	0	1,917,799
66.00	06600	PHYSICAL THERAPY	1,521,080	0	1,521,080	0	1,521,080
67.00	06700	OCCUPATIONAL THERAPY	513,975	0	513,975	0	513,975
68.00	06800	SPEECH PATHOLOGY	328,294	0	328,294	0	328,294
69.00	06900	ELECTROCARDIOLOGY	2,414,761		2,414,761	0	2,414,761
70.00	07000	ELECTROENCEPHALOGRAPHY	910,411		910,411	0	910,411
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,139,470		7,139,470	0	7,139,470
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,394,226		19,394,226	0	19,394,226
73.00	07300	DRUGS CHARGED TO PATIENTS	52,601,206		52,601,206	0	52,601,206
73.01	07301	RETAIL PHARMACY	0		0	0	0
74.00	07400	RENAL DIALYSIS	1,377,890		1,377,890	0	1,377,890
76.00	03951	DIABETES	0		0	0	0
76.01	03950	LITHOTRIPTOR	0		0	0	0
76.02	03030	WOUNDCARE	1,240,609		1,240,609	0	1,240,609
76.03	03020	PICC LINE TEAM	194,655		194,655	0	194,655
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	0
90.01	09001	PARTIAL HOSPITAL PRG	0		0	0	0
90.02	09002	PAIN MANAGEMENT	1,390,994		1,390,994	0	1,390,994
91.00	09100	EMERGENCY	6,974,485		6,974,485	0	6,974,485
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	596,984		596,984		596,984
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	9,056,997		9,056,997		9,056,997
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	14,105,994		14,105,994		14,105,994
116.01	11601	HOSPICE II	1,725,986		1,725,986		1,725,986
200.00		Subtotal (see instructions)	221,093,163	0	221,093,163	0	221,093,163
201.00		Less Observation Beds	596,984		596,984		596,984
202.00		Total (see instructions)	220,496,179	0	220,496,179	0	220,496,179

Worksheet C
Part I
Date/Time Prepared:
7/26/2021 4:14 pm

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	REHAB MEDICINE	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRA SOUND	0.000000			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	07301	RETAIL PHARMACY	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03951	DIABETES	0.000000			76.00
76.01	03950	LITHOTRIPTOR	0.000000			76.01
76.02	03030	WOUND CARE	0.000000			76.02
76.03	03020	PICC LINE TEAM	0.000000			76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000			90.01
90.02	09002	PAIN MANAGEMENT	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
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
116.00	11600	HOSPICE				116.00
116.01	11601	HOSPICE II				116.01
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: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/26/2021 4:14 pm

			Title XIX		Hospital	Cost	
	Cost Center Description		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	19,723,853	1,515,140	18,208,713	75,757	910,436
50.01	05001	REHAB MEDICINE	1,907,687	178,607	1,729,080	8,930	86,454
51.00	05100	RECOVERY ROOM	1,078,783	151,633	927,150	7,582	46,358
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,705,563	145,458	4,560,105	7,273	228,005
53.00	05300	ANESTHESIOLOGY	257,529	17,809	239,720	890	11,986
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,437,849	1,007,336	6,430,513	50,367	321,526
54.01	03630	ULTRA SOUND	838,223	68,015	770,208	3,401	38,510
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	734,446	74,664	659,782	3,733	32,989
57.00	05700	CT SCAN	1,497,516	109,831	1,387,685	5,492	69,384
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	3,112,105	428,864	2,683,241	21,443	134,162
60.00	06000	LABORATORY	10,210,306	429,640	9,780,666	21,482	489,033
64.00	06400	INTRAVENOUS THERAPY	3,704,801	248,172	3,456,629	12,409	172,831
65.00	06500	RESPIRATORY THERAPY	1,917,799	59,420	1,858,379	2,971	92,919
66.00	06600	PHYSICAL THERAPY	1,521,080	123,168	1,397,912	6,158	69,896
67.00	06700	OCCUPATIONAL THERAPY	513,975	6,163	507,812	308	25,391
68.00	06800	SPEECH PATHOLOGY	328,294	4,118	324,176	206	16,209
69.00	06900	ELECTROCARDIOLOGY	2,414,761	214,253	2,200,508	10,713	110,025
70.00	07000	ELECTROENCEPHALOGRAPHY	910,411	140,718	769,693	7,036	38,485
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,139,470	140,202	6,999,268	7,010	349,963
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,394,226	337,483	19,056,743	16,874	952,837
73.00	07300	DRUGS CHARGED TO PATIENTS	52,601,206	633,812	51,967,394	31,691	2,598,370
73.01	07301	RETAIL PHARMACY	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,377,890	13,986	1,363,904	699	68,195
76.00	03951	DIABETES	0	0	0	0	0
76.01	03950	LITHOTRIPTOR	0	0	0	0	0
76.02	03030	WOUND CARE	1,240,609	66,332	1,174,277	3,317	58,714
76.03	03020	PICC LINE TEAM	194,655	4,699	189,956	235	9,498
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0
90.02	09002	PAIN MANAGEMENT	1,390,994	137,301	1,253,693	6,865	62,685
91.00	09100	EMERGENCY	6,974,485	786,588	6,187,897	39,329	309,395
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	596,984	74,892	522,092	3,745	26,105
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	9,056,997	177,468	8,879,529	8,873	443,976
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	14,105,994	689,124	13,416,870	34,456	670,844
116.01	11601	HOSPICE II	1,725,986	24,289	1,701,697	1,214	85,085
200.00		Subtotal (sum of lines 50 thru 199)	178,614,477	8,009,185	170,605,292	400,459	8,530,266
201.00		Less Observation Beds	596,984	74,892	522,092	3,745	26,105
202.00		Total (line 200 minus line 201)	178,017,493	7,934,293	170,083,200	396,714	8,504,161

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

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/26/2021 4:14 pm

			Title XIX		Hospital	Cost
	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)	
			6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	18,737,660	113,116,618	0.165649	50.00
50.01	05001	REHAB MEDICINE	1,812,303	7,097,428	0.255346	50.01
51.00	05100	RECOVERY ROOM	1,024,843	3,909,582	0.262136	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,470,285	3,211,199	1.392092	52.00
53.00	05300	ANESTHESIOLOGY	244,653	14,473,737	0.016903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,065,956	61,258,828	0.115346	54.00
54.01	03630	ULTRA SOUND	796,312	11,041,443	0.072120	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	697,724	27,534,922	0.025340	56.01
57.00	05700	CT SCAN	1,422,640	57,304,641	0.024826	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,956,500	37,013,235	0.079877	59.00
60.00	06000	LABORATORY	9,699,791	83,274,971	0.116479	60.00
64.00	06400	INTRAVENOUS THERAPY	3,519,561	28,503,292	0.123479	64.00
65.00	06500	RESPIRATORY THERAPY	1,821,909	18,324,102	0.099427	65.00
66.00	06600	PHYSICAL THERAPY	1,445,026	5,307,430	0.272265	66.00
67.00	06700	OCCUPATIONAL THERAPY	488,276	2,082,018	0.234521	67.00
68.00	06800	SPEECH PATHOLOGY	311,879	2,437,184	0.127967	68.00
69.00	06900	ELECTROCARDIOLOGY	2,294,023	38,543,873	0.059517	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	864,890	8,323,678	0.103907	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,782,497	14,170,655	0.478630	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,424,515	90,750,198	0.203025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,971,145	231,451,766	0.215903	73.00
73.01	07301	RETAIL PHARMACY	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	1,308,996	4,649,028	0.281563	74.00
76.00	03951	DIABETES	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	76.01
76.02	03030	WOUND CARE	1,178,578	14,199,298	0.083003	76.02
76.03	03020	PICC LINE TEAM	184,922	1,766,126	0.104705	76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	1,321,444	9,788,233	0.135003	90.02
91.00	09100	EMERGENCY	6,625,761	59,373,788	0.111594	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	567,134	4,120,470	0.137638	92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	8,604,148	10,551,228	0.815464	101.00
	SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	13,400,694	21,538,611	0.622171	116.00
116.01	11601	HOSPICE II	1,639,687	3,017,015	0.543480	116.01
200.00		Subtotal (sum of lines 50 thru 199)	169,683,752	988,134,597		200.00
201.00		Less Observation Beds	567,134	0		201.00
202.00		Total (line 200 minus line 201)	169,116,618	988,134,597		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/26/2021 4:14 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	3,448,670	0	3,448,670	31,083	110.95	30.00	
31.00	INTENSIVE CARE UNIT	485,712		485,712	3,329	145.90	31.00	
32.00	CORONARY CARE UNIT	299,853		299,853	2,290	130.94	32.00	
40.00	SUBPROVIDER - IPF	255,893	0	255,893	1,319	194.01	40.00	
41.00	SUBPROVIDER - IRF	543,350	0	543,350	5,458	99.55	41.00	
43.00	NURSERY	23,459		23,459	1,359	17.26	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	5,056,937		5,056,937	44,838		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	12,062	1,338,279					30.00
31.00	INTENSIVE CARE UNIT	1,344	196,090					31.00
32.00	CORONARY CARE UNIT	1,032	135,130					32.00
40.00	SUBPROVIDER - IPF	736	142,791					40.00
41.00	SUBPROVIDER - IRF	3,413	339,764					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	18,587	2,152,054					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/26/2021 4:14 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	1,515,140	113,116,618	0.013394	22,979,223	307,784	50.00
50.01 05001 REHAB MEDICINE	178,607	7,097,428	0.025165	1,244,065	31,307	50.01
51.00 05100 RECOVERY ROOM	151,633	3,909,582	0.038785	656,706	25,470	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	145,458	3,211,199	0.045297	3,633	165	52.00
53.00 05300 ANESTHESIOLOGY	17,809	14,473,737	0.001230	2,431,155	2,990	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,007,336	61,258,828	0.016444	5,570,157	91,596	54.00
54.01 03630 ULTRA SOUND	68,015	11,041,443	0.006160	1,004,421	6,187	54.01
56.00 05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	74,664	27,534,922	0.002712	2,405,090	6,523	56.01
57.00 05700 CT SCAN	109,831	57,304,641	0.001917	8,316,996	15,944	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	428,864	37,013,235	0.011587	7,047,945	81,665	59.00
60.00 06000 LABORATORY	429,640	83,274,971	0.005159	19,103,494	98,555	60.00
64.00 06400 INTRAVENOUS THERAPY	248,172	28,503,292	0.008707	53,462	465	64.00
65.00 06500 RESPIRATORY THERAPY	59,420	18,324,102	0.003243	6,524,491	21,159	65.00
66.00 06600 PHYSICAL THERAPY	123,168	5,307,430	0.023207	1,043,548	24,218	66.00
67.00 06700 OCCUPATIONAL THERAPY	6,163	2,082,018	0.002960	476,964	1,412	67.00
68.00 06800 SPEECH PATHOLOGY	4,118	2,437,184	0.001690	920,096	1,555	68.00
69.00 06900 ELECTROCARDIOLOGY	214,253	38,543,873	0.005559	5,738,215	31,899	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	140,718	8,323,678	0.016906	235,585	3,983	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	140,202	14,170,655	0.009894	3,986,330	39,441	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	337,483	90,750,198	0.003719	25,792,038	95,921	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	633,812	231,451,766	0.002738	11,950,592	32,721	73.00
73.01 07301 RETAIL PHARMACY	0	0	0.000000	0	0	73.01
74.00 07400 RENAL DIALYSIS	13,986	4,649,028	0.003008	1,688,258	5,078	74.00
76.00 03951 DIABETES	0	0	0.000000	0	0	76.00
76.01 03950 LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02 03030 WOUND CARE	66,332	14,199,298	0.004671	17,941	84	76.02
76.03 03020 PICC LINE TEAM	4,699	1,766,126	0.002661	669,120	1,781	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.01 09001 PARTIAL HOSPITAL PRG	0	0	0.000000	0	0	90.01
90.02 09002 PAIN MANAGEMENT	137,301	9,788,233	0.014027	0	0	90.02
91.00 09100 EMERGENCY	786,588	59,373,788	0.013248	6,206,639	82,226	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	74,892	4,120,470	0.018176	423,093	7,690	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	7,118,304	953,027,743		136,489,257	1,017,819	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 18-0102		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/26/2021 4:14 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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
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	31,083	0.00	12,062	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	3,329	0.00	1,344	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	2,290	0.00	1,032	32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	1,319	0.00	736	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	5,458	0.00	3,413	41.00		
43.00	04300	NURSERY	0	0	1,359	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00		
200.00		Total (lines 30 through 199)	0	0	44,838		18,587	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
32.00	03200	CORONARY CARE UNIT	0						32.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/26/2021 4:14 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
50.01	05001	REHAB MEDICINE	0	0	0	0	50.01
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	03630	ULTRA SOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02	03030	WOUND CARE	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
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: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/26/2021 4:14 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	113,116,618	0.000000	50.00
50.01	05001	REHAB MEDICINE	0	0	0	7,097,428	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	3,909,582	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,211,199	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,473,737	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	61,258,828	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	11,041,443	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	27,534,922	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	57,304,641	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	37,013,235	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	83,274,971	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	28,503,292	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,324,102	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,307,430	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,082,018	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,437,184	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	38,543,873	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,323,678	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,170,655	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,750,198	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	231,451,766	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,649,028	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0.000000	76.01
76.02	03030	WOUNDCARE	0	0	0	14,199,298	0.000000	76.02
76.03	03020	PICC LINE TEAM	0	0	0	1,766,126	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	9,788,233	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	59,373,788	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,120,470	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	953,027,743		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0102		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/26/2021 4:14 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		22,979,223	0	17,356,965	0	50.00
50.01	05001	REHAB MEDICINE	0.000000		1,244,065	0	13	0	50.01
51.00	05100	RECOVERY ROOM	0.000000		656,706	0	571,930	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		3,633	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		2,431,155	0	1,843,219	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		5,570,157	0	14,163,553	0	54.00
54.01	03630	ULTRA SOUND	0.000000		1,004,421	0	1,470,109	0	54.01
56.00	05600	RADIOISOTOPE	0.000000		0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		2,405,090	0	9,508,455	0	56.01
57.00	05700	CT SCAN	0.000000		8,316,996	0	10,896,774	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		7,047,945	0	9,119,920	0	59.00
60.00	06000	LABORATORY	0.000000		19,103,494	0	4,344,791	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		53,462	0	5,979,401	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		6,524,491	0	391,350	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,043,548	0	48,371	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		476,964	0	12,047	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		920,096	0	47,312	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		5,738,215	0	11,152,568	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		235,585	0	1,836,406	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		3,986,330	0	1,571,208	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		25,792,038	0	14,486,400	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		11,950,592	0	28,537,468	0	73.00
73.01	07301	RETAIL PHARMACY	0.000000		0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000		1,688,258	0	429,532	0	74.00
76.00	03951	DIABETES	0.000000		0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000		0	0	0	0	76.01
76.02	03030	WOUND CARE	0.000000		17,941	0	6,811,101	0	76.02
76.03	03020	PICC LINE TEAM	0.000000		669,120	0	28,555	0	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000		0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.000000		0	0	2,402,220	0	90.02
91.00	09100	EMERGENCY	0.000000		6,206,639	0	8,093,571	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		423,093	0	740,182	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			136,489,257	0	151,843,421	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 18-0102		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/26/2021 4:14 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		0.174367	17,356,965	0	0	3,026,482	50.00
50.01	05001	REHAB MEDICINE		0.268786	13	0	0	3	50.01
51.00	05100	RECOVERY ROOM		0.275933	571,930	0	0	157,814	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1.465360	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.017793	1,843,219	0	0	32,796	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.121417	14,163,553	0	0	1,719,696	54.00
54.01	03630	ULTRA SOUND		0.075916	1,470,109	0	0	111,605	54.01
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.026673	9,508,455	0	0	253,619	56.01
57.00	05700	CT SCAN		0.026133	10,896,774	0	0	284,765	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.084081	9,119,920	0	0	766,812	59.00
60.00	06000	LABORATORY		0.122610	4,344,791	0	0	532,715	60.00
64.00	06400	INTRAVENOUS THERAPY		0.129978	5,979,401	0	0	777,191	64.00
65.00	06500	RESPIRATORY THERAPY		0.104660	391,350	0	0	40,959	65.00
66.00	06600	PHYSICAL THERAPY		0.286594	48,371	0	0	13,863	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.246864	12,047	0	0	2,974	67.00
68.00	06800	SPEECH PATHOLOGY		0.134702	47,312	0	0	6,373	68.00
69.00	06900	ELECTROCARDIOLOGY		0.062650	11,152,568	0	0	698,708	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.109376	1,836,406	0	0	200,859	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.503821	1,571,208	0	0	791,608	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.213710	14,486,400	0	0	3,095,889	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.227266	28,537,468	0	8,549	6,485,596	73.00
73.01	07301	RETAIL PHARMACY		0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0.296382	429,532	0	0	127,306	74.00
76.00	03951	DIABETES		0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR		0.000000	0	0	0	0	76.01
76.02	03030	WOUNDCARE		0.087371	6,811,101	0	0	595,093	76.02
76.03	03020	PICC LINE TEAM		0.110216	28,555	0	0	3,147	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG		0.000000	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT		0.142109	2,402,220	0	0	341,377	90.02
91.00	09100	EMERGENCY		0.117467	8,093,571	0	0	950,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.144883	740,182	0	0	107,240	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000		0			95.00
200.00		Subtotal (see instructions)			151,843,421	0	8,549	21,125,218	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			151,843,421	0	8,549	21,125,218	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 18-0102		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/26/2021 4:14 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					
50.01	05001	REHAB MEDICINE	0	0					
51.00	05100	RECOVERY ROOM	0	0					
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					
54.01	03630	ULTRA SOUND	0	0					
56.00	05600	RADIOISOTOPE	0	0					
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0					
57.00	05700	CT SCAN	0	0					
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					
59.00	05900	CARDIAC CATHETERIZATION	0	0					
60.00	06000	LABORATORY	0	0					
64.00	06400	INTRAVENOUS THERAPY	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
67.00	06700	OCCUPATIONAL THERAPY	0	0					
68.00	06800	SPEECH PATHOLOGY	0	0					
69.00	06900	ELECTROCARDIOLOGY	0	0					
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,943					
73.01	07301	RETAIL PHARMACY	0	0					
74.00	07400	RENAL DIALYSIS	0	0					
76.00	03951	DIABETES	0	0					
76.01	03950	LITHOTRIPTOR	0	0					
76.02	03030	WOUNDCARE	0	0					
76.03	03020	PICC LINE TEAM	0	0					
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					
90.01	09001	PARTIAL HOSPITAL PRG	0	0					
90.02	09002	PAIN MANAGEMENT	0	0					
91.00	09100	EMERGENCY	0	0					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						
200.00		Subtotal (see instructions)	0	1,943					
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						
202.00		Net Charges (line 200 - line 201)	0	1,943					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/26/2021 4:14 pm	
					Component CCN: 18-S102			
					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	1,515,140	113,116,618	0.013394	531	7	50.00
50.01	05001	REHAB MEDICINE	178,607	7,097,428	0.025165	4,429	111	50.01
51.00	05100	RECOVERY ROOM	151,633	3,909,582	0.038785	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	145,458	3,211,199	0.045297	0	0	52.00
53.00	05300	ANESTHESIOLOGY	17,809	14,473,737	0.001230	944	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,007,336	61,258,828	0.016444	10,226	168	54.00
54.01	03630	ULTRA SOUND	68,015	11,041,443	0.006160	4,030	25	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	74,664	27,534,922	0.002712	0	0	56.01
57.00	05700	CT SCAN	109,831	57,304,641	0.001917	71,264	137	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	428,864	37,013,235	0.011587	7	0	59.00
60.00	06000	LABORATORY	429,640	83,274,971	0.005159	308,053	1,589	60.00
64.00	06400	INTRAVENOUS THERAPY	248,172	28,503,292	0.008707	449	4	64.00
65.00	06500	RESPIRATORY THERAPY	59,420	18,324,102	0.003243	22,957	74	65.00
66.00	06600	PHYSICAL THERAPY	123,168	5,307,430	0.023207	5,080	118	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,163	2,082,018	0.002960	667	2	67.00
68.00	06800	SPEECH PATHOLOGY	4,118	2,437,184	0.001690	5,890	10	68.00
69.00	06900	ELECTROCARDIOLOGY	214,253	38,543,873	0.005559	12,616	70	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	140,718	8,323,678	0.016906	8,896	150	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	140,202	14,170,655	0.009894	8,896	88	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	337,483	90,750,198	0.003719	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	633,812	231,451,766	0.002738	55,838	153	73.00
73.01	07301	RETAIL PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	13,986	4,649,028	0.003008	1,942	6	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUND CARE	66,332	14,199,298	0.004671	0	0	76.02
76.03	03020	PICC LINE TEAM	4,699	1,766,126	0.002661	729	2	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0.000000	0	0	90.01
90.02	09002	PAIN MANAGEMENT	137,301	9,788,233	0.014027	3	0	90.02
91.00	09100	EMERGENCY	786,588	59,373,788	0.013248	157,330	2,084	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,120,470	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	7,043,412	953,027,743		680,777	4,799	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0102

Component CCN: 18-S102

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

Worksheet D
Part IV
Date/Time Prepared:
7/26/2021 4:14 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	
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03951	DIABETES	0	0	0	0	0	76.00	
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01	
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02	
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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: 18-0102 Component CCN: 18-S102		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/26/2021 4:14 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	113,116,618	0.000000 50.00
50.01	05001	REHAB MEDICINE	0	0	0	7,097,428	0.000000 50.01
51.00	05100	RECOVERY ROOM	0	0	0	3,909,582	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,211,199	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,473,737	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	61,258,828	0.000000 54.00
54.01	03630	ULTRA SOUND	0	0	0	11,041,443	0.000000 54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	27,534,922	0.000000 56.01
57.00	05700	CT SCAN	0	0	0	57,304,641	0.000000 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	37,013,235	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	83,274,971	0.000000 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	28,503,292	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,324,102	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,307,430	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,082,018	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,437,184	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	38,543,873	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,323,678	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,170,655	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,750,198	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	231,451,766	0.000000 73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0.000000 73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,649,028	0.000000 74.00
76.00	03951	DIABETES	0	0	0	0	0.000000 76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0.000000 76.01
76.02	03030	WOUNDCARE	0	0	0	14,199,298	0.000000 76.02
76.03	03020	PICC LINE TEAM	0	0	0	1,766,126	0.000000 76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0.000000 90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0.000000 90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	9,788,233	0.000000 90.02
91.00	09100	EMERGENCY	0	0	0	59,373,788	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,120,470	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	953,027,743	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0102

Period:

Worksheet D

Component CCN: 18-S102

From 01/01/2020
To 12/31/2020Part IV
Date/Time Prepared:
7/26/2021 4:14 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	531	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0.000000	4,429	0	0	0	50.01
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	944	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	10,226	0	0	0	54.00
54.01	03630 ULTRA SOUND	0.000000	4,030	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	71,264	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	308,053	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	449	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	22,957	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	5,080	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	667	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	5,890	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	12,616	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	8,896	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,896	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	55,838	0	0	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	1,942	0	0	0	74.00
76.00	03951 DIABETES	0.000000	0	0	0	0	76.00
76.01	03950 LITHOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030 WOUND CARE	0.000000	0	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0.000000	729	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.000000	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	3	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	157,330	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		680,777	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/26/2021 4:14 pm		
				Component CCN: 18-T102				
				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	1,515,140	113,116,618	0.013394	131,621	1,763	50.00
50.01	05001	REHAB MEDICINE	178,607	7,097,428	0.025165	2,806,425	70,624	50.01
51.00	05100	RECOVERY ROOM	151,633	3,909,582	0.038785	9,987	387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	145,458	3,211,199	0.045297	0	0	52.00
53.00	05300	ANESTHESIOLOGY	17,809	14,473,737	0.001230	26,224	32	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,007,336	61,258,828	0.016444	149,837	2,464	54.00
54.01	03630	ULTRA SOUND	68,015	11,041,443	0.006160	29,116	179	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	74,664	27,534,922	0.002712	28,922	78	56.01
57.00	05700	CT SCAN	109,831	57,304,641	0.001917	172,486	331	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	428,864	37,013,235	0.011587	2,869	33	59.00
60.00	06000	LABORATORY	429,640	83,274,971	0.005159	1,484,974	7,661	60.00
64.00	06400	INTRAVENOUS THERAPY	248,172	28,503,292	0.008707	3,496	30	64.00
65.00	06500	RESPIRATORY THERAPY	59,420	18,324,102	0.003243	704,175	2,284	65.00
66.00	06600	PHYSICAL THERAPY	123,168	5,307,430	0.023207	784,843	18,214	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,163	2,082,018	0.002960	515,084	1,525	67.00
68.00	06800	SPEECH PATHOLOGY	4,118	2,437,184	0.001690	327,238	553	68.00
69.00	06900	ELECTROCARDIOLOGY	214,253	38,543,873	0.005559	59,992	333	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	140,718	8,323,678	0.016906	6,978	118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	140,202	14,170,655	0.009894	160,509	1,588	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	337,483	90,750,198	0.003719	24,752	92	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	633,812	231,451,766	0.002738	585,767	1,604	73.00
73.01	07301	RETAIL PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	13,986	4,649,028	0.003008	129,218	389	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUND CARE	66,332	14,199,298	0.004671	492	2	76.02
76.03	03020	PICC LINE TEAM	4,699	1,766,126	0.002661	16,595	44	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0.000000	0	0	90.01
90.02	09002	PAIN MANAGEMENT	137,301	9,788,233	0.014027	2,295	32	90.02
91.00	09100	EMERGENCY	786,588	59,373,788	0.013248	7,659	101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,120,470	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	7,043,412	953,027,743		8,171,554	110,461	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0102 Component CCN: 18-T102		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/26/2021 4:14 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
50.01	05001	REHAB MEDICINE		0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	56.01
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03951	DIABETES		0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR		0	0	0	0	0	76.01
76.02	03030	WOUNDCARE		0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM		0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG		0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
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: 18-0102 Component CCN: 18-T102		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/26/2021 4:14 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	113,116,618	0.000000	50.00
50.01	05001	REHAB MEDICINE	0	0	0	7,097,428	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	3,909,582	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,211,199	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,473,737	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	61,258,828	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	11,041,443	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	27,534,922	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	57,304,641	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	37,013,235	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	83,274,971	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	28,503,292	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,324,102	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,307,430	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,082,018	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,437,184	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	38,543,873	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,323,678	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,170,655	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,750,198	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	231,451,766	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,649,028	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0.000000	76.01
76.02	03030	WOUNDCARE	0	0	0	14,199,298	0.000000	76.02
76.03	03020	PICC LINE TEAM	0	0	0	1,766,126	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	9,788,233	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	59,373,788	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,120,470	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	953,027,743		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0102 Component CCN: 18-T102		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/26/2021 4:14 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	131,621	0	0	0	50.00	
50.01	05001	REHAB MEDICINE	0.000000	2,806,425	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	9,987	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	26,224	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	149,837	0	0	0	54.00	
54.01	03630	ULTRA SOUND	0.000000	29,116	0	0	0	54.01	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	28,922	0	0	0	56.01	
57.00	05700	CT SCAN	0.000000	172,486	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,869	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	1,484,974	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	3,496	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	704,175	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	784,843	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	515,084	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	327,238	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	59,992	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	6,978	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	160,509	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	24,752	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	585,767	0	0	0	73.00	
73.01	07301	RETAIL PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	129,218	0	0	0	74.00	
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00	
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01	
76.02	03030	WOUND CARE	0.000000	492	0	0	0	76.02	
76.03	03020	PICC LINE TEAM	0.000000	16,595	0	0	0	76.03	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	0	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	0.000000	2,295	0	0	0	90.02	
91.00	09100	EMERGENCY	0.000000	7,659	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		8,171,554	0	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 18-0102		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/26/2021 4:14 pm		
				Title XIX		Hospital		Cost		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs		PPS Services (see inst.)	
					Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
			1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0.165649	0	1,087,379	0	0	0	50.00	
50.01	05001	REHAB MEDICINE	0.255346	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.262136	0	50,399	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.392092	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.016903	0	101,822	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115346	0	491,265	0	0	0	54.00	
54.01	03630	ULTRA SOUND	0.072120	0	0	0	0	0	54.01	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.025340	0	99,985	0	0	0	56.01	
57.00	05700	CT SCAN	0.024826	0	501,961	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.079877	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.116479	0	337,914	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.123479	0	74,562	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.099427	0	12,499	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.272265	0	32,540	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.234521	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.127967	0	3,417	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.059517	0	333,058	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.103907	0	48,089	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.478630	0	69,867	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.203025	0	962,935	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215903	0	1,389,195	0	0	0	73.00	
73.01	07301	RETAIL PHARMACY	0.000000	0	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.281563	0	150,062	0	0	0	74.00	
76.00	03951	DIABETES	0.000000	0	0	0	0	0	76.00	
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	0	76.01	
76.02	03030	WOUNDCARE	0.083003	0	0	0	0	0	76.02	
76.03	03020	PICC LINE TEAM	0.104705	0	0	0	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00	
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	0	0	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	0.135003	0	72,415	0	0	0	90.02	
91.00	09100	EMERGENCY	0.111594	0	485,183	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.137638	0	65,074	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	0	95.00	
200.00		Subtotal (see instructions)		0	6,369,621	0	0	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	0	201.00	
202.00		Net Charges (line 200 - line 201)		0	6,369,621	0	0	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/26/2021 4:14 pm

			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	180,123	0		50.00
50.01	05001	REHAB MEDICINE	0	0		50.01
51.00	05100	RECOVERY ROOM	13,211	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	1,721	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,665	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,534	0		56.01
57.00	05700	CT SCAN	12,462	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	39,360	0		60.00
64.00	06400	INTRAVENOUS THERAPY	9,207	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,243	0		65.00
66.00	06600	PHYSICAL THERAPY	8,860	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	437	0		68.00
69.00	06900	ELECTROCARDIOLOGY	19,823	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,997	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,440	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	195,500	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	299,931	0		73.00
73.01	07301	RETAIL PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	42,252	0		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
76.02	03030	WOUNDCARE	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0		90.01
90.02	09002	PAIN MANAGEMENT	9,776	0		90.02
91.00	09100	EMERGENCY	54,144	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,957	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	994,643	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	994,643	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/26/2021 4:14 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)		31,083	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,083	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		30,408	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)		12,062	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)		27,490,441	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)		27,490,441	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)		27,490,441	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)		884.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,667,874	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)		10,667,874	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
7/26/2021 4:14 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	5,645,890	3,329	1,695.97	1,344	2,279,384		43.00
44.00	CORONARY CARE UNIT	3,230,525	2,290	1,410.71	1,032	1,455,853		44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,758,196		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					36,161,307		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)					1,669,499		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,017,819		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,687,318		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,473,989		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)					675		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					884.42		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					596,984		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,448,670	27,490,441	0.125450	596,984	74,892 90.00
91.00	Nursing School cost	0	27,490,441	0.000000	596,984	0 91.00
92.00	Allied health cost	0	27,490,441	0.000000	596,984	0 92.00
93.00	All other Medical Education	0	27,490,441	0.000000	596,984	0 93.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2020	Worksheet D-1	
		Component CCN: 18-S102	To 12/31/2020	Date/Time Prepared: 7/26/2021 4:14 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)			1,319	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,319	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)			1,319	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)			736	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)			1,850,036	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)			1,850,036	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)			1,850,036	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)			1,402.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,032,321	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)			1,032,321	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1	
				Component CCN: 18-S102		Date/Time Prepared: 7/26/2021 4:14 pm	
				Title XVIII	Subprovider - IPF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		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	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					85,428	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,117,749	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)					142,791	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,799	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					147,590	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					970,159	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

Period:

Worksheet D-1

Component CCN: 18-S102

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	255,893	1,850,036	0.138318	0	0	90.00
91.00	Nursing School cost	0	1,850,036	0.000000	0	0	91.00
92.00	Allied health cost	0	1,850,036	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,850,036	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/26/2021 4:14 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)		5,458	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,458	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)		5,458	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)		3,413	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,379,821	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,379,821	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,379,821	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)		619.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,113,466	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,113,466	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/26/2021 4:14 pm	
				Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		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	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,724,017	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,837,483	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)					339,764	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					110,461	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					450,225	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,387,258	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

Period:

Worksheet D-1

Component CCN: 18-T102

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	543,350	3,379,821	0.160763	0	0	90.00
91.00	Nursing School cost	0	3,379,821	0.000000	0	0	91.00
92.00	Allied health cost	0	3,379,821	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,379,821	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/26/2021 4:14 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			31,083 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			31,083 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			30,408 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)			726 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)			18 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)			27,490,441 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)			27,490,441 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)			27,490,441 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)			884.42 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			642,089 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)			642,089 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
7/26/2021 4:14 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	881,973	1,359	648.99	18	11,682	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,645,890	3,329	1,695.97	73	123,806	43.00
44.00	CORONARY CARE UNIT	3,230,525	2,290	1,410.71	55	77,589	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,085,507	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,940,673	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)					675	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					884.42	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					596,984	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
7/26/2021 4:14 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,448,670	27,490,441	0.125450	596,984	74,892	90.00
91.00	Nursing School cost	0	27,490,441	0.000000	596,984	0	91.00
92.00	Allied health cost	0	27,490,441	0.000000	596,984	0	92.00
93.00	All other Medical Education	0	27,490,441	0.000000	596,984	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/26/2021 4:14 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,319 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,319 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)			1,319 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)			18 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)			1,850,036 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)			1,850,036 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)			1,850,036 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)			1,402.61 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: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1	
				Component CCN: 18-S102		Date/Time Prepared: 7/26/2021 4:14 pm	
				Title XIX		Subprovider - IPF	Cost
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		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	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					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
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

Period:

Worksheet D-1

Component CCN: 18-S102

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

Title XIX

Subprovider -
IPF

Cost

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	255,893	1,850,036	0.138318	0	0	90.00
91.00	Nursing School cost	0	1,850,036	0.000000	0	0	91.00
92.00	Allied health cost	0	1,850,036	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,850,036	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
		Component CCN: 18-T102		Date/Time Prepared: 7/26/2021 4:14 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,458 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,458 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)			5,458 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 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)			18 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,379,821 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,379,821 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,379,821 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)			619.24 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,096 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			3,096 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1	
				Component CCN: 18-T102		Date/Time Prepared: 7/26/2021 4:14 pm	
				Title XIX		Subprovider - IRF	Cost
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
			1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0
44.00	CORONARY CARE UNIT		0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,096
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge						0.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						
72.00	Program routine service cost (line 9 x line 71)						
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						
76.00	Per diem capital-related costs (line 75 ÷ line 2)						
77.00	Program capital-related costs (line 9 x line 76)						
78.00	Inpatient routine service cost (line 74 minus line 77)						
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						
81.00	Inpatient routine service cost per diem limitation						
82.00	Inpatient routine service cost limitation (line 9 x line 81)						
83.00	Reasonable inpatient routine service costs (see instructions)						
84.00	Program inpatient ancillary services (see instructions)						
85.00	Utilization review - physician compensation (see instructions)						
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

Period:

Worksheet D-1

Component CCN: 18-T102

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

Title XIX

Subprovider -
IRF

Cost

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	543,350	3,379,821	0.160763	0	0	90.00
91.00	Nursing School cost	0	3,379,821	0.000000	0	0	91.00
92.00	Allied health cost	0	3,379,821	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,379,821	0.000000	0	0	93.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/26/2021 4:14 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		23,375,852	30.00
31.00	03100	INTENSIVE CARE UNIT		4,688,422	31.00
32.00	03200	CORONARY CARE UNIT		3,052,800	32.00
40.00	04000	SUBPROVIDER - IPF		389,506	40.00
41.00	04100	SUBPROVIDER - IRF		355,430	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.174367	22,979,223	50.00
50.01	05001	REHAB MEDICINE	0.268786	1,244,065	50.01
51.00	05100	RECOVERY ROOM	0.275933	656,706	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.465360	3,633	52.00
53.00	05300	ANESTHESIOLOGY	0.017793	2,431,155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121417	5,570,157	54.00
54.01	03630	ULTRA SOUND	0.075916	1,004,421	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.026673	2,405,090	56.01
57.00	05700	CT SCAN	0.026133	8,316,996	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084081	7,047,945	59.00
60.00	06000	LABORATORY	0.122610	19,103,494	60.00
64.00	06400	INTRAVENOUS THERAPY	0.129978	53,462	64.00
65.00	06500	RESPIRATORY THERAPY	0.104660	6,524,491	65.00
66.00	06600	PHYSICAL THERAPY	0.286594	1,043,548	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246864	476,964	67.00
68.00	06800	SPEECH PATHOLOGY	0.134702	920,096	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062650	5,738,215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109376	235,585	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.503821	3,986,330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.213710	25,792,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227266	11,950,592	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.296382	1,688,258	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUND CARE	0.087371	17,941	76.02
76.03	03020	PICC LINE TEAM	0.110216	669,120	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0.142109	0	90.02
91.00	09100	EMERGENCY	0.117467	6,206,639	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.144883	423,093	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)		136,489,257	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)		136,489,257	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/26/2021 4:14 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
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		806,126		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	0.174367	531	93	50.00
50.01	05001 REHAB MEDICINE	0.268786	4,429	1,190	50.01
51.00	05100 RECOVERY ROOM	0.275933	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.465360	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.017793	944	17	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121417	10,226	1,242	54.00
54.01	03630 ULTRA SOUND	0.075916	4,030	306	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.026673	0	0	56.01
57.00	05700 CT SCAN	0.026133	71,264	1,862	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084081	7	1	59.00
60.00	06000 LABORATORY	0.122610	308,053	37,770	60.00
64.00	06400 INTRAVENOUS THERAPY	0.129978	449	58	64.00
65.00	06500 RESPIRATORY THERAPY	0.104660	22,957	2,403	65.00
66.00	06600 PHYSICAL THERAPY	0.286594	5,080	1,456	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.246864	667	165	67.00
68.00	06800 SPEECH PATHOLOGY	0.134702	5,890	793	68.00
69.00	06900 ELECTROCARDIOLOGY	0.062650	12,616	790	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.109376	8,896	973	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.503821	8,896	4,482	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.213710	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.227266	55,838	12,690	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.296382	1,942	576	74.00
76.00	03951 DIABETES	0.000000	0	0	76.00
76.01	03950 LITHOTRIPTOR	0.000000	0	0	76.01
76.02	03030 WOUNDCARE	0.087371	0	0	76.02
76.03	03020 PICC LINE TEAM	0.110216	729	80	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.142109	3	0	90.02
91.00	09100 EMERGENCY	0.117467	157,330	18,481	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.144883	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)		680,777	85,428	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)		680,777		202.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3
			Component CCN: 18-T102	Date/Time Prepared: 7/26/2021 4:14 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
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,238,010	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.174367	131,621	50.00
50.01	05001	REHAB MEDICINE	0.268786	2,806,425	50.01
51.00	05100	RECOVERY ROOM	0.275933	9,987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.465360	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017793	26,224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121417	149,837	54.00
54.01	03630	ULTRA SOUND	0.075916	29,116	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.026673	28,922	56.01
57.00	05700	CT SCAN	0.026133	172,486	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084081	2,869	59.00
60.00	06000	LABORATORY	0.122610	1,484,974	60.00
64.00	06400	INTRAVENOUS THERAPY	0.129978	3,496	64.00
65.00	06500	RESPIRATORY THERAPY	0.104660	704,175	65.00
66.00	06600	PHYSICAL THERAPY	0.286594	784,843	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246864	515,084	67.00
68.00	06800	SPEECH PATHOLOGY	0.134702	327,238	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062650	59,992	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109376	6,978	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.503821	160,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.213710	24,752	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227266	585,767	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.296382	129,218	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUNDCARE	0.087371	492	76.02
76.03	03020	PICC LINE TEAM	0.110216	16,595	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0.142109	2,295	90.02
91.00	09100	EMERGENCY	0.117467	7,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.144883	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)		8,171,554	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)		8,171,554	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/26/2021 4:14 pm
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		698,207	30.00
31.00	03100	INTENSIVE CARE UNIT		226,203	31.00
32.00	03200	CORONARY CARE UNIT		365,328	32.00
40.00	04000	SUBPROVIDER - IPF		434,210	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		11,880	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.174367	654,361	50.00
50.01	05001	REHAB MEDICINE	0.268786	0	50.01
51.00	05100	RECOVERY ROOM	0.275933	85,465	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.465360	24,944	52.00
53.00	05300	ANESTHESIOLOGY	0.017793	92,385	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121417	294,646	54.00
54.01	03630	ULTRA SOUND	0.075916	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.026673	63,904	56.01
57.00	05700	CT SCAN	0.026133	466,453	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084081	0	59.00
60.00	06000	LABORATORY	0.122610	1,121,323	60.00
64.00	06400	INTRAVENOUS THERAPY	0.129978	30,956	64.00
65.00	06500	RESPIRATORY THERAPY	0.104660	471,026	65.00
66.00	06600	PHYSICAL THERAPY	0.286594	36,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246864	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.134702	27,706	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062650	25,841	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109376	62,540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.503821	465,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.213710	250,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227266	855,962	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.296382	477,110	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUNDCARE	0.087371	0	76.02
76.03	03020	PICC LINE TEAM	0.110216	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0.142109	0	90.02
91.00	09100	EMERGENCY	0.117467	190,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.144883	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)		5,698,090	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		5,698,090	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/26/2021 4:14 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.174367	0	0	50.00
50.01	05001 REHAB MEDICINE	0.268786	0	0	50.01
51.00	05100 RECOVERY ROOM	0.275933	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.465360	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.017793	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121417	0	0	54.00
54.01	03630 ULTRA SOUND	0.075916	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.026673	0	0	56.01
57.00	05700 CT SCAN	0.026133	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084081	0	0	59.00
60.00	06000 LABORATORY	0.122610	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.129978	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.104660	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.286594	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.246864	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.134702	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.062650	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.109376	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.503821	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.213710	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.227266	0	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.296382	0	0	74.00
76.00	03951 DIABETES	0.000000	0	0	76.00
76.01	03950 LITHOTRIPTOR	0.000000	0	0	76.01
76.02	03030 WOUND CARE	0.087371	0	0	76.02
76.03	03020 PICC LINE TEAM	0.110216	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.142109	0	0	90.02
91.00	09100 EMERGENCY	0.117467	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.144883	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)		0	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		0	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/26/2021 4:14 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.174367	0	0	50.00
50.01	05001 REHAB MEDICINE	0.268786	0	0	50.01
51.00	05100 RECOVERY ROOM	0.275933	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.465360	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.017793	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121417	0	0	54.00
54.01	03630 ULTRA SOUND	0.075916	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.026673	0	0	56.01
57.00	05700 CT SCAN	0.026133	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084081	0	0	59.00
60.00	06000 LABORATORY	0.122610	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.129978	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.104660	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.286594	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.246864	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.134702	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.062650	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.109376	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.503821	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.213710	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.227266	0	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.296382	0	0	74.00
76.00	03951 DIABETES	0.000000	0	0	76.00
76.01	03950 LITHOTRIPTOR	0.000000	0	0	76.01
76.02	03030 WOUNDCARE	0.087371	0	0	76.02
76.03	03020 PICC LINE TEAM	0.110216	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.142109	0	0	90.02
91.00	09100 EMERGENCY	0.117467	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.144883	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)		0	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/26/2021 4:14 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			22,920,617	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			9,923,943	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)			288,532	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			27,967	2.04
3.00	Managed Care Simulated Payments			14,666,969	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			266.16	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)		or	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)			6.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)			23.78	31.00
32.00	Sum of lines 30 and 31			29.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)			14.30	33.00
34.00	Disproportionate share adjustment (see instructions)			1,174,193	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/26/2021 4:14 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521
35.01	Factor 3 (see instructions)		0.000091533	0.000294982
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		764,352	2,445,405
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		572,220	616,377
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,188,597	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		35,523,849	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		35,523,849	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,575,734	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		12,286	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)		38,111,869	59.00
60.00	Primary payer payments		1,387	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,110,482	61.00
62.00	Deductibles billed to program beneficiaries		3,781,580	62.00
63.00	Coinurance billed to program beneficiaries		71,456	63.00
64.00	Allowable bad debts (see instructions)		726,207	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		472,035	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		245,021	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,729,481	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)		-73,870	70.93
70.94	HRR adjustment amount (see instructions)		-342,546	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/26/2021 4:14 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)		34,313,065	71.00	
71.01	Sequestration adjustment (see instructions)		226,466	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		33,849,450	72.00	
72.01	Interim payments-PARHM		0	72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		237,149	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		412,296	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: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/26/2021 4:14 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	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,920,617	0	22,920,617		22,920,617	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,923,943	0		9,923,943	9,923,943	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	288,532	0	288,532		288,532	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	27,967	0		27,967	27,967	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,666,969	0	9,620,996	5,045,973	14,666,969	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1430	0.1430	0.1430	0.1430		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,174,193	0	819,412	354,781	1,174,193	11.00
11.01	Uncompensated care payments	36.00	1,188,597	0	572,220	615,258	1,187,478	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	35,523,849	0	24,601,900	10,921,949	35,523,849	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	35,523,849	0	24,601,900	10,921,949	35,523,849	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,575,734	0	1,835,048	740,686	2,575,734	16.00
17.00	Special add-on payments for new technologies	54.00	12,286	0	0	12,286	12,286	17.00
17.01	Net organ aquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/26/2021 4:14 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
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	26,436,948	11,674,921	38,111,869
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	2,530,873	0	1,791,708	739,165	2,530,873
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	44,861	0	43,340	1,521	44,861
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	2,575,734	0	1,835,048	740,686	2,575,734
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/26/2021 4:14 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,920,617	22,920,617		22,920,617	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,923,943		9,923,943	9,923,943	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	288,532	288,532		288,532	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	27,967		27,967	27,967	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,666,969	9,620,997	5,045,973	14,666,970	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1430	0.1430	0.1430		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,174,193	819,412	354,781	1,174,193	11.00
11.01	Uncompensated care payments	36.00	1,188,597	572,220	615,258	1,187,478	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	35,523,849	24,601,900	10,921,949	35,523,849	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	35,523,849	24,601,900	10,921,949	35,523,849	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,575,734	1,835,048	740,686	2,575,734	16.00
17.00	Special add-on payments for new technologies	54.00	12,286	0	12,286	12,286	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			26,436,948	11,674,921	38,111,869	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/26/2021 4:14 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,530,873	1,791,708	739,165	2,530,873	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	44,861	43,340	1,521	44,861	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,575,734	1,835,048	740,686	2,575,734	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	-73,870	-23,353	-50,517	-73,870	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	-342,546	-252,127	-90,419	-342,546	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: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/26/2021 4:14 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,943	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,125,218	2.00
3.00	OPPS payments		21,278,179	3.00
4.00	Outlier payment (see instructions)		76,634	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)		1,943	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		8,549	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)		8,549	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)		8,549	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,606	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)		1,943	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)		21,354,813	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)		3,877,068	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)		17,479,688	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)		17,479,688	30.00
31.00	Primary payer payments		7,428	31.00
32.00	Subtotal (line 30 minus line 31)		17,472,260	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)		752,717	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		489,266	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		244,326	36.00
37.00	Subtotal (see instructions)		17,961,526	37.00
38.00	MSP-LCC reconciliation amount from PS&R		75	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)		17,961,451	40.00
40.01	Sequestration adjustment (see instructions)		118,546	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		17,838,879	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)		4,026	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/26/2021 4:14 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		33,319,665		17,356,466	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		607,167		560,553	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	09/23/2020	77,382	09/23/2020	78,140	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)		-77,382		-78,140	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		33,849,450		17,838,879	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		237,149		4,026	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		34,086,599		17,842,905	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: 18-0102

Period:

Worksheet E-1

Component CCN: 18-S102

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 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		386,928		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		29,543		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/23/2020	6,136		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)		6,136		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)		422,607		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		9,231		0	6.02
7.00	Total Medicare program liability (see instructions)		413,376		0	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: 18-0102

Period:

Worksheet E-1

Component CCN: 18-T102

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 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		5,413,369		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	09/23/2020	7,080		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)		-7,080		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)		5,406,289		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		78,193		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,484,482		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: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/26/2021 4:14 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: 18-0102 Component CCN: 18-S102	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 7/26/2021 4:14 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)			490,784 1.00
2.00	Net IPF PPS Outlier Payments			0 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)			3.603825 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			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)			490,784 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)			490,784 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			490,784 18.00
19.00	Deductibles			101,332 19.00
20.00	Subtotal (line 18 minus line 19)			389,452 20.00
21.00	Coinsurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			389,452 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			41,031 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			26,670 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			16,217 25.00
26.00	Subtotal (sum of lines 22 and 24)			416,122 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)			416,122 31.00
31.01	Sequestration adjustment (see instructions)			2,746 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			422,607 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)			-9,231 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 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: 18-0102 Component CCN: 18-T102	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/26/2021 4:14 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,300,090 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0403 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			267,125 3.00
4.00	Outlier Payments			40,786 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)			14.912568 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)			5,608,001 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)			5,608,001 17.00
18.00	Primary payer payments			16,447 18.00
19.00	Subtotal (line 17 less line 18).			5,591,554 19.00
20.00	Deductibles			42,196 20.00
21.00	Subtotal (line 19 minus line 20)			5,549,358 21.00
22.00	Coinsurance			34,848 22.00
23.00	Subtotal (line 21 minus line 22)			5,514,510 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			9,862 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			6,410 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			5,544 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,520,920 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)			5,520,920 32.00
32.01	Sequestration adjustment (see instructions)			36,438 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,406,289 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)			78,193 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			40,786 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: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/26/2021 4:14 pm
		Title XIX	Hospital	Cost
			Inpatient	Outpatient
			1.00	2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	1,940,673		1.00
2.00	Medical and other services		994,643	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,940,673	994,643	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,940,673	994,643	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	5,698,090	6,369,621	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	5,698,090	6,369,621	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	5,698,090	6,369,621	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	3,757,417	5,374,978	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	1,940,673	994,643	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	1,940,673	994,643	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	1,940,673	994,643	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	1,940,673	994,643	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	1,940,673	994,643	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	1,940,673	994,643	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	1,940,673	994,643	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/26/2021 4:14 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 18-0102

Period:

Worksheet E-3

Component CCN: 18-T102

From 01/01/2020
To 12/31/2020Part VII
Date/Time Prepared:
7/26/2021 4:14 pm

		Title XIX	Subprovider - IRF	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		3,096		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,096	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,096	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		3,096	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		3,096	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 18-0102

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

Worksheet G

Date/Time Prepared:
7/26/2021 4:14 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	87,151,388	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	73,826,852	0	0	0	4.00
5.00	Other receivable	4,233,074	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-44,772,892	0	0	0	6.00
7.00	Inventory	7,854,889	0	0	0	7.00
8.00	Prepaid expenses	776,462	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	129,069,773	0	0	0	11.00
FIXED ASSETS						
12.00	Land	437,015	0	0	0	12.00
13.00	Land improvements	3,113,611	0	0	0	13.00
14.00	Accumulated depreciation	-2,978,326	0	0	0	14.00
15.00	Buildings	54,327,336	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	141,309,324	0	0	0	19.00
20.00	Accumulated depreciation	-119,684,950	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	8,215,473	0	0	0	23.00
24.00	Accumulated depreciation	-8,075,147	0	0	0	24.00
25.00	Minor equipment depreciable	239,771	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	76,904,107	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	132,162,327	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	3,697,351	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	135,859,678	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	341,833,558	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	25,884,433	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,221,239	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	45,285,238	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	72,390,910	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	11,916,565	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	11,916,565	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	84,307,475	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	257,526,083	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	257,526,083	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	341,833,558	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 18-0102

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

Worksheet G-1

Date/Time Prepared:
7/26/2021 4:14 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		221,258,111		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		54,618,404				2.00
3.00	Total (sum of line 1 and line 2)		275,876,515		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		275,876,515		0		11.00
12.00	MISCELLANEOUS	18,350,432		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		18,350,432		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		257,526,083		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	MISCELLANEOUS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	65,912,764		65,912,764	1.00
2.00	SUBPROVIDER - IPF	2,109,561		2,109,561	2.00
3.00	SUBPROVIDER - IRF	6,658,636		6,658,636	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,680,961		74,680,961	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,466,578		12,466,578	11.00
12.00	CORONARY CARE UNIT	7,860,161		7,860,161	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	20,326,739		20,326,739	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	95,007,700		95,007,700	17.00
18.00	Ancillary services	308,592,081	571,153,171	879,745,252	18.00
19.00	Outpatient services	17,832,640	55,449,851	73,282,491	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		10,551,228	10,551,228	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	2,344,994	19,193,617	21,538,611	26.00
26.01	HOSPICE II	1	3,017,014	3,017,015	26.01
27.00	MISCELLANEOUS	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	423,777,416	659,364,881	1,083,142,297	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		238,553,848		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)		238,553,848		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 18-0102

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

Worksheet G-3

Date/Time Prepared:
7/26/2021 4:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,083,142,297	1.00
2.00	Less contractual allowances and discounts on patients' accounts	819,276,455	2.00
3.00	Net patient revenues (line 1 minus line 2)	263,865,842	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	238,553,848	4.00
5.00	Net income from service to patients (line 3 minus line 4)	25,311,994	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	13,124,698	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	494,393	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	34,233	21.00
22.00	Rental of hospital space	399,172	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other Misc Revenue	3,211,615	24.00
24.01	Joint Venture Revenue	-89,122	24.01
24.03	Gain/Loss on Sale of Assets	-35,056	24.03
24.50	COVID-19 PHE Funding	12,167,193	24.50
25.00	Total other income (sum of lines 6-24)	29,307,126	25.00
26.00	Total (line 5 plus line 25)	54,619,120	26.00
27.00	Non Operating Expense	716	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	716	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	54,618,404	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 18-0102

Period:

Worksheet H

HHA CCN: 18-7100

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 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	22,933	22,933
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	1,765,885	539,058	82,060	2,262,923	355,288
						5,005,214
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	761,994	232,608	35,410	0	1,030,012
7.00	Physical Therapy	1,486,448	453,756	69,075	0	2,009,279
8.00	Occupational Therapy	360,809	110,141	16,767	0	487,717
9.00	Speech Pathology	155,861	47,579	7,243	0	210,683
10.00	Medical Social Services	82,909	25,309	3,853	0	112,071
11.00	Home Health Aide	52,642	16,070	2,446	0	71,158
12.00	Supplies (see instructions)	0	0	0	281,480	281,480
13.00	Drugs	0	0	0	169	169
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)	4,666,548	1,424,521	216,854	2,262,923	659,870
						9,230,716
	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	22,933	0	22,933	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	-3,063,890	1,941,324	-1,823	1,939,501	0
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	1,030,012	0	1,030,012	0
7.00	Physical Therapy	0	2,009,279	0	2,009,279	0
8.00	Occupational Therapy	0	487,717	0	487,717	0
9.00	Speech Pathology	0	210,683	0	210,683	0
10.00	Medical Social Services	0	112,071	0	112,071	0
11.00	Home Health Aide	0	71,158	0	71,158	0
12.00	Supplies (see instructions)	0	281,480	0	281,480	0
13.00	Drugs	0	169	0	169	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)	-3,063,890	6,166,826	-1,823	6,165,003	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: 18-0102

Period:

Worksheet H-1

HHA CCN: 18-7100

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 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	4A.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	22,933	0	0	22,933		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	1,939,501	0	0	22,933	0	1,962,434	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,030,012	0	0	0	0	1,030,012	6.00	
7.00	Physical Therapy	2,009,279	0	0	0	0	2,009,279	7.00	
8.00	Occupational Therapy	487,717	0	0	0	0	487,717	8.00	
9.00	Speech Pathology	210,683	0	0	0	0	210,683	9.00	
10.00	Medical Social Services	112,071	0	0	0	0	112,071	10.00	
11.00	Home Health Aide	71,158	0	0	0	0	71,158	11.00	
12.00	Supplies (see instructions)	281,480	0	0	0	0	281,480	12.00	
13.00	Drugs	169	0	0	0	0	169	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)	6,165,003	0	0	22,933	0	6,165,003	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	1,962,434						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	480,975	1,510,987					6.00	
7.00	Physical Therapy	938,253	2,947,532					7.00	
8.00	Occupational Therapy	227,745	715,462					8.00	
9.00	Speech Pathology	98,381	309,064					9.00	
10.00	Medical Social Services	52,333	164,404					10.00	
11.00	Home Health Aide	33,228	104,386					11.00	
12.00	Supplies (see instructions)	131,440	412,920					12.00	
13.00	Drugs	79	248					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)		6,165,003					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet H-1

HHA CCN: 18-7100

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 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	1,000	0		3.00
4.00	Transportation (see instructions)	0	0	0	216,854		4.00
5.00	Administrative and General	0	0	1,000	82,060	-1,962,434	4,202,569
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	35,410	0	1,030,012
7.00	Physical Therapy	0	0	0	69,075	0	2,009,279
8.00	Occupational Therapy	0	0	0	16,767	0	487,717
9.00	Speech Pathology	0	0	0	7,243	0	210,683
10.00	Medical Social Services	0	0	0	3,853	0	112,071
11.00	Home Health Aide	0	0	0	2,446	0	71,158
12.00	Supplies (see instructions)	0	0	0	0	0	281,480
13.00	Drugs	0	0	0	0	0	169
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	1,000	216,854	-1,962,434	4,202,569
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	22,933	0		1,962,434
26.00	Unit Cost Multiplier	0.000000	0.000000	22.933000	0.000000		0.466961

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	Subtotal	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5A.01	
1.00	Administrative and General	0	0	0	303,915	11,048	314,963	1.00
2.00	Skilled Nursing Care	1,510,987	0	0	0	0	1,510,987	2.00
3.00	Physical Therapy	2,947,532	0	0	131,142	0	3,078,674	3.00
4.00	Occupational Therapy	715,462	0	0	255,823	0	971,285	4.00
5.00	Speech Pathology	309,064	0	0	62,096	0	371,160	5.00
6.00	Medical Social Services	164,404	0	0	26,824	0	191,228	6.00
7.00	Home Health Aide	104,386	0	0	14,269	0	118,655	7.00
8.00	Supplies (see instructions)	412,920	0	0	9,060	0	421,980	8.00
9.00	Drugs	248	0	0	0	0	248	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)	6,165,003	0	0	803,129	11,048	6,979,180	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		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.05	6.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	90,637	0	0	0	0	23,971	1.00
2.00	Skilled Nursing Care	434,818	0	0	0	0	0	2.00
3.00	Physical Therapy	885,954	0	0	0	0	0	3.00
4.00	Occupational Therapy	279,508	0	0	0	0	0	4.00
5.00	Speech Pathology	106,809	0	0	0	0	0	5.00
6.00	Medical Social Services	55,030	0	0	0	0	0	6.00
7.00	Home Health Aide	34,145	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	121,434	0	0	0	0	0	8.00
9.00	Drugs	71	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)	2,008,406	0	0	0	0	23,971	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: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 pmHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	
		13.00	14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	0	38,700	61	0	0	6,679	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	38,700	61	0	0	6,679	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		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	475,011	0	475,011				1.00
2.00	Skilled Nursing Care	1,945,805	0	1,945,805	107,700	2,053,505		2.00
3.00	Physical Therapy	3,964,628	0	3,964,628	219,441	4,184,069		3.00
4.00	Occupational Therapy	1,250,793	0	1,250,793	69,231	1,320,024		4.00
5.00	Speech Pathology	477,969	0	477,969	26,456	504,425		5.00
6.00	Medical Social Services	246,258	0	246,258	13,630	259,888		6.00
7.00	Home Health Aide	152,800	0	152,800	8,457	161,257		7.00
8.00	Supplies (see instructions)	543,414	0	543,414	30,078	573,492		8.00
9.00	Drugs	319	0	319	18	337		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	9,056,997	0	9,056,997	475,011	9,056,997		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.				0.055350			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: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 pm

						Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00				4.00	
1.00	Administrative and General	0	0	1,823,057	39	0	314,963	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	1,510,987	2.00
3.00	Physical Therapy	0	0	786,665	0	0	3,078,674	3.00
4.00	Occupational Therapy	0	0	1,534,574	0	0	971,285	4.00
5.00	Speech Pathology	0	0	372,491	0	0	371,160	5.00
6.00	Medical Social Services	0	0	160,908	0	0	191,228	6.00
7.00	Home Health Aide	0	0	85,594	0	0	118,655	7.00
8.00	Supplies (see instructions)	0	0	54,347	0	0	421,980	8.00
9.00	Drugs	0	0	0	0	0	248	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	4,817,636	39		6,979,180	20.00
21.00	Total cost to be allocated	0	0	803,129	11,048		2,008,406	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.166706	283.282051		0.287771	22.00
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
		6.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	0	0	0	6,245	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	6,245	0	20.00
21.00	Total cost to be allocated	0	0	0	0	23,971	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	3.838431	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 pmHome Health
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHAR GES)		
		14.00	15.00	16.00	17.00	18.00		
1.00	Administrative and General	325,907	452	0	0	10,551,228		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	325,907	452	0	0	10,551,228		20.00
21.00	Total cost to be allocated	38,700	61	0	0	6,679		21.00
22.00	Unit cost multiplier	0.118746	0.134956	0.000000	0.000000	0.000633		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet H-3

HHA CCN: 18-7100

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 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	2,053,505		2,053,505	26,400	77.78	1.00	
2.00	Physical Therapy	3.00	4,184,069	0	4,184,069	22,212	188.37	2.00	
3.00	Occupational Therapy	4.00	1,320,024	0	1,320,024	4,849	272.23	3.00	
4.00	Speech Pathology	5.00	504,425	0	504,425	1,826	276.25	4.00	
5.00	Medical Social Services	6.00	259,888		259,888	684	379.95	5.00	
6.00	Home Health Aide	7.00	161,257		161,257	1,922	83.90	6.00	
7.00	Total (sum of lines 1-6)		8,483,168	0	8,483,168	57,893		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	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		99914	0	13,549			8.00	
9.00	Physical Therapy		99914	0	12,548			9.00	
10.00	Occupational Therapy		99914	0	2,667			10.00	
11.00	Speech Pathology		99914	0	1,046			11.00	
12.00	Medical Social Services		99914	0	355			12.00	
13.00	Home Health Aide		99914	0	1,361			13.00	
14.00	Total (sum of lines 8-13)			0	31,526			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	573,492	0	573,492	560,896	1.022457	15.00	
16.00	Cost of Drugs	9.00	337	0	337	337	1.000000	16.00	
Cost Center Description		Program Visits			Cost of Services				
		Part B							
		Part A			Part A				
			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	13,549		0	1,053,841		1.00	
2.00	Physical Therapy	0	12,548		0	2,363,667		2.00	
3.00	Occupational Therapy	0	2,667		0	726,037		3.00	
4.00	Speech Pathology	0	1,046		0	288,958		4.00	
5.00	Medical Social Services	0	355		0	134,882		5.00	
6.00	Home Health Aide	0	1,361		0	114,188		6.00	
7.00	Total (sum of lines 1-6)	0	31,526		0	4,681,573		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	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet H-3

HHA CCN: 18-7100

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

7/26/2021 4:14 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			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	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	560,896	0	0	573,492	0	15.00
16.00	Cost of Drugs		337	0		337	0	16.00
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	1,053,841						1.00
2.00	Physical Therapy	2,363,667						2.00
3.00	Occupational Therapy	726,037						3.00
4.00	Speech Pathology	288,958						4.00
5.00	Medical Social Services	134,882						5.00
6.00	Home Health Aide	114,188						6.00
7.00	Total (sum of lines 1-6)	4,681,573						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet H-3

HHA CCN: 18-7100

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 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	0.286594	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.246864	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.134702	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.503821	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.227266	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.000000	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 HHA CCN: 18-7100	Period: From 01/01/2020 To 12/31/2020	Worksheet H-4 Part I-II Date/Time Prepared: 7/26/2021 4:14 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	337	0
2.00	Total charges	0	7,957,710	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	7,957,710	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	7,957,373	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			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	337
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	0
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	4,332,531
13.00	Total PPS Reimbursement - LUPA Episodes		0	751,184
14.00	Total PPS Reimbursement - PEP Episodes		0	80,281
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	2,203
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	224,599
17.00	Total Other Payments		0	4,971
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	5,396,106
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	5,396,106
25.00	Coinsurance billed to program patients (from your records)			8,477
26.00	Net cost (line 24 minus line 25)		0	5,387,629
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	5,387,629
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	5,387,629
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	5,367,703
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	19,926
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 18-0102 HHA CCN: 18-7100		Period: From 01/01/2020 To 12/31/2020		Worksheet H-5 Date/Time Prepared: 7/26/2021 4:14 pm	
				Home Health Agency I		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		5,367,703	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		5,367,703	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		19,926	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		0		5,387,629	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		103,681	103,681	-49,172	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,471,944	1,471,944	-698,085	3.00
4.00	ADMINISTRATIVE & GENERAL*	150,339	2,495,669	2,646,008	-1,183,597	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	102,737	102,737	-48,724	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	1,493	1,493	-708	7.00
8.00	DIETARY*	0	3,577	3,577	-1,696	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	353	353	-168	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	205,717	205,717	-97,563	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	3,810	0	3,810	0	13.00
14.00	PHARMACY*	0	789,516	789,516	-374,436	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	575,535	575,535	-272,954	26.00
27.00	NURSE PRACTITIONER**	130,323	0	130,323	0	27.00
28.00	REGISTERED NURSE**	2,261,318	0	2,261,318	0	28.00
29.00	LPN/LVN**	341,136	0	341,136	0	29.00
30.00	PHYSICAL THERAPY**	36,651	0	36,651	0	30.00
31.00	OCCUPATIONAL THERAPY**	1,778	0	1,778	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	882	0	882	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	345,740	0	345,740	0	33.00
34.00	SPIRITUAL COUNSELING**	112,213	0	112,213	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	1,283,659	0	1,283,659	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	689,492	689,492	-326,999	38.00
39.00	PATIENT TRANSPORTATION**	0	88,524	88,524	-41,983	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	5,574	5,574	-2,643	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	371,688	371,688	-176,277	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	84,782	84,782	-40,209	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	194,139	13,940	208,079	-6,611	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	5,153	5,153	-2,444	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	1,631,245	1,631,245	-773,635	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	4,861,988	8,640,620	13,502,608	-4,097,904	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	54,509	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	773,859	3.00
4.00	ADMINISTRATIVE & GENERAL*	-6,069	1,456,342	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	54,013	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	785	7.00
8.00	DIETARY*	0	1,881	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	185	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	108,154	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	3,810	13.00
14.00	PHARMACY*	0	415,080	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	302,581	26.00
27.00	NURSE PRACTITIONER**	0	130,323	27.00
28.00	REGISTERED NURSE**	0	2,261,318	28.00
29.00	LPN/LVN**	0	341,136	29.00
30.00	PHYSICAL THERAPY**	0	36,651	30.00
31.00	OCCUPATIONAL THERAPY**	0	1,778	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	882	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	345,740	33.00
34.00	SPIRITUAL COUNSELING**	0	112,213	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	1,283,659	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	362,493	38.00
39.00	PATIENT TRANSPORTATION**	0	46,541	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	2,931	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	195,411	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	44,573	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	201,468	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	2,709	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	857,610	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-6,069	9,398,635	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

		Hospice II				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		4,824	4,824	10,621	15,445
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	47	47	103	150
4.00	ADMINISTRATIVE & GENERAL*	673	14,216	14,889	31,306	46,195
5.00	PLANT OPERATION & MAINTENANCE*	0	500	500	1,100	1,600
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	13,347	13,347	29,385	42,732
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	62	62	136	198
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	94,551	94,551	208,168	302,719
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	0	0	0	0	0
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	0
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	109,279	109,279	240,593	349,872
39.00	PATIENT TRANSPORTATION**	0	12,445	12,445	27,401	39,846
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	647	647	1,425	2,072
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	27,560	27,560	60,676	88,236
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	3	3	0	3
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	112,877	112,877	248,514	361,391
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	673	390,358	391,031	859,428	1,250,459

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice II	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	15,445		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	150		3.00
4.00	ADMINISTRATIVE & GENERAL*	-122	46,073		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	1,600		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	42,732		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	198		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	1	1		13.00
14.00	PHARMACY*	0	302,719		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	1	1		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	1	1		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	1	1		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	349,872		38.00
39.00	PATIENT TRANSPORTATION**	0	39,846		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	2,072		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	88,236		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	3		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	361,391		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-118	1,250,341		100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE
Provider CCN: 18-0102
Hospice CCN: 18-1507
Period: From 01/01/2020 To 12/31/2020
Worksheet 0-2
Date/Time Prepared: 7/26/2021 4:14 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	575,535	575,535	-272,954	302,581	26.00
27.00	NURSE PRACTITIONER	112,829	0	112,829	0	112,829	27.00
28.00	REGISTERED NURSE	1,957,762	0	1,957,762	0	1,957,762	28.00
29.00	LPN/LVN	295,343	0	295,343	0	295,343	29.00
30.00	PHYSICAL THERAPY	31,731	0	31,731	0	31,731	30.00
31.00	OCCUPATIONAL THERAPY	1,539	0	1,539	0	1,539	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	763	0	763	0	763	32.00
33.00	MEDICAL SOCIAL SERVICES	299,329	0	299,329	0	299,329	33.00
34.00	SPIRITUAL COUNSELING	97,150	0	97,150	0	97,150	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,111,343	0	1,111,343	0	1,111,343	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	689,492	689,492	-326,999	362,493	38.00
39.00	PATIENT TRANSPORTATION	0	4,426	4,426	-2,099	2,327	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	5,574	5,574	-2,643	2,931	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	371,688	371,688	-176,277	195,411	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	84,782	84,782	-40,209	44,573	46.00
100.00	TOTAL *	3,907,789	1,731,497	5,639,286	-821,181	4,818,105	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	302,581	26.00
27.00	NURSE PRACTITIONER	0	112,829	27.00
28.00	REGISTERED NURSE	0	1,957,762	28.00
29.00	LPN/LVN	0	295,343	29.00
30.00	PHYSICAL THERAPY	0	31,731	30.00
31.00	OCCUPATIONAL THERAPY	0	1,539	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	763	32.00
33.00	MEDICAL SOCIAL SERVICES	0	299,329	33.00
34.00	SPIRITUAL COUNSELING	0	97,150	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	1,111,343	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	362,493	38.00
39.00	PATIENT TRANSPORTATION	0	2,327	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	2,931	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	195,411	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	44,573	46.00
100.00	TOTAL *	0	4,818,105	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet 0-2
Date/Time Prepared:
7/26/2021 4:14 pm

				Hospice II			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	108,250	108,250	238,327	346,577	38.00
39.00	PATIENT TRANSPORTATION	0	12,328	12,328	27,143	39,471	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	641	641	1,412	2,053	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	27,300	27,300	60,105	87,405	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3	3	0	3	46.00
100.00	TOTAL *	0	148,522	148,522	326,987	475,509	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	1	1	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1	1	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	346,577	38.00
39.00	PATIENT TRANSPORTATION	0	39,471	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	2,053	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	87,405	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3	46.00
100.00	TOTAL *	2	475,511	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT
RESPIRE CARE

Provider CCN: 18-0102

Period:

Worksheet 0-3

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

				Hospice I		7/26/2022 4:14 PM	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0		0	0	0	26.00
27.00	NURSE PRACTITIONER	1,439	0	1,439	0	1,439	27.00
28.00	REGISTERED NURSE	24,973	0	24,973	0	24,973	28.00
29.00	LPN/LVN	3,767	0	3,767	0	3,767	29.00
30.00	PHYSICAL THERAPY	405	0	405	0	405	30.00
31.00	OCCUPATIONAL THERAPY	20	0	20	0	20	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	10	0	10	0	10	32.00
33.00	MEDICAL SOCIAL SERVICES	3,818	0	3,818	0	3,818	33.00
34.00	SPIRITUAL COUNSELING	1,239	0	1,239	0	1,239	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	14,176	0	14,176	0	14,176	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	13,279	13,279	-6,297	6,982	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	49,847	13,279	63,126	-6,297	56,829	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	1,439	27.00
28.00	REGISTERED NURSE	0	24,973	28.00
29.00	LPN/LVN	0	3,767	29.00
30.00	PHYSICAL THERAPY	0	405	30.00
31.00	OCCUPATIONAL THERAPY	0	20	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	10	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,818	33.00
34.00	SPIRITUAL COUNSELING	0	1,239	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	14,176	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	6,982	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	56,829	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT
RESPIRE CARE
Provider CCN: 18-0102
Period:
From 01/01/2020
To 12/31/2020
Worksheet 0-3
Date/Time Prepared:
7/26/2021 4:14 pm

		Hospice II				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0 25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0 26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0 27.00
28.00	REGISTERED NURSE	0	0	0	0	0 28.00
29.00	LPN/LVN	0	0	0	0	0 29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0 30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0 33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0 34.00
35.00	DIETARY COUNSELING	0	0	0	0	0 35.00
36.00	COUNSELING - OTHER	0	0	0	0	0 36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,029	1,029	2,266	3,295 38.00
39.00	PATIENT TRANSPORTATION	0	117	117	258	375 39.00
40.00	IMAGING SERVICES	0	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	6	6	13	19 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	260	260	571	831 42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0 46.00
100.00	TOTAL *	0	1,412	1,412	3,108	4,520 100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	3,295	38.00
39.00	PATIENT TRANSPORTATION	0	375	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	19	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	831	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	4,520	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE

Provider CCN: 18-0102

Period:

Worksheet 0-4

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

				Hospice I		7/26/2022 4:14 PM	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0		0	0	0	26.00
27.00	NURSE PRACTITIONER	16,055	0	16,055	0	16,055	27.00
28.00	REGISTERED NURSE	278,583	0	278,583	0	278,583	28.00
29.00	LPN/LVN	42,026		42,026	0	42,026	29.00
30.00	PHYSICAL THERAPY	4,515	0	4,515	0	4,515	30.00
31.00	OCCUPATIONAL THERAPY	219	0	219	0	219	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	109	0	109	0	109	32.00
33.00	MEDICAL SOCIAL SERVICES	42,593	0	42,593	0	42,593	33.00
34.00	SPIRITUAL COUNSELING	13,824	0	13,824	0	13,824	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0		0		0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	158,140	0	158,140	0	158,140	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	70,819	70,819	-33,587	37,232	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	556,064	70,819	626,883	-33,587	593,296	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	16,055	27.00
28.00	REGISTERED NURSE	0	278,583	28.00
29.00	LPN/LVN	0	42,026	29.00
30.00	PHYSICAL THERAPY	0	4,515	30.00
31.00	OCCUPATIONAL THERAPY	0	219	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	109	32.00
33.00	MEDICAL SOCIAL SERVICES	0	42,593	33.00
34.00	SPIRITUAL COUNSELING	0	13,824	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	158,140	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	37,232	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	593,296	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE
Provider CCN: 18-0102
Hospice CCN: 14-1548
Period:
From 01/01/2020
To 12/31/2020
Worksheet 0-4
Date/Time Prepared:
7/26/2021 4:14 pm

				Hospice II			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)			
		6.00	7.00			
	DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED	1	1		25.00	
26.00	PHYSICIAN SERVICES	0	0		26.00	
27.00	NURSE PRACTITIONER	0	0		27.00	
28.00	REGISTERED NURSE	0	0		28.00	
29.00	LPN/LVN	0	0		29.00	
30.00	PHYSICAL THERAPY	0	0		30.00	
31.00	OCCUPATIONAL THERAPY	0	0		31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00	
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00	
34.00	SPIRITUAL COUNSELING	0	0		34.00	
35.00	DIETARY COUNSELING	0	0		35.00	
36.00	COUNSELING - OTHER	0	0		36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0		37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00	
39.00	PATIENT TRANSPORTATION	0	0		39.00	
40.00	IMAGING SERVICES	0	0		40.00	
41.00	LABS & DIAGNOSTICS	0	0		41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50	
43.00	OUTPATIENT SERVICES	0	0		43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00	
100.00	TOTAL *	1	1		100.00	

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 18-0102

Period:

Worksheet 0-5

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	80,199	80,199	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	54,509	182,804	237,313	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	773,859	763,932	1,537,791	3.00
4.00	ADMINISTRATIVE & GENERAL	1,456,342	3,049,001	4,505,343	4.00
5.00	PLANT OPERATION & MAINTENANCE	54,013	338,895	392,908	5.00
6.00	LAUNDRY & LINEN SERVICE	0	16,630	16,630	6.00
7.00	HOUSEKEEPING	785	110,968	111,753	7.00
8.00	DIETARY	1,881	0	1,881	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	185	44,893	45,078	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	108,154	0	108,154	12.00
13.00	VOLUNTEER SERVICE COORDINATION	3,810	0	3,810	13.00
14.00	PHARMACY	415,080	106,403	521,483	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	13,634	13,634	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	4,818,105	0	4,818,105	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	56,829	0	56,829	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	593,296	0	593,296	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	201,468	0	201,468	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	2,709	0	2,709	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	857,610	0	857,610	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	9,398,635	4,707,359	14,105,994	100.00

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 18-0102

Period:

Worksheet 0-5

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

Descriptions		Hospice II		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	15,445	0	15,445	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	150	72,949	73,099	3.00
4.00	ADMINISTRATIVE & GENERAL	46,073	383,257	429,330	4.00
5.00	PLANT OPERATION & MAINTENANCE	1,600	0	1,600	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	42,732	4,857	47,589	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	198		198	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1		1	13.00
14.00	PHARMACY	302,719	12,672	315,391	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	1,910	1,910	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	475,511		475,511	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,520		4,520	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1		1	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	361,391		361,391	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	1,250,341	475,645	1,725,986	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	80,199	80,199					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	237,313		237,313				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,537,791	0	0	1,537,791			3.00
4.00	ADMINISTRATIVE & GENERAL	4,505,343	80,199	237,313	47,550	4,870,405		4.00
5.00	PLANT OPERATION & MAINTENANCE	392,908	0	0	0	392,908		5.00
6.00	LAUNDRY & LINEN SERVICE	16,630	0	0	0	16,630		6.00
7.00	HOUSEKEEPING	111,753	0	0	0	111,753		7.00
8.00	DIETARY	1,881	0	0	0	1,881		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	45,078	0	0	0	45,078		10.00
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00
12.00	STAFF TRANSPORTATION	108,154	0	0	0	108,154		12.00
13.00	VOLUNTEER SERVICE COORDINATION	3,810	0	0	1,205	5,015		13.00
14.00	PHARMACY	521,483	0	0	0	521,483		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	13,634	0	0	0	13,634		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	4,818,105			1,235,989	6,054,094		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	56,829	0	0	15,766	72,595		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	593,296	0	0	175,877	769,173		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	201,468	0	0	61,404	262,872		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	2,709	0	0	0	2,709		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	857,610				857,610		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	14,105,994	80,199	237,313	1,537,791	14,105,994		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	4,870,405						4.00
5.00	PLANT OPERATION & MAINTENANCE	228,411	621,319					5.00
6.00	LAUNDRY & LINEN SERVICE	9,668	0		26,298			6.00
7.00	HOUSEKEEPING	64,966	0			176,719		7.00
8.00	DIETARY	1,093	0			0	2,974	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	26,205	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	62,874	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	2,915	0			0		13.00
14.00	PHARMACY	303,156	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	7,926	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	3,519,452						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	42,202	0		3,773	0	427	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	447,146	621,319		22,525	176,719	2,547	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	152,816	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	1,575	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	4,870,405	621,319		26,298	176,719	2,974	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 pm

Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	71,283			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			171,028	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	7,930 13.00
14.00	PHARMACY	0			0	0 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0 15.00
16.00	OTHER GENERAL SERVICE	0			0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	8	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	0	68,270	0	171,020	6,866 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	432	0	0	88 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,581	0	0	976 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0 60.00
61.00	VOLUNTEER PROGRAM	0			0	0 61.00
62.00	FUNDRAISING	0			0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0 65.00
66.00	RESIDENTIAL CARE	0			0	0 66.00
67.00	ADVERTISING	0			0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0 68.00
69.00	THRIFT STORE	0			0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	0	71,283	0	171,028	7,930 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	824,639					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		21,560			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		8	50.00
51.00	HOSPICE ROUTINE HOME CARE	789,778	0	20,648		10,630,128	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5,001	0	131	0	124,649	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	29,860	0	781	0	2,073,627	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		415,688	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		4,284	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		857,610	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	824,639	0	21,560	0	14,105,994	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX		CAP REL MVBLE EQUIP		EMPLOYEE BENEFITS DEPARTMENT		SUBTOTAL	
		0	1.00	2.00	3.00	3A					
GENERAL SERVICE COST CENTERS											
1.00	CAP REL COSTS-BLDG & FIXT	15,445	15,445								1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	73,099	0	0	73,099						3.00
4.00	ADMINISTRATIVE & GENERAL	429,330	15,445	0	73,099	517,874					4.00
5.00	PLANT OPERATION & MAINTENANCE	1,600	0	0	0	1,600					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0					6.00
7.00	HOUSEKEEPING	0	0	0	0	0					7.00
8.00	DIETARY	0	0	0	0	0					8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	47,589	0	0	0	47,589					10.00
11.00	MEDICAL RECORDS	0	0	0	0	0					11.00
12.00	STAFF TRANSPORTATION	198	0	0	0	198					12.00
13.00	VOLUNTEER SERVICE COORDINATION	1	0	0	0	1					13.00
14.00	PHARMACY	315,391	0	0	0	315,391					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0					15.00
16.00	OTHER GENERAL SERVICE	1,910	0	0	0	1,910					16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0					17.00
LEVEL OF CARE											
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	475,511			0	475,511					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,520	0	0	0	4,520					52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1	0	0	0	1					53.00
NONREIMBURSABLE COST CENTERS											
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0					60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0					61.00
62.00	FUNDRAISING	0	0	0	0	0					62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0					63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0					64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0					65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0					66.00
67.00	ADVERTISING	0	0	0	0	0					67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0					68.00
69.00	THRIFT STORE	0	0	0	0	0					69.00
70.00	NURSING FACILITY ROOM & BOARD	361,391				361,391					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0					71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0					99.00
100.00	TOTAL	1,725,986	15,445	0	73,099	1,725,986					100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice II HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	517,874						4.00
5.00	PLANT OPERATION & MAINTENANCE	979	2,579					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	29,107	2,579			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	121	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	1	0			0		13.00
14.00	PHARMACY	192,900	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	1,168	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	290,832						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,765	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	517,874	2,579		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 pm

Descriptions		Hospice II					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	79,275				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			319		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	2	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	78,035	0	319	2	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	350	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	890	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	79,275	0	319	2	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/26/2021 4:14 pm

Descriptions		Hospice II				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	508,291					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		3,078			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	500,346	0	3,029		1,348,074	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,242	0	14	0	9,891	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5,703	0	35	0	6,630	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					361,391	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	508,291	0	3,078	0	1,725,986	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	9,308					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		9,308				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,861,990			3.00
4.00	ADMINISTRATIVE & GENERAL	9,308	9,308	150,339	-4,870,405	8,377,979	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	392,908	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	16,630	6.00
7.00	HOUSEKEEPING	0	0	0	0	111,753	7.00
8.00	DIETARY	0	0	0	0	1,881	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	45,078	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	108,154	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	3,810	0	5,015	13.00
14.00	PHARMACY	0	0	0	0	521,483	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	13,634	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			3,907,790	0	6,054,094	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	49,847	0	72,595	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	556,065	0	769,173	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	194,139	0	262,872	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	2,709	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-857,610		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	80,199	237,313	1,537,791		4,870,405	100.00
101.00	UNIT COST MULTIPLIER	8.616137	25.495595	0.316288		0.581334	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	9,308					5.00
6.00	LAUNDRY & LINEN SERVICE	0	2,607				6.00
7.00	HOUSEKEEPING	0		9,308			7.00
8.00	DIETARY	0		0	2,607		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	374	0	374	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	9,308	2,233	9,308	2,233	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	621,319	26,298	176,719	2,974	0	100.00
101.00	UNIT COST MULTIPLIER	66.751074	10.087457	18.985711	1.140775	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Descriptions		Hospice I				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	61,668				10.00
11.00	MEDICAL RECORDS		0			11.00
12.00	STAFF TRANSPORTATION			515,048		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2,080	13.00
14.00	PHARMACY			0	0	61,668 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	23	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	59,061	0	515,025	1,801	59,061 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	374	0	0	23	374 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,233	0	0	256	2,233 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	71,283	0	171,028	7,930	824,639 100.00
101.00	UNIT COST MULTIPLIER	1.155916	0.000000	0.332062	3.812500	13.372235 101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		61,668			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	59,061			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	374	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,233	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	21,560	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.349614	0.000000		101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice II RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	100					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	673			3.00
4.00	ADMINISTRATIVE & GENERAL	100	0	673	-517,874	846,721	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	1,600	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	47,589	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	198	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	1	13.00
14.00	PHARMACY	0	0	0	0	315,391	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	1,910	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	475,511	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	4,520	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	1	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-361,391		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	15,445	0	73,099		517,874	100.00
101.00	UNIT COST MULTIPLIER	154.450000	0.000000	108.616642		0.611623	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Descriptions		Hospice II					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	100		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	2,579	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	25.790000	0.000000	0.000000	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Descriptions		Hospice II				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,427				10.00
11.00	MEDICAL RECORDS		0			11.00
12.00	STAFF TRANSPORTATION			140		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	416	13.00
14.00	PHARMACY			0	0	10,427 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	10,264	0	140	383	10,264 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	46	0	0	4	46 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	117	0	0	29	117 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	79,275	0	319	2	508,291 100.00
101.00	UNIT COST MULTIPLIER	7.602858	0.000000	2.278571	0.004808	48.747578 101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/26/2021 4:14 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice II	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		10,427			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	10,264			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	46	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	117	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	3,078	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.295195	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE		Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet 0-7
		Hospice CCN: 18-1507		Date/Time Prepared: 7/26/2021 4:14 pm

				Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
			0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.286594	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.246864	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.134702	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.227266	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	0.000000	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.122610	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.503821	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUNDCARE	76.02	0.087371	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.110216	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service		Costs by LOC		
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LITHOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUNDCARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE			Provider CCN: 18-0102	Period: From 01/01/2020 To 12/31/2020	Worksheet 0-7
			Hospice CCN: 14-1548		Date/Time Prepared: 7/26/2021 4:14 pm

					Hospice II		
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
			0	1.00	2.00	3.00	4.00
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.286594	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.246864	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.134702	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.227266	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	0.000000	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.122610	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.503821	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUNDCARE	76.02	0.087371	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.110216	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service		Costs by LOC		
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LITHOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUNDCARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102

Period:

Worksheet 0-8

Hospice CCN: 18-1507

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			8	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			10,630,128	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			59,061	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			179.99	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	53,324	3,074		9.00
10.00	Program cost (line 8 times line 9)	9,597,787	553,289		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			124,649	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			374	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			333.29	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	286	5		14.00
15.00	Program cost (line 13 times line 14)	95,321	1,666		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,073,627	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			2,233	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			928.63	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,687	195		19.00
20.00	Program cost (line 18 times line 19)	1,566,599	181,083		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			12,828,412	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			61,668	22.00
23.00	Average cost per diem (line 21 divided by line 22)			208.02	23.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102

Period:

Worksheet 0-8

Hospice CCN: 14-1548

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/26/2021 4:14 pm

		Hospice II			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,348,074	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,264	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			131.34	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	10,146	2		9.00
10.00	Program cost (line 8 times line 9)	1,332,576	263		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			9,891	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			46	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			215.02	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	46	0		14.00
15.00	Program cost (line 13 times line 14)	9,891	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			6,630	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			117	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			56.67	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	117	0		19.00
20.00	Program cost (line 18 times line 19)	6,630	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,364,595	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,427	22.00
23.00	Average cost per diem (line 21 divided by line 22)			130.87	23.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 18-0102

Period:
From 01/01/2020
To 12/31/2020Worksheet L
Parts I-III
Date/Time Prepared:
7/26/2021 4:14 pm

		Title XVIII	Hospital	PPS	
		1.00			
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		2,530,873	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01	
2.00	Capital DRG outlier payments		44,861	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)		102.15	3.00	
4.00	Number of interns & residents (see instructions)		0.00	4.00	
5.00	Indirect medical education percentage (see instructions)		0.00	5.00	
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00	
9.00	Sum of lines 7 and 8		0.00	9.00	
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00	
11.00	Disproportionate share adjustment (see instructions)		0	11.00	
12.00	Total prospective capital payments (see instructions)		2,575,734	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	