

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: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/29/2021 9:15 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/29/2021	Time: 9:15 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (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 MONROE CLINIC (52-0028) 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) MATT KINSELLA

Officer or Administrator of Provider(s)

REGIONAL VP - FINANCE

Title

(Dated when report is electronically signed.)

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	373,700	483,783	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	-1		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	373,700	483,782	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 52-0028		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 9:15 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 515 22ND AVENUE			PO Box:				1.00		
2.00	City: MONROE			State: WI		Zip Code: 53566		County: GREEN		
		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		MONROE CLINIC	520028	31540	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		MONROE CLINIC	52U028	31540		11/03/2020	N	P	P
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		MONROE CLINIC HOMECARE	527157	31540		05/21/1985	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		MONROE CLINIC HOSPICE	521523	31540		09/01/1988			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020		
21.00	Type of Control (see instructions)						1			
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			
				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.			294	107	440	59	436	63	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/29/2021 9:15 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					Y	Y	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.					Y	Y	
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		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	N			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/29/2021 9:15 am

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
	Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

Worksheet S-2
Part I
Date/Time Prepared:
7/29/2021 9:15 am

MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 9:15 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	306,674	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 52-0028		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 9:15 am	
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: SSM HEALTH	Contractor's Name: WPS		Contractor's Number: 05301				141.00	
142.00	Street: 10101 WOODFIELD LANE	PO Box:						142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132				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.							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.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
161.10	CORF		N	N	N	N	161.10		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 9:15 am	
		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)	N					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				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.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	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	07/29/2020	Y	07/29/2020		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: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/29/2021 9:15 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		Y		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.	JOE	SVETLIK		41.00
42.00	Enter the employer/company name of the cost report preparer.	RURAL WISCONSIN HEALTH COOPERATIVE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-643-2343	JSVETLIK@RWHC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/29/2021 9:15 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FINANCIAL CONSULTANT	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: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 9:15 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	52	19,032	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)		52	19,032	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,196	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		58	21,228	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		58				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 9:15 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,716	194	6,028			1.00
2.00	HMO and other (see instructions)	1,356	733				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	2,716	194	6,028			7.00
8.00	INTENSIVE CARE UNIT	520	28	1,026			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		381	757			13.00
14.00	Total (see instructions)	3,236	603	7,811	9.54	879.39	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	5,317	0	10,559	0.00	19.09	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	10,488	0	10,488	0.00	21.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				9.54	919.48	27.00
28.00	Observation Bed Days		0	1,197			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			375			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	63	167			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: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 9:15 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	883	204	2,735	1.00
2.00 HMO and other (see instructions)			321	402		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	883	204	2,735	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 9:15 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	81,925,407	0	81,925,407	1,912,512.73	42.84
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		0	0	0	0.00	0.00
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	953,396	18,187	971,583	28,021.13	34.67
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)		4,664,190	125,471	4,789,661	88,972.88	53.83
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		577,644	0	577,644	9,265.44	62.34
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		8,548,562	0	8,548,562	214,149.06	39.92
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		29,085,443	0	29,085,443	230,337.17	126.27
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)		20,151,166	0	20,151,166		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		796,749	0	796,749		
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		3,831,371	0	3,831,371		
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)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		3,235,761	0	3,235,761		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 9:15 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,118,291	-1,522,380	595,911	16,921.08	35.22	26.00
27.00	Administrative & General	5.00	3,923,385	74,841	3,998,226	176,032.54	22.71	27.00
28.00	Administrative & General under contract (see inst.)		362,048	0	362,048	3,424.49	105.72	28.00
29.00	Maintenance & Repairs	6.00	980,817	18,710	999,527	34,219.79	29.21	29.00
30.00	Operation of Plant	7.00	112,234	2,141	114,375	3,976.98	28.76	30.00
31.00	Laundry & Linen Service	8.00	164,954	3,147	168,101	11,336.70	14.83	31.00
32.00	Housekeeping	9.00	973,609	18,572	992,181	50,774.12	19.54	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	918,235	17,516	935,751	26,726.50	35.01	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	234,769	4,478	239,247	4,875.57	49.07	38.00
39.00	Central Services and Supply	14.00	519,926	9,918	529,844	20,598.66	25.72	39.00
40.00	Pharmacy	15.00	1,302,079	24,838	1,326,917	30,783.33	43.11	40.00
41.00	Medical Records & Medical Records Library	16.00	369,255	7,044	376,299	21,307.22	17.66	41.00
42.00	Social Service	17.00	166,574	3,178	169,752	5,442.52	31.19	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/29/2021 9:15 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	81,334,059	-18,187	81,315,872	1,887,916.09	43.07	1.00
2.00	Excluded area salaries (see instructions)	4,664,190	125,471	4,789,661	88,972.88	53.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	76,669,869	-143,658	76,526,211	1,798,943.21	42.54	3.00
4.00	Subtotal other wages & related costs (see inst.)	38,211,649	0	38,211,649	453,751.67	84.21	4.00
5.00	Subtotal wage-related costs (see inst.)	23,386,927	0	23,386,927	0.00	30.56	5.00
6.00	Total (sum of lines 3 thru 5)	138,268,445	-143,658	138,124,787	2,252,694.88	61.32	6.00
7.00	Total overhead cost (see instructions)	12,146,176	-1,337,997	10,808,179	406,419.50	26.59	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
7/29/2021 9:15 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,451,382	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)	13,811,838	8.02
8.03	Health Insurance (Purchased)	247,409	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	384,987	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	74,870	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	13,166	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	488,180	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	330,851	14.00
15.00	'Workers' Compensation Insurance	346,454	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,096,066	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	163,311	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	52,142	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,460,656	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: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	577,644	24,460,656	1.00
2.00	Hospital	577,644	24,460,656	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

Health Financial Systems		MONROE CLINIC		In Lieu of Form CMS-2552-10				
HOME HEALTH AGENCY STATISTICAL DATA			Provider CCN: 52-0028 Component CCN: 52-7157		Period: From 01/01/2020 To 12/31/2020		Worksheet S-4 Date/Time Prepared: 7/29/2021 9:15 am	
					Home Health Agency I		PPS	
					1.00			
0.00 County					GREEN		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	727	31	588	1,346	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	357.00	10.00	191.00	558.00	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)	40.00		0.00	0.00	0.00	3.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00	
5.00	Other Administrative Personnel			15.23	0.00	15.23	5.00	
6.00	Direct Nursing Service			2.84	0.46	3.30	6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00	
8.00	Physical Therapy Service			2.99	0.00	2.99	8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service			1.32	0.00	1.32	10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service			0.79	0.00	0.79	12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00	
14.00	Medical Social Service			0.08	0.00	0.08	14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00	
16.00	Home Health Aide			0.65	0.00	0.65	16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00	
18.00	Other (specify)			0.00	0.00	0.00	18.00	
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			6			19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	27500					20.00	
20.01		31540					20.01	
20.02		40420					20.02	
20.03		99914					20.03	
20.04		99915					20.04	
20.05		99952					20.05	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	2,052	196	122	8	2,378	21.00	
22.00	Skilled Nursing Visit Charges	421,008	40,180	24,600	1,640	487,428	22.00	
23.00	Physical Therapy Visits	1,344	101	55	6	1,506	23.00	
24.00	Physical Therapy Visit Charges	294,556	22,232	12,076	1,274	330,138	24.00	
25.00	Occupational Therapy Visits	863	94	18	4	979	25.00	
26.00	Occupational Therapy Visit Charges	204,801	22,354	4,260	942	232,357	26.00	
27.00	Speech Pathology Visits	23	0	0	0	23	27.00	
28.00	Speech Pathology Visit Charges	5,757	0	0	0	5,757	28.00	
29.00	Medical Social Service Visits	58	12	0	0	70	29.00	
30.00	Medical Social Service Visit Charges	15,301	3,109	0	0	18,410	30.00	
31.00	Home Health Aide Visits	306	50	1	4	361	31.00	
32.00	Home Health Aide Visit Charges	28,764	4,705	95	368	33,932	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,646	453	196	22	5,317	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)	970,187	92,580	41,031	4,224	1,108,022	35.00	
36.00	Total Number of Episodes (standard/non outlier)	533		104	3	640	36.00	
37.00	Total Number of Outlier Episodes		22		0	22	37.00	
38.00	Total Non-Routine Medical Supply Charges	36,098	3,714	1,395	0	41,207	38.00	

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA					Provider CCN: 52-0028 Hospice CCN: 52-1523		Period: From 01/01/2020 To 12/31/2020		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 7/29/2021 9:15 am	
							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	10,488	0	0	10,488	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	10,488	0	0	10,488	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: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/29/2021 9:15 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.293961		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		4,241,436		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		59,532,430		6.00
7.00	Medicaid cost (line 1 times line 6)		17,500,213		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)		13,258,777		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)		13,258,777		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,898,854	291,616	3,190,470	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	852,150	291,616	1,143,766	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	852,150	291,616	1,143,766	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,538,543		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		209,485		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		322,285		27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,216,258		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,058,254		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,202,020		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,460,797		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,639,987	3,639,987	3,050,143	6,690,130	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,118,291	3,010,666	5,128,957	19,848,734	24,977,691	4.00
5.01	00550	DATA PROCESSING	0	11,025,091	11,025,091	-327,654	10,697,437	5.01
5.02	00540	NONPATIENT TELEPHONES	184,972	15,037	200,009	412,662	612,671	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	190,948	190,948	878	191,826	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	728,125	112,435	840,560	-37,683	802,877	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	3,010,288	28,993,845	32,004,133	-17,316,199	14,687,934	5.06
6.00	00600	MAINTENANCE & REPAIRS	980,817	4,414,682	5,395,499	-1,241,956	4,153,543	6.00
7.00	00700	OPERATION OF PLANT	112,234	26,649	138,883	1,320,232	1,459,115	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	164,954	134,604	299,558	-8,542	291,016	8.00
9.00	00900	HOUSEKEEPING	973,609	551,503	1,525,112	-253,406	1,271,706	9.00
10.00	01000	DIETARY	918,235	579,705	1,497,940	-52,798	1,445,142	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	234,769	73,048	307,817	-13,395	294,422	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	519,926	590,842	1,110,768	-120,321	990,447	14.00
15.00	01500	PHARMACY	1,302,079	2,250,227	3,552,306	-1,900,665	1,651,641	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	369,255	50,787	420,042	-19,265	400,777	16.00
17.00	01700	SOCIAL SERVICE	166,574	11,941	178,515	-8,535	169,980	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	953,396	274,142	1,227,538	-53,858	1,173,680	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	227,936	24,790	252,726	29,405	282,131	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,958,657	1,125,698	8,084,355	-5,044,103	3,040,252	30.00
31.00	03100	INTENSIVE CARE UNIT	1,023,500	343,435	1,366,935	-135,516	1,231,419	31.00
43.00	04300	NURSERY	0	0	0	201,297	201,297	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,493,123	4,666,763	6,159,886	-3,426,913	2,732,973	50.00
51.00	05100	RECOVERY ROOM	290,178	39,787	329,965	-26,695	303,270	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,246,115	4,246,115	52.00
53.00	05300	ANESTHESIOLOGY	2,596,242	404,199	3,000,441	-156,945	2,843,496	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,438,174	1,072,692	2,510,866	-609,906	1,900,960	54.00
57.00	05700	CT SCAN	363,804	368,560	732,364	-100,311	632,053	57.00
58.00	05800	MRI	319,669	255,033	574,702	-54,267	520,435	58.00
59.00	05900	CARDIAC CATHETERIZATION	665,795	1,895,515	2,561,310	-761,884	1,799,426	59.00
60.00	06000	LABORATORY	1,863,469	4,418,898	6,282,367	-1,275,802	5,006,565	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	725,391	262,858	988,249	-122,224	866,025	65.00
66.00	06600	PHYSICAL THERAPY	1,158,047	159,691	1,317,738	-79,154	1,238,584	66.00
67.00	06700	OCCUPATIONAL THERAPY	255,483	24,870	280,353	-14,864	265,489	67.00
68.00	06800	SPEECH PATHOLOGY	0	165,096	165,096	79,062	244,158	68.00
69.00	06900	ELECTROCARDIOLOGY	329,753	123,895	453,648	-87,141	366,507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,697,016	7,697,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	370,517	370,517	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,441,838	14,441,838	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,340,246	511,107	1,851,353	-344,226	1,507,127	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	39,000,366	19,745,071	58,745,437	-14,354,779	44,390,658	90.00
91.00	09100	EMERGENCY	4,537,049	1,199,656	5,736,705	-410,973	5,325,732	91.00
91.01	09101	CARDIAC REHAB	164,747	24,857	189,604	-12,095	177,509	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,514,057	650,380	2,164,437	-83,509	2,080,928	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	1,363,212	638,073	2,001,285	-204,558	1,796,727	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,366,422	94,067,063	174,433,485	3,037,757	177,471,242	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	82,065	191,156	273,221	-4,232	268,989	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,476,920	8,039,225	9,516,145	-3,033,525	6,482,620	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	81,925,407	102,297,444	184,222,851	0	184,222,851	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
7/29/2021 9:15 am

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	210,567	6,900,697	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	882,245	882,245	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-8,117,677	16,860,014	4.00
5.01	00550	DATA PROCESSING	-2,359,474	8,337,963	5.01
5.02	00540	NONPATIENT TELEPHONES	0	612,671	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	191,826	5.03
5.04	00570	ADMITTING	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	802,877	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5,271,693	19,959,627	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,153,543	6.00
7.00	00700	OPERATION OF PLANT	0	1,459,115	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1,457	289,559	8.00
9.00	00900	HOUSEKEEPING	0	1,271,706	9.00
10.00	01000	DIETARY	-401,168	1,043,974	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	294,422	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-8,220	982,227	14.00
15.00	01500	PHARMACY	0	1,651,641	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-38	400,739	16.00
17.00	01700	SOCIAL SERVICE	0	169,980	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,173,680	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	282,131	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,541,060	499,192	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,231,419	31.00
43.00	04300	NURSERY	0	201,297	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,732,973	50.00
51.00	05100	RECOVERY ROOM	0	303,270	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,246,115	52.00
53.00	05300	ANESTHESIOLOGY	-2,549,671	293,825	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,900,960	54.00
57.00	05700	CT SCAN	0	632,053	57.00
58.00	05800	MRI	0	520,435	58.00
59.00	05900	CARDIAC CATHETERIZATION	-37,244	1,762,182	59.00
60.00	06000	LABORATORY	0	5,006,565	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	866,025	65.00
66.00	06600	PHYSICAL THERAPY	-111,103	1,127,481	66.00
67.00	06700	OCCUPATIONAL THERAPY	-242,911	22,578	67.00
68.00	06800	SPEECH PATHOLOGY	0	244,158	68.00
69.00	06900	ELECTROCARDIOLOGY	-36,520	329,987	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,697,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	370,517	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,441,838	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,507,127	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-23,431,811	20,958,847	90.00
91.00	09100	EMERGENCY	-2,510,446	2,815,286	91.00
91.01	09101	CARDIAC REHAB	0	177,509	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	2,080,928	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-472	1,796,255	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-35,984,767	141,486,475	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	268,989	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	194.00
194.01	07951	5 WEST	0	0	194.01
194.02	07952	LIFELINE	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.03	07953	PHARMACY NURSING HOME	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	6,482,620	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-35,984,767	148,238,084	200.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
7/29/2021 9:15 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - TO RECLASSIFY PHONE COSTS					
1.00	NONPATIENT TELEPHONES	5.02	0	558,721		1.00
2.00		0.00	0	0		2.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		0	558,721		
	B - TO RECLASS IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	370,517		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
	0		0	370,517		
	C - TO RECLASS M/S COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,697,016		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
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
	0		0	7,697,016		
	D - SALARY ACCRUED/SEVERANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	40,408	0		1.00
2.00	NONPATIENT TELEPHONES	5.02	3,528	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	13,890	0		3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	57,423	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	18,710	0		5.00
6.00	OPERATION OF PLANT	7.00	2,141	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	3,147	0		7.00
8.00	HOUSEKEEPING	9.00	18,572	0		8.00
9.00	DIETARY	10.00	17,516	0		9.00
10.00	NURSING ADMINISTRATION	13.00	4,478	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	9,918	0		11.00
12.00	PHARMACY	15.00	24,838	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	7,044	0		13.00
14.00	SOCIAL SERVICE	17.00	3,178	0		14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	18,187	0		15.00
16.00	PARAMED ED PRGM- PHARMACY	23.00	4,348	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	132,742	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	19,524	0		18.00
19.00	OPERATING ROOM	50.00	28,482	0		19.00
20.00	RECOVERY ROOM	51.00	5,535	0		20.00
21.00	ANESTHESIOLOGY	53.00	49,525	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	27,434	0		22.00
23.00	CT SCAN	57.00	6,940	0		23.00
24.00	MRI	58.00	6,098	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	12,701	0		25.00
26.00	LABORATORY	60.00	35,547	0		26.00
27.00	RESPIRATORY THERAPY	65.00	13,837	0		27.00
28.00	PHYSICAL THERAPY	66.00	22,091	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	4,874	0		29.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
7/29/2021 9:15 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
30.00	ELECTROCARDIOLOGY	69.00	6,290	0		30.00
31.00	ASC (NON-DISTINCT PART)	75.00	25,566	0		31.00
32.00	CLINIC	90.00	743,961	0		32.00
33.00	EMERGENCY	91.00	86,548	0		33.00
34.00	CARDIAC REHAB	91.01	3,143	0		34.00
35.00	HOME HEALTH AGENCY	101.00	28,882	0		35.00
36.00	HOSPICE	116.00	26,004	0		36.00
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,565	0		37.00
38.00	FREESTANDING CLINIC	194.04	28,173	0		38.00
	TOTALS		1,562,788	0		
G - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,371,114		1.00
2.00	DATA PROCESSING	5.01	0	3,833		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	878		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	74,628		4.00
5.00		0.00	0	0		5.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
			0	21,450,453		
H - PHARMACY RESIDENT PRECEPTOR						
1.00	PARAMED ED PRGM- PHARMACY	23.00	36,499	5,577		1.00
			36,499	5,577		
J - TO RECLASS CLINIC DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,050,143		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
			0	3,050,143		
K - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,441,838		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

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
7/29/2021 9:15 am

Increases						
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
0			0	14,441,838		
L - CLINIC HOUSEKEEPING						
1.00	CLINIC	90.00	0	197,447		1.00
0			0	197,447		
M - TO RECLASS PROP TAXES						
1.00	CLINIC	90.00	0	475,042		1.00
0			0	475,042		
N - NURSERY						
1.00	NURSERY	43.00	173,268	28,029		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,654,869	591,246		2.00
0			3,828,137	619,275		
O - TO RECLASS UTILITIES TO PLANT						
1.00	OPERATION OF PLANT	7.00	0	1,326,443		1.00
0			0	1,326,443		
Q - TO RECLASS PROPERTY INSURANCE						
1.00	CLINIC	90.00	0	131,699		1.00
0			0	131,699		
T - CLINIC PHONE						
1.00	CLINIC	90.00	0	136,573		1.00
0			0	136,573		
V - RECLASS V ST						
1.00	SPEECH PATHOLOGY	68.00	79,062	0		1.00
TOTALS			79,062	0		
500.00	Grand Total: Increases		5,506,486	50,460,744		500.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - TO RECLASSIFY PHONE COSTS							
1.00	DATA PROCESSING	5.01	0	331,487	0		1.00	
2.00	CLINIC	90.00	0	205,486	0		2.00	
4.00	HOSPICE	116.00	0	11,657	0		4.00	
5.00	FREESTANDING CLINIC	194.04	0	10,091	0		5.00	
	0		0	558,721				
	B - TO RECLASS IMPLANTABLE DEVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	13	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	31	0		2.00	
3.00	OPERATING ROOM	50.00	0	337,421	0		3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	786	0		4.00	
5.00	ASC (NON-DISTINCT PART)	75.00	0	8	0		5.00	
6.00	CLINIC	90.00	0	32,035	0		6.00	
7.00	EMERGENCY	91.00	0	223	0		7.00	
	0		0	370,517				
	C - TO RECLASS M/S COSTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	91,348	0		1.00	
2.00	PHARMACY	15.00	0	47,744	0		2.00	
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	31	0		3.00	
4.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	1,063	0		4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	277,416	0		5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	78,751	0		6.00	
7.00	OPERATING ROOM	50.00	0	2,997,362	0		7.00	
8.00	RECOVERY ROOM	51.00	0	11,408	0		8.00	
10.00	ANESTHESIOLOGY	53.00	0	98,362	0		10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	528,808	0		11.00	
12.00	CT SCAN	57.00	0	79,904	0		12.00	
13.00	MRI	58.00	0	37,152	0		13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	726,539	0		14.00	
15.00	LABORATORY	60.00	0	1,174,119	0		15.00	
16.00	RESPIRATORY THERAPY	65.00	0	83,699	0		16.00	
17.00	PHYSICAL THERAPY	66.00	0	17,295	0		17.00	
18.00	OCCUPATIONAL THERAPY	67.00	0	999	0		18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	57,043	0		19.00	
20.00	ASC (NON-DISTINCT PART)	75.00	0	271,849	0		20.00	
21.00	CLINIC	90.00	0	884,583	0		21.00	
22.00	EMERGENCY	91.00	0	228,393	0		22.00	
23.00	CARDIAC REHAB	91.01	0	3,148	0		23.00	
	0		0	7,697,016				
	D - SALARY ACCRUED/SEVERANCE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,562,788	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
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	

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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		1,562,788	0			
	G - EMPLOYEE BENEFITS						
1.00		0.00	0	0	0		1.00
2.00	NONPATIENT TELEPHONES	5.02	0	13,014	0		2.00
3.00		0.00	0	0	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	51,573	0		4.00
5.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	16,766,881	0		5.00
7.00	OPERATION OF PLANT	7.00	0	8,352	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	11,689	0		8.00
9.00	HOUSEKEEPING	9.00	0	72,342	0		9.00
10.00	DIETARY	10.00	0	70,314	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	17,873	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	38,891	0		12.00
13.00	PHARMACY	15.00	0	93,302	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	26,278	0		14.00
15.00	SOCIAL SERVICE	17.00	0	11,713	0		15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	70,982	0		16.00
17.00	PARAMED ED PRGM- PHARMACY	23.00	0	17,019	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	450,774	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	76,129	0		19.00
20.00	OPERATING ROOM	50.00	0	110,341	0		20.00
21.00	RECOVERY ROOM	51.00	0	20,822	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	108,108	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	106,981	0		23.00
24.00	CT SCAN	57.00	0	27,271	0		24.00
25.00	MRI	58.00	0	23,213	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	48,046	0		26.00
27.00	LABORATORY	60.00	0	137,208	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	52,362	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	83,864	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	18,739	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	23,572	0		31.00
32.00	ASC (NON-DISTINCT PART)	75.00	0	97,900	0		32.00
33.00	CLINIC	90.00	0	2,191,598	0		33.00
34.00	EMERGENCY	91.00	0	268,253	0		34.00
35.00	CARDIAC REHAB	91.01	0	12,090	0		35.00
36.00	HOME HEALTH AGENCY	101.00	0	112,391	0		36.00
37.00	HOSPICE	116.00	0	98,872	0		37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	5,797	0		38.00
39.00	FREESTANDING CLINIC	194.04	0	105,899	0		39.00
	0		0	21,450,453			
	H - PHARMACY RESIDENT PRECEPTOR						
1.00	CLINIC	90.00	36,499	5,577	0		1.00
	0		36,499	5,577			
	J - TO RECLASS CLINIC DEPRECIATION						
1.00	HOSPICE	116.00	0	1,103	9		1.00
2.00	EMERGENCY	91.00	0	146	0		2.00
3.00	HOUSEKEEPING	9.00	0	2,189	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	8,851	0		4.00
5.00	CLINIC	90.00	0	92,146	0		5.00
6.00	FREESTANDING CLINIC	194.04	0	2,945,708	0		6.00
	0		0	3,050,143			
	K - DRUGS						
1.00	PHARMACY	15.00	0	1,784,457	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,230	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	129	0		3.00
4.00	OPERATING ROOM	50.00	0	10,271	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	765	0		5.00
6.00	CT SCAN	57.00	0	76	0		6.00
7.00	LABORATORY	60.00	0	22	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	86	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	12,816	0		9.00
10.00	ASC (NON-DISTINCT PART)	75.00	0	35	0		10.00
11.00	CLINIC	90.00	0	12,512,515	0		11.00
12.00	EMERGENCY	91.00	0	506	0		12.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	HOSPICE	116.00	0	118,930	0		13.00
	0		0	14,441,838			
	L - CLINIC HOUSEKEEPING						
1.00	HOUSEKEEPING	9.00	0	197,447	0		1.00
	0		0	197,447			
	M - TO RECLASS PROP TAXES						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	475,042	0		1.00
	0		0	475,042			
	N - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	3,828,137	619,275	0		1.00
2.00		0.00	0	0	0		2.00
	0		3,828,137	619,275			
	O - TO RECLASS UTILITIES TO PLANT						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,326,443	0		1.00
	0		0	1,326,443			
	Q - TO RECLASS PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	131,699	0		1.00
	0		0	131,699			
	T - CLINIC PHONE						
1.00	NONPATIENT TELEPHONES	5.02	0	136,573	0		1.00
	0		0	136,573			
	V - RECLASS V ST						
1.00	CLINIC	90.00	79,062	0	0		1.00
	TOTALS		79,062	0			
500.00	Grand Total: Decreases		5,506,486	50,460,744			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

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	3,050,000	0	0	0	0	1.00	
2.00	Land Improvements	2,926,032	110,621	0	110,621	0	2.00	
3.00	Buildings and Fixtures	122,822,993	12,886,819	0	12,886,819	9,237,637	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	601,671	188,162	0	188,162	56,500	5.00	
6.00	Movable Equipment	20,269,470	7,087,321	0	7,087,321	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	149,670,166	20,272,923	0	20,272,923	9,294,137	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	149,670,166	20,272,923	0	20,272,923	9,294,137	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,050,000	0				1.00	
2.00	Land Improvements	3,036,653	0				2.00	
3.00	Buildings and Fixtures	126,472,175	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	733,333	0				5.00	
6.00	Movable Equipment	27,356,791	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	160,648,952	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	160,648,952	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	3,639,987	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)	3,639,987	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	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	3,639,987				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,639,987				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	133,292,161	0	133,292,161	0.829711	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	27,356,790	0	27,356,790	0.170289	0	2.00
3.00	Total (sum of lines 1-2)	160,648,951	0	160,648,951	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,900,697	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	882,245	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,782,942	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	6,900,697	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	882,245	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	7,782,942	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-8,220	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B		0OTHER ADMINISTRATIVE & GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-30,623,075			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0	0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	4,298,793			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-401,168	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients	B		0PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-38	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines	B		0OPERATION OF PLANT	7.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.00	PROVIDER TAX	A	-3,799,094	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00
35.00	ADVERTISING EXPENSE	A	-235,474	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.00
35.01	ADVERTISING EXPENSE	A	-697,951	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.01
36.00	MISC REVENUE	B	-2,155,917	OTHER ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.00
38.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.00
42.00	PT OUTREACH	A	-4,940	PHYSICAL THERAPY	66.00	0	42.00
43.00	OT OUTREACH	A	-4,006	OCCUPATIONAL THERAPY	67.00	0	43.00
44.00	INTEREST EXPENSE	A	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.00
44.01	RENTAL REVENUE	B	-32,963	CAP REL COSTS-BLDG & FIXT	1.00	9	44.01
44.02	AHA	A	-4,357	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.02
44.03	CHA	A	-444	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.03
44.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.04
44.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.05
44.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.06
44.07	GIFTS	A	-472	HOSPICE	116.00	0	44.07
44.08	GIFTS	A	-34,403	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.08
44.09	WINN PARIRIE JV	A	-692,159	CLINIC	90.00	0	44.09
44.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.10
44.11	COMMUNITY CONNECT REVENUE	A	-1,257,334	DATA PROCESSING	5.01	0	44.11
44.12	COMMUNITY CONNECT REVENUE	A	16,280	DATA PROCESSING	5.01	0	44.12
44.13	MISC INCOME	B	-250	CLINIC	90.00	0	44.13
44.14	MISC INCOME	B	-1,457	LAUNDRY & LINEN SERVICE	8.00	0	44.14
44.15	PT MISC	B	-106,163	PHYSICAL THERAPY	66.00	0	44.15
44.16	OT MISC	B	-238,905	OCCUPATIONAL THERAPY	67.00	0	44.16
44.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.17
44.18	CLINIC MISC	B	-1,050	CLINIC	90.00	0	44.18
44.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.19
44.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,984,767				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: 52-0028

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

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 9:15 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.06	OTHER ADMINISTRATIVE & GENER	CORPORATE FEES A&G	13,870,645	2,201,041	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	CORPORATE FEES - CAPITAL	233,418	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORPORATE FEES - CAPITAL	867,901	0	3.00
4.00	0.00			0	0	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORPORATE FEES - EMPLOYEE BE	6,017,908	14,044,631	4.01
4.02	5.06	OTHER ADMINISTRATIVE & GENER	CORPORATE FEES A&G WI	648,557	0	4.02
4.03	1.00	CAP REL COSTS-BLDG & FIXT	CORPORATE FEES - CAPITAL WI	10,112	0	4.03
4.04	2.00	CAP REL COSTS-MVBLE EQUIP	CORPORATE FEES - CAPITAL WI	14,344	0	4.04
4.05	5.01	DATA PROCESSING	CORPORATE FEES A&G	0	1,118,420	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,662,885	17,364,092	5.00

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

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

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

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

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

6.00	B	SSM HEALTH CARE	100.00	0.00	6.00
7.00	B	SSM DATA CENTER	100.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:			0.00	100.00

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

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

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

Provider CCN: 52-0028

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

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 9:15 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	11,669,604	0		1.00
2.00	233,418	9		2.00
3.00	867,901	9		3.00
4.00	0	0		4.00
4.01	-8,026,723	0		4.01
4.02	648,557	0		4.02
4.03	10,112	9		4.03
4.04	14,344	9		4.04
4.05	-1,118,420	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
5.00	4,298,793			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		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-0028

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

Worksheet A-8-2

Date/Time Prepared:
7/29/2021 9:15 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE & GENERAL	96,137	96,137	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,087,030	2,087,030	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,922,741	1,922,741	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	32,173	32,173	0	0	0	4.00
5.00	90.00	CLINIC	19,727,101	19,727,101	0	0	0	5.00
6.00	91.00	EMERGENCY	1,564,591	1,564,591	0	0	0	6.00
7.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	90,954	90,954	0	0	0	7.00
8.00	5.00	OTHER ADMINISTRATIVE & GENERAL	22,691	22,691	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	256,906	256,906	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	613,573	613,573	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	37,244	37,244	0	0	0	11.00
12.00	90.00	CLINIC	2,968,476	2,968,476	0	0	0	12.00
13.00	91.00	EMERGENCY	499,488	499,488	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	4,347	4,347	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	197,124	197,124	0	0	0	15.00
16.00	53.00	ANESTHESIOLOGY	13,357	13,357	0	0	0	16.00
17.00	91.00	EMERGENCY	446,367	446,367	0	0	0	17.00
18.00	90.00	CLINIC	42,775	42,775	0	0	0	18.00
200.00			30,623,075	30,623,075	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	4.00
5.00	90.00	CLINIC	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	7.00
8.00	5.00	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	90.00	CLINIC	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	0	0	0	0	0	17.00
18.00	90.00	CLINIC	0	0	0	0	0	18.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMINISTRATIVE & GENERAL	0	0	0	96,137		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,087,030		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	1,922,741		3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	32,173		4.00
5.00	90.00	CLINIC	0	0	0	19,727,101		5.00
6.00	91.00	EMERGENCY	0	0	0	1,564,591		6.00
7.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	90,954		7.00
8.00	5.00	OTHER ADMINISTRATIVE & GENERAL	0	0	0	22,691		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	256,906		9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	613,573		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	37,244		11.00
12.00	90.00	CLINIC	0	0	0	2,968,476		12.00
13.00	91.00	EMERGENCY	0	0	0	499,488		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	4,347		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	197,124		15.00
16.00	53.00	ANESTHESIOLOGY	0	0	0	13,357		16.00
17.00	91.00	EMERGENCY	0	0	0	446,367		17.00
18.00	90.00	CLINIC	0	0	0	42,775		18.00
200.00			0	0	0	30,623,075		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			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	6,900,697	6,900,697			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	882,245		882,245		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,860,014	58,080	2,489	16,920,583	4.00
5.01	00550	DATA PROCESSING	8,337,963	41,286	221,096	0	8,600,345
5.02	00540	NONPATIENT TELEPHONES	612,671	4,416	319	39,217	21,288
5.03	00560	PURCHASING RECEIVING AND STORES	191,826	5,887	0	0	63,864
5.04	00570	ADMITTING	0	0	0	0	0
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	802,877	25,964	967	154,376	383,184
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	19,959,627	187,899	58,873	638,237	1,149,551
6.00	00600	MAINTENANCE & REPAIRS	4,153,543	90,005	10,219	207,952	468,336
7.00	00700	OPERATION OF PLANT	1,459,115	2,265,521	1,900	23,796	63,864
8.00	00800	LAUNDRY & LINEN SERVICE	289,559	79,231	8,416	34,973	42,576
9.00	00900	HOUSEKEEPING	1,271,706	46,217	1,010	206,423	42,576
10.00	01000	DIETARY	1,043,974	125,433	1,965	194,683	63,864
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	294,422	20,695	0	49,775	21,288
14.00	01400	CENTRAL SERVICES & SUPPLY	982,227	70,944	11,592	110,234	106,440
15.00	01500	PHARMACY	1,651,641	0	3,622	276,065	0
16.00	01600	MEDICAL RECORDS & LIBRARY	400,739	180,569	482	78,289	255,456
17.00	01700	SOCIAL SERVICE	169,980	10,921	0	35,317	42,576
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,173,680	2,355	0	202,138	42,576
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02301	PARAMED ED PRGM- PHARMACY	282,131	1,590	0	55,920	42,576
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	499,192	580,654	17,670	678,922	1,468,867
31.00	03100	INTENSIVE CARE UNIT	1,231,419	80,924	8,248	217,001	276,744
43.00	04300	NURSERY	201,297	0	0	36,048	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,732,973	216,380	134,340	316,570	489,624
51.00	05100	RECOVERY ROOM	303,270	30,424	1,243	61,523	63,864
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,246,115	0	0	760,395	0
53.00	05300	ANESTHESIOLOGY	293,825	0	26,142	550,452	106,440
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,900,960	23,785	53,982	304,920	21,288
57.00	05700	CT SCAN	632,053	23,785	41,917	77,133	21,288
58.00	05800	MRI	520,435	71,356	25,070	67,776	21,288
59.00	05900	CARDIAC CATHETERIZATION	1,762,182	55,092	23,319	141,161	127,728
60.00	06000	LABORATORY	5,006,565	120,635	34,363	395,090	596,064
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	866,025	49,043	4,097	153,796	63,864
66.00	06600	PHYSICAL THERAPY	1,127,481	160,449	7,248	245,528	170,304
67.00	06700	OCCUPATIONAL THERAPY	22,578	7,536	4,377	54,167	85,152
68.00	06800	SPEECH PATHOLOGY	244,158	3,974	0	16,449	21,288
69.00	06900	ELECTROCARDIOLOGY	329,987	0	0	69,914	42,576
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,697,016	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,517	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	14,441,838	28,863	0	0	298,032
75.00	07500	ASC (NON-DISTINCT PART)	1,507,127	131,615	15,737	284,157	276,744
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	20,958,847	1,483,868	141,404	8,244,749	0
91.00	09100	EMERGENCY	2,815,286	199,409	14,968	961,939	681,215
91.01	09101	CARDIAC REHAB	177,509	62,069	900	34,930	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	2,080,928	134,720	601	321,008	447,048
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	1,796,255	123,946	2,196	289,026	191,592
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	141,486,475	6,805,540	880,772	16,590,049	8,281,025
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	268,989	30,424	335	17,399	42,576

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	6,482,620	64,733	1,138	313,135	276,744	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	148,238,084	6,900,697	882,245	16,920,583	8,600,345	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES	677,911					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	10,324	271,901				5.03
5.04	00570	ADMITTING	0	0	0			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	61,941	76	0	1,429,385		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	165,176	3,164	0	0	22,162,527	5.06
6.00	00600	MAINTENANCE & REPAIRS	17,206	983	0	0	4,948,244	6.00
7.00	00700	OPERATION OF PLANT	10,324	18	0	0	3,824,538	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,882	724	0	0	462,361	8.00
9.00	00900	HOUSEKEEPING	6,882	1,353	0	0	1,576,167	9.00
10.00	01000	DIETARY	10,324	5,610	0	0	1,445,853	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,441	34	0	0	389,655	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,765	4,279	0	0	1,299,481	14.00
15.00	01500	PHARMACY	0	0	0	0	1,931,328	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,206	10	0	0	932,751	16.00
17.00	01700	SOCIAL SERVICE	6,882	0	0	0	265,676	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,882	397	0	0	1,428,028	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	3,441	0	0	0	385,658	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,294	3,463	0	66,731	3,356,793	30.00
31.00	03100	INTENSIVE CARE UNIT	13,765	856	0	9,174	1,838,131	31.00
43.00	04300	NURSERY	0	0	0	2,560	239,905	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,647	34,058	0	102,681	4,047,273	50.00
51.00	05100	RECOVERY ROOM	6,882	123	0	8,550	475,879	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,152	5,012,662	52.00
53.00	05300	ANESTHESIOLOGY	0	1,094	0	20,948	998,901	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,971	8,662	0	41,872	2,386,440	54.00
57.00	05700	CT SCAN	3,441	1,008	0	99,861	900,486	57.00
58.00	05800	MRI	3,441	542	0	44,028	753,936	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,765	7,330	0	18,094	2,148,671	59.00
60.00	06000	LABORATORY	55,059	2,336	0	152,854	6,362,966	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	10,324	921	0	14,127	1,162,197	65.00
66.00	06600	PHYSICAL THERAPY	20,647	243	0	34,661	1,766,561	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,882	18	0	7,261	187,971	67.00
68.00	06800	SPEECH PATHOLOGY	3,441	3	0	1,646	290,959	68.00
69.00	06900	ELECTROCARDIOLOGY	3,441	712	0	26,947	473,577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,231	7,723,247	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,605	386,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,765	295	0	107,890	14,890,683	73.00
75.00	07500	ASC (NON-DISTINCT PART)	10,324	3,090	0	26,207	2,255,001	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	135,555	0	508,611	31,473,034	90.00
91.00	09100	EMERGENCY	24,088	2,665	0	72,564	4,772,134	91.00
91.01	09101	CARDIAC REHAB	0	72	0	1,727	277,207	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	13,765	822	0	4,940	3,003,832	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	6,882	1,646	0	7,463	2,419,006	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	643,500	222,162	0	1,429,385	140,655,841	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,882	1,799	0	0	368,404	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	27,529	47,940	0	0	7,213,839	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)	677,911	271,901	0	1,429,385	148,238,084	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	22,162,527					5.06
6.00	00600	MAINTENANCE & REPAIRS	869,842	5,818,086				6.00
7.00	00700	OPERATION OF PLANT	672,308	432,184	4,929,030			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	81,278	669,140	92,507	1,305,286		8.00
9.00	00900	HOUSEKEEPING	277,071	198,208	53,961	184,053	2,289,460	9.00
10.00	01000	DIETARY	254,164	368,101	146,451	45,352	38,714	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	68,497	2,981	24,162	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	228,433	466,460	82,832	17,364	11,061	14.00
15.00	01500	PHARMACY	339,504	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	163,966	11,922	210,826	0	4,254	16.00
17.00	01700	SOCIAL SERVICE	46,703	0	12,751	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	251,030	0	2,750	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	67,794	0	1,856	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	590,084	803,265	677,950	666,083	1,123,120	30.00
31.00	03100	INTENSIVE CARE UNIT	323,121	137,107	94,483	82,282	302,051	31.00
43.00	04300	NURSERY	42,172	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	711,462	521,601	252,637	40,188	212,712	50.00
51.00	05100	RECOVERY ROOM	83,654	292,097	35,521	115,918	4,254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	881,166	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	175,595	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	419,508	7,451	27,771	29,794	29,780	54.00
57.00	05700	CT SCAN	158,295	16,393	27,771	0	25,525	57.00
58.00	05800	MRI	132,533	98,359	83,313	0	25,525	58.00
59.00	05900	CARDIAC CATHETERIZATION	377,711	41,728	64,324	0	120,565	59.00
60.00	06000	LABORATORY	1,118,533	432,184	140,849	8,899	53,050	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	204,300	77,495	57,261	13,478	21,271	65.00
66.00	06600	PHYSICAL THERAPY	310,540	55,141	187,334	41,334	21,271	66.00
67.00	06700	OCCUPATIONAL THERAPY	33,043	0	8,799	0	21,271	67.00
68.00	06800	SPEECH PATHOLOGY	51,147	1,490	4,640	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	83,249	4,471	0	0	21,271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,357,654	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,876	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,617,603	89,417	33,700	0	4,254	73.00
75.00	07500	ASC (NON-DISTINCT PART)	396,402	244,407	153,669	0	106,356	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,532,538	330,844	1,732,509	0	0	90.00
91.00	09100	EMERGENCY	838,884	50,670	232,823	60,541	127,627	91.00
91.01	09101	CARDIAC REHAB	48,730	0	72,469	0	15,528	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	528,038	28,315	157,295	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	425,232	257,820	144,715	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,829,660	5,639,251	4,817,929	1,305,286	2,289,460	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,761	40,238	35,521	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,268,106	138,597	75,580	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)	22,162,527	5,818,086	4,929,030	1,305,286	2,289,460	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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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	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,298,635					10.00
11.00	01100	CAFETERIA	0	0				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	485,295			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,105,631		14.00
15.00	01500	PHARMACY	0	0	0	0	2,270,832	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	4,039	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	20,794	681	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,831,126	0	117,134	112,770	24	30.00
31.00	03100	INTENSIVE CARE UNIT	289,303	0	18,550	19,893	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	27,676	775,129	1,879	50.00
51.00	05100	RECOVERY ROOM	0	0	4,787	2,949	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	12,267	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	33,061	61,987	0	54.00
57.00	05700	CT SCAN	0	0	6,582	20,618	14	57.00
58.00	05800	MRI	0	0	6,433	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	10,771	178,886	0	59.00
60.00	06000	LABORATORY	0	0	0	309,211	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	13,763	2,753	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	21,542	4,491	11	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,937	258	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,283	32	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	180,335	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	265,421	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	23,038	13,568	2,236,450	73.00
75.00	07500	ASC (NON-DISTINCT PART)	151,983	0	26,329	71,270	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	26,223	0	59,989	56,492	89	91.00
91.01	09101	CARDIAC REHAB	0	0	3,441	816	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	30,668	20,618	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	33,211	7,453	32,365	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,298,635	0	485,295	2,105,631	2,270,832	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
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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	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	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)	2,298,635	0	485,295	2,105,631	2,270,832	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	1,323,719					16.00
17.00	01700	SOCIAL SERVICE	0	329,169				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,703,283			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0			455,308	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	422,931	280,459	1,703,283	0	455,308	30.00
31.00	03100	INTENSIVE CARE UNIT	43,941	22,141	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	461,379	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,463	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,463	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	5,493	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	49,433	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
75.00	07500	ASC (NON-DISTINCT PART)	142,808	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	142,808	16,237	0	0	0	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	7,380	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	2,952	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,323,719	329,169	1,703,283	0	455,308	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments			0	0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,323,719	329,169	1,703,283	0	455,308	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00540	NONPATIENT TELEPHONES				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02301	PARAMED ED PRGM- PHARMACY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,140,330	-1,703,283	10,437,047	30.00
31.00	03100	INTENSIVE CARE UNIT	3,171,003	0	3,171,003	31.00
43.00	04300	NURSERY	282,077	0	282,077	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,051,936	0	7,051,936	50.00
51.00	05100	RECOVERY ROOM	1,015,059	0	1,015,059	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,893,828	0	5,893,828	52.00
53.00	05300	ANESTHESIOLOGY	1,214,226	0	1,214,226	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,023,255	0	3,023,255	54.00
57.00	05700	CT SCAN	1,155,684	0	1,155,684	57.00
58.00	05800	MRI	1,100,099	0	1,100,099	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,942,656	0	2,942,656	59.00
60.00	06000	LABORATORY	8,425,692	0	8,425,692	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,558,011	0	1,558,011	65.00
66.00	06600	PHYSICAL THERAPY	2,457,658	0	2,457,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	256,279	0	256,279	67.00
68.00	06800	SPEECH PATHOLOGY	348,236	0	348,236	68.00
69.00	06900	ELECTROCARDIOLOGY	588,883	0	588,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,261,236	0	9,261,236	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	719,419	0	719,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,908,713	0	19,908,713	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,548,225	0	3,548,225	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	39,068,925	0	39,068,925	90.00
91.00	09100	EMERGENCY	6,384,517	0	6,384,517	91.00
91.01	09101	CARDIAC REHAB	418,191	0	418,191	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,776,146	0	3,776,146	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	3,322,754	0	3,322,754	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	139,033,038	-1,703,283	137,329,755	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	508,924	0	508,924	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
194.01	07951	5 WEST	0	0	0		194.01
194.02	07952	LIFELINE	0	0	0		194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0		194.03
194.04	07954	FREESTANDING CLINIC	8,696,122	0	8,696,122		194.04
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	148,238,084	-1,703,283	146,534,801		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
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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	0	58,080	2,489	60,569	4.00
5.01	00550	DATA PROCESSING	0	41,286	221,096	262,382	5.01
5.02	00540	NONPATIENT TELEPHONES	0	4,416	319	4,735	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	5,887	0	5,887	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	25,964	967	26,931	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	187,899	58,873	246,772	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	90,005	10,219	100,224	6.00
7.00	00700	OPERATION OF PLANT	0	2,265,521	1,900	2,267,421	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	79,231	8,416	87,647	8.00
9.00	00900	HOUSEKEEPING	0	46,217	1,010	47,227	9.00
10.00	01000	DIETARY	0	125,433	1,965	127,398	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	20,695	0	20,695	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	70,944	11,592	82,536	14.00
15.00	01500	PHARMACY	0	0	3,622	3,622	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	180,569	482	181,051	16.00
17.00	01700	SOCIAL SERVICE	0	10,921	0	10,921	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,355	0	2,355	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	1,590	0	1,590	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	580,654	17,670	598,324	30.00
31.00	03100	INTENSIVE CARE UNIT	0	80,924	8,248	89,172	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	216,380	134,340	350,720	50.00
51.00	05100	RECOVERY ROOM	0	30,424	1,243	31,667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	26,142	26,142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,785	53,982	77,767	54.00
57.00	05700	CT SCAN	0	23,785	41,917	65,702	57.00
58.00	05800	MRI	0	71,356	25,070	96,426	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,092	23,319	78,411	59.00
60.00	06000	LABORATORY	0	120,635	34,363	154,998	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	49,043	4,097	53,140	65.00
66.00	06600	PHYSICAL THERAPY	0	160,449	7,248	167,697	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,536	4,377	11,913	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,974	0	3,974	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	28,863	0	28,863	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	131,615	15,737	147,352	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,483,868	141,404	1,625,272	90.00
91.00	09100	EMERGENCY	0	199,409	14,968	214,377	91.00
91.01	09101	CARDIAC REHAB	0	62,069	900	62,969	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	134,720	601	135,321	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	123,946	2,196	126,142	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,805,540	880,772	7,686,312	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,424	335	30,759	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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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
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	64,733	1,138	65,871	1,121 194.04
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)	0	6,900,697	882,245	7,782,942	60,569 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	00550	DATA PROCESSING	262,382					5.01
5.02	00540	NONPATIENT TELEPHONES	649	5,524				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,948	84	7,919			5.03
5.04	00570	ADMITTING	0	0	0	0		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	11,690	505	2	0	39,681	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	35,071	1,350	92	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	14,288	140	29	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,948	84	1	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,299	56	21	0	0	8.00
9.00	00900	HOUSEKEEPING	1,299	56	39	0	0	9.00
10.00	01000	DIETARY	1,948	84	164	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	649	28	1	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,247	112	125	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,794	140	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,299	56	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,299	56	12	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	1,299	28	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,816	336	101	0	1,854	30.00
31.00	03100	INTENSIVE CARE UNIT	8,443	112	25	0	255	31.00
43.00	04300	NURSERY	0	0	0	0	71	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,938	168	993	0	2,852	50.00
51.00	05100	RECOVERY ROOM	1,948	56	4	0	237	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	171	52.00
53.00	05300	ANESTHESIOLOGY	3,247	0	32	0	582	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	649	252	253	0	1,163	54.00
57.00	05700	CT SCAN	649	28	29	0	2,774	57.00
58.00	05800	MRI	649	28	16	0	1,223	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,897	112	214	0	503	59.00
60.00	06000	LABORATORY	18,185	449	68	0	4,246	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,948	84	27	0	392	65.00
66.00	06600	PHYSICAL THERAPY	5,196	168	7	0	963	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,598	56	1	0	202	67.00
68.00	06800	SPEECH PATHOLOGY	649	28	0	0	46	68.00
69.00	06900	ELECTROCARDIOLOGY	1,299	28	21	0	749	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	729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,092	112	9	0	2,997	73.00
75.00	07500	ASC (NON-DISTINCT PART)	8,443	84	90	0	728	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	3,941	0	14,103	90.00
91.00	09100	EMERGENCY	20,783	196	78	0	2,016	91.00
91.01	09101	CARDIAC REHAB	0	0	2	0	48	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	13,639	112	24	0	137	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	5,845	56	48	0	207	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	252,640	5,244	6,469	0	39,681	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,299	56	52	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description			DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	8,443	224	1,398	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)	262,382	5,524	7,919	0	39,681	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description		OTHER ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 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	00550	DATA PROCESSING					5.01
5.02	00540	NONPATIENT TELEPHONES					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	285,570				5.06
6.00	00600	MAINTENANCE & REPAIRS	11,208	126,634			6.00
7.00	00700	OPERATION OF PLANT	8,663	9,407	2,287,609		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,047	14,564	42,933	147,692	8.00
9.00	00900	HOUSEKEEPING	3,570	4,314	25,044	20,825	103,113
10.00	01000	DIETARY	3,275	8,012	67,969	5,131	1,744
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	883	65	11,214	83	0
14.00	01400	CENTRAL SERVICES & SUPPLY	2,943	10,153	38,443	1,965	498
15.00	01500	PHARMACY	4,374	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,113	259	97,846	0	192
17.00	01700	SOCIAL SERVICE	602	0	5,918	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,234	0	1,276	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02301	PARAMED ED PRGM- PHARMACY	874	0	861	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,603	17,483	314,643	75,368	50,582
31.00	03100	INTENSIVE CARE UNIT	4,163	2,984	43,851	9,310	13,604
43.00	04300	NURSERY	543	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,167	11,353	117,251	4,547	9,580
51.00	05100	RECOVERY ROOM	1,078	6,358	16,486	13,116	192
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,354	0	0	0	0
53.00	05300	ANESTHESIOLOGY	2,263	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,405	162	12,889	3,371	1,341
57.00	05700	CT SCAN	2,040	357	12,889	0	1,150
58.00	05800	MRI	1,708	2,141	38,666	0	1,150
59.00	05900	CARDIAC CATHETERIZATION	4,867	908	29,853	0	5,430
60.00	06000	LABORATORY	14,412	9,407	65,369	1,007	2,389
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,632	1,687	26,575	1,525	958
66.00	06600	PHYSICAL THERAPY	4,001	1,200	86,944	4,677	958
67.00	06700	OCCUPATIONAL THERAPY	426	0	4,084	0	958
68.00	06800	SPEECH PATHOLOGY	659	32	2,153	0	0
69.00	06900	ELECTROCARDIOLOGY	1,073	97	0	0	958
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,493	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	875	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	33,727	1,946	15,640	0	192
75.00	07500	ASC (NON-DISTINCT PART)	5,108	5,320	71,319	0	4,790
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	71,294	7,201	804,075	0	0
91.00	09100	EMERGENCY	10,809	1,103	108,055	6,850	5,748
91.01	09101	CARDIAC REHAB	628	0	33,634	0	699
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	6,804	616	73,002	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	5,479	5,612	67,164	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	268,397	122,741	2,236,046	147,692	103,113
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	834	876	16,486	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	MONROE CLINIC INN	0	0	0	0	0
194.01	07951	5 WEST	0	0	0	0	0
194.02	07952	LIFELINE	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	16,339	3,017	35,077	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)	285,570	126,634	2,287,609	147,692	103,113	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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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	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	216,422					10.00
11.00	01100	CAFETERIA	0	0				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	33,713			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	140,417		14.00
15.00	01500	PHARMACY	0	0	0	0	8,985	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	281	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,445	45	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	172,404	0	8,137	7,520	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,239	0	1,289	1,327	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,923	51,691	7	50.00
51.00	05100	RECOVERY ROOM	0	0	333	197	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	852	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,297	4,134	0	54.00
57.00	05700	CT SCAN	0	0	457	1,375	0	57.00
58.00	05800	MRI	0	0	447	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	748	11,929	0	59.00
60.00	06000	LABORATORY	0	0	0	20,620	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	956	184	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,497	299	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	343	17	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	436	2	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	12,026	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,700	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,600	905	8,850	73.00
75.00	07500	ASC (NON-DISTINCT PART)	14,310	0	1,829	4,753	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	2,469	0	4,167	3,767	0	91.00
91.01	09101	CARDIAC REHAB	0	0	239	54	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	2,130	1,375	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	2,307	497	128	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	216,422	0	33,713	140,417	8,985	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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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	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	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)	216,422	0	33,713	140,417	8,985	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	289,675					16.00
17.00	01700	SOCIAL SERVICE	0	19,203				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	10,446			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0		22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0			4,852	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	92,552	16,361				30.00
31.00	03100	INTENSIVE CARE UNIT	9,616	1,292				31.00
43.00	04300	NURSERY	0	0				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	100,965	0				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300	ANESTHESIOLOGY	6,010	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,010	0				54.00
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MRI	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
60.01	06001	BLOOD LABORATORY	0	0				60.01
65.00	06500	RESPIRATORY THERAPY	1,202	0				65.00
66.00	06600	PHYSICAL THERAPY	10,818	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
75.00	07500	ASC (NON-DISTINCT PART)	31,251	0				75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000	CLINIC	0	0				90.00
91.00	09100	EMERGENCY	31,251	947				91.00
91.01	09101	CARDIAC REHAB	0	0				91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	431				101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0				113.00
116.00	11600	HOSPICE	0	172				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	289,675	19,203	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950	MONROE CLINIC INN	0	0				194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR	SERVICES-OTHER		
					Y & FRINGES APPRV	PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
194.01	07951	5 WEST	0	0				194.01
194.02	07952	LIFELINE	0	0				194.02
194.03	07953	PHARMACY NURSING HOME	0	0				194.03
194.04	07954	FREESTANDING CLINIC	0	0				194.04
200.00		Cross Foot Adjustments			10,446	0	4,852	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	289,675	19,203	10,446	0	4,852	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00540	NONPATIENT TELEPHONES				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02301	PARAMED ED PRGM- PHARMACY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,410,515	0	1,410,515	30.00
31.00	03100	INTENSIVE CARE UNIT	213,459	0	213,459	31.00
43.00	04300	NURSERY	743	0	743	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	677,289	0	677,289	50.00
51.00	05100	RECOVERY ROOM	71,892	0	71,892	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,248	0	14,248	52.00
53.00	05300	ANESTHESIOLOGY	41,099	0	41,099	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,785	0	116,785	54.00
57.00	05700	CT SCAN	87,726	0	87,726	57.00
58.00	05800	MRI	142,697	0	142,697	58.00
59.00	05900	CARDIAC CATHETERIZATION	137,377	0	137,377	59.00
60.00	06000	LABORATORY	292,565	0	292,565	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	91,861	0	91,861	65.00
66.00	06600	PHYSICAL THERAPY	285,304	0	285,304	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,792	0	20,792	67.00
68.00	06800	SPEECH PATHOLOGY	7,600	0	7,600	68.00
69.00	06900	ELECTROCARDIOLOGY	4,913	0	4,913	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,248	0	30,248	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,008	0	19,008	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,933	0	103,933	73.00
75.00	07500	ASC (NON-DISTINCT PART)	296,395	0	296,395	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	2,555,390	0	2,555,390	90.00
91.00	09100	EMERGENCY	416,061	0	416,061	91.00
91.01	09101	CARDIAC REHAB	98,398	0	98,398	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	234,740	0	234,740	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	214,692	0	214,692	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,585,730	0	7,585,730	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	50,424	0	50,424	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
194.01	07951	5 WEST	0	0	0		194.01
194.02	07952	LIFELINE	0	0	0		194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0		194.03
194.04	07954	FREESTANDING CLINIC	131,490	0	131,490		194.04
200.00		Cross Foot Adjustments	15,298	0	15,298		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	7,782,942	0	7,782,942		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSI)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	468,838					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,698,197				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,946	13,252	81,329,496			4.00
5.01	00550	DATA PROCESSING	2,805	1,177,396	0	404		5.01
5.02	00540	NONPATIENT TELEPHONES	300	1,700	188,500	1	1,970	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	400	0	0	3	30	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,764	5,150	742,015	18	180	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	12,766	313,517	3,067,711	54	480	5.06
6.00	00600	MAINTENANCE & REPAIRS	6,115	54,419	999,527	22	50	6.00
7.00	00700	OPERATION OF PLANT	153,921	10,120	114,375	3	30	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,383	44,820	168,101	2	20	8.00
9.00	00900	HOUSEKEEPING	3,140	5,376	992,181	2	20	9.00
10.00	01000	DIETARY	8,522	10,463	935,751	3	30	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,406	0	239,247	1	10	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,820	61,732	529,844	5	40	14.00
15.00	01500	PHARMACY	0	19,288	1,326,917	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,268	2,567	376,299	12	50	16.00
17.00	01700	SOCIAL SERVICE	742	0	169,752	2	20	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	160	0	971,583	2	20	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	108	0	268,783	2	10	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,450	94,096	3,263,262	69	120	30.00
31.00	03100	INTENSIVE CARE UNIT	5,498	43,921	1,043,024	13	40	31.00
43.00	04300	NURSERY	0	0	173,268	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,701	715,398	1,521,605	23	60	50.00
51.00	05100	RECOVERY ROOM	2,067	6,618	295,713	3	20	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,654,869	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	139,213	2,645,767	5	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,616	287,471	1,465,608	1	90	54.00
57.00	05700	CT SCAN	1,616	223,218	370,744	1	10	57.00
58.00	05800	MRI	4,848	133,505	325,767	1	10	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,743	124,179	678,496	6	40	59.00
60.00	06000	LABORATORY	8,196	182,992	1,899,016	28	160	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,332	21,820	739,228	3	30	65.00
66.00	06600	PHYSICAL THERAPY	10,901	38,599	1,180,138	8	60	66.00
67.00	06700	OCCUPATIONAL THERAPY	512	23,309	260,357	4	20	67.00
68.00	06800	SPEECH PATHOLOGY	270	0	79,062	1	10	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	336,043	2	10	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	1,961	0	0	14	40	73.00
75.00	07500	ASC (NON-DISTINCT PART)	8,942	83,802	1,365,812	13	30	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	100,815	753,015	39,628,766	0	0	90.00
91.00	09100	EMERGENCY	13,548	79,707	4,623,597	32	70	91.00
91.01	09101	CARDIAC REHAB	4,217	4,793	167,890	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	9,153	3,200	1,542,939	21	40	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	8,421	11,695	1,389,216	9	20	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	462,373	4,690,351	79,740,773	389	1,870	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,067	1,784	83,630	2	20	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSI)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,398	6,062	1,505,093	13	80	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)	6,900,697	882,245	16,920,583	8,600,345	677,911	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.718724	0.187784	0.208050	21,287.982673	344.117259	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			60,569	262,382	5,524	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000745	649.460396	2.804061	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
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	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	27,251,343					5.03
5.04	00570	ADMITTING	0	467,170,060				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,638	0	467,170,060			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	317,089	0	0	-22,162,527	126,075,557	5.06
6.00	00600	MAINTENANCE & REPAIRS	98,556	0	0	0	4,948,244	6.00
7.00	00700	OPERATION OF PLANT	1,784	0	0	0	3,824,538	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	72,551	0	0	0	462,361	8.00
9.00	00900	HOUSEKEEPING	135,569	0	0	0	1,576,167	9.00
10.00	01000	DIETARY	562,263	0	0	0	1,445,853	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,401	0	0	0	389,655	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	428,849	0	0	0	1,299,481	14.00
15.00	01500	PHARMACY	0	0	0	0	1,931,328	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,039	0	0	0	932,751	16.00
17.00	01700	SOCIAL SERVICE	35	0	0	0	265,676	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	39,758	0	0	0	1,428,028	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	32	0	0	0	385,658	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	347,058	21,807,367	21,807,367	0	3,356,793	30.00
31.00	03100	INTENSIVE CARE UNIT	85,797	2,998,077	2,998,077	0	1,838,131	31.00
43.00	04300	NURSERY	0	836,519	836,519	0	239,905	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,413,283	33,555,852	33,555,852	0	4,047,273	50.00
51.00	05100	RECOVERY ROOM	12,348	2,794,100	2,794,100	0	475,879	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,010,410	2,010,410	0	5,012,662	52.00
53.00	05300	ANESTHESIOLOGY	109,654	6,845,751	6,845,751	0	998,901	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	868,130	13,683,637	13,683,637	0	2,386,440	54.00
57.00	05700	CT SCAN	101,012	32,634,252	32,634,252	0	900,486	57.00
58.00	05800	MRI	54,324	14,388,245	14,388,245	0	753,936	58.00
59.00	05900	CARDIAC CATHETERIZATION	734,662	5,913,134	5,913,134	0	2,148,671	59.00
60.00	06000	LABORATORY	234,134	49,952,167	49,952,167	0	6,362,966	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	92,254	4,616,817	4,616,817	0	1,162,197	65.00
66.00	06600	PHYSICAL THERAPY	24,323	11,327,067	11,327,067	0	1,766,561	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,850	2,372,883	2,372,883	0	187,971	67.00
68.00	06800	SPEECH PATHOLOGY	267	537,934	537,934	0	290,959	68.00
69.00	06900	ELECTROCARDIOLOGY	71,309	8,806,304	8,806,304	0	473,577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,572,256	8,572,256	0	7,723,247	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,099,601	5,099,601	0	386,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,579	35,258,069	35,258,069	0	14,890,683	73.00
75.00	07500	ASC (NON-DISTINCT PART)	309,731	8,564,298	8,564,298	0	2,255,001	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	13,586,484	166,264,045	166,264,045	0	31,473,034	90.00
91.00	09100	EMERGENCY	267,122	23,713,738	23,713,738	0	4,772,134	91.00
91.01	09101	CARDIAC REHAB	7,226	564,307	564,307	0	277,207	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	82,430	1,614,488	1,614,488	0	3,003,832	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	164,933	2,438,742	2,438,742	0	2,419,006	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,266,474	467,170,060	467,170,060	-22,162,527	118,493,314	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	180,321	0	0	0	368,404	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,804,548	0	0	0	7,213,839	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)	271,901	0	1,429,385		22,162,527	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.009978	0.000000	0.003060		0.175788	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,919	0	39,681		285,570	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000291	0.000000	0.000085		0.002265	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	3,904					6.00
7.00	00700	OPERATION OF PLANT	290	286,821				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	449	5,383	453,222			8.00
9.00	00900	HOUSEKEEPING	133	3,140	63,907	53,816		9.00
10.00	01000	DIETARY	247	8,522	15,747	910	24,456	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2	1,406	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	313	4,820	6,029	260	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8	12,268	0	100	0	16.00
17.00	01700	SOCIAL SERVICE	0	742	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	160	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	108	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	539	39,450	231,278	26,400	19,482	30.00
31.00	03100	INTENSIVE CARE UNIT	92	5,498	28,570	7,100	3,078	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	350	14,701	13,954	5,000	0	50.00
51.00	05100	RECOVERY ROOM	196	2,067	40,249	100	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	5	1,616	10,345	700	0	54.00
57.00	05700	CT SCAN	11	1,616	0	600	0	57.00
58.00	05800	MRI	66	4,848	0	600	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	28	3,743	0	2,834	0	59.00
60.00	06000	LABORATORY	290	8,196	3,090	1,247	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	52	3,332	4,680	500	0	65.00
66.00	06600	PHYSICAL THERAPY	37	10,901	14,352	500	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	512	0	500	0	67.00
68.00	06800	SPEECH PATHOLOGY	1	270	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3	0	0	500	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	60	1,961	0	100	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	164	8,942	0	2,500	1,617	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	222	100,815	0	0	0	90.00
91.00	09100	EMERGENCY	34	13,548	21,021	3,000	279	91.00
91.01	09101	CARDIAC REHAB	0	4,217	0	365	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	19	9,153	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	173	8,421	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,784	280,356	453,222	53,816	24,456	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27	2,067	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	93	4,398	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)	5,818,086	4,929,030	1,305,286	2,289,460	2,298,635	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,490.288422	17.185039	2.880015	42.542367	93.990636	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	126,634	2,287,609	147,692	103,113	216,422	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	32.436988	7.975737	0.325871	1.916029	8.849444	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			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	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	39,220					11.00
13.00	01300	NURSING ADMINISTRATION	250	32,440				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,320	0	8,142,779			14.00
15.00	01500	PHARMACY	0	0	0	12,369,311		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,050	0	0	0	1,205	16.00
17.00	01700	SOCIAL SERVICE	270	270	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,390	1,390	2,633	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	360	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,830	7,830	436,098	129	385	30.00
31.00	03100	INTENSIVE CARE UNIT	1,240	1,240	76,930	0	40	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,850	1,850	2,997,539	10,233	420	50.00
51.00	05100	RECOVERY ROOM	320	320	11,405	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	820	820	0	0	25	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,210	2,210	239,712	0	25	54.00
57.00	05700	CT SCAN	440	440	79,734	76	0	57.00
58.00	05800	MRI	430	430	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	720	720	691,779	0	0	59.00
60.00	06000	LABORATORY	3,490	0	1,195,762	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	920	920	10,647	0	5	65.00
66.00	06600	PHYSICAL THERAPY	1,440	1,440	17,367	58	45	66.00
67.00	06700	OCCUPATIONAL THERAPY	330	330	999	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	420	420	124	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	697,381	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,026,420	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,540	1,540	52,468	12,182,037	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,760	1,760	275,611	0	130	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,010	4,010	218,462	484	130	91.00
91.01	09101	CARDIAC REHAB	230	230	3,154	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,050	2,050	79,731	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,220	2,220	28,823	176,294	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,910	32,440	8,142,779	12,369,311	1,205	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	310	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	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)	0	485,295	2,105,631	2,270,832	1,323,719	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	14.959772	0.258589	0.183586	1,098.521992	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	33,713	140,417	8,985	289,675	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1.039242	0.017244	0.000726	240.394191	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	
		SOCIAL SERVICE (TIME SPENT)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ACCUM. COST)	
		17.00	21.00	22.00	23.00
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00550	DATA PROCESSING			5.01
5.02	00540	NONPATIENT TELEPHONES			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE	1,115		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	953	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0		23.00
				953	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	950	953	30.00
31.00	03100	INTENSIVE CARE UNIT	75	0	31.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	55	0	91.00
91.01	09101	CARDIAC REHAB	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	25	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	10		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,115	953	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (TIME SPENT)	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED		
				Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ACCUM. COST)	PRGM- PHARMACY (ASSIGNED TIME)		
			17.00	21.00	22.00	23.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0		194.00
194.01	07951	5 WEST	0	0	0	0		194.01
194.02	07952	LIFELINE	0	0	0	0		194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0		194.03
194.04	07954	FREESTANDING CLINIC	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)	329,169	1,703,283	0	455,308		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	295.218834	1,787.285414	0.000000	477.762854		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,203	10,446	0	4,852		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	17.222422	10.961175	0.000000	5.091291		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 9:15 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,437,047		10,437,047	0	10,437,047	30.00
31.00	03100	INTENSIVE CARE UNIT	3,171,003		3,171,003	0	3,171,003	31.00
43.00	04300	NURSERY	282,077		282,077	0	282,077	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,051,936		7,051,936	0	7,051,936	50.00
51.00	05100	RECOVERY ROOM	1,015,059		1,015,059	0	1,015,059	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,893,828		5,893,828	0	5,893,828	52.00
53.00	05300	ANESTHESIOLOGY	1,214,226		1,214,226	0	1,214,226	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,023,255		3,023,255	0	3,023,255	54.00
57.00	05700	CT SCAN	1,155,684		1,155,684	0	1,155,684	57.00
58.00	05800	MRI	1,100,099		1,100,099	0	1,100,099	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,942,656		2,942,656	0	2,942,656	59.00
60.00	06000	LABORATORY	8,425,692		8,425,692	0	8,425,692	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,558,011	0	1,558,011	0	1,558,011	65.00
66.00	06600	PHYSICAL THERAPY	2,457,658	0	2,457,658	0	2,457,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	256,279	0	256,279	0	256,279	67.00
68.00	06800	SPEECH PATHOLOGY	348,236	0	348,236	0	348,236	68.00
69.00	06900	ELECTROCARDIOLOGY	588,883		588,883	0	588,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,261,236		9,261,236	0	9,261,236	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	719,419		719,419	0	719,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,908,713		19,908,713	0	19,908,713	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,548,225		3,548,225	0	3,548,225	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	39,068,925		39,068,925	0	39,068,925	90.00
91.00	09100	EMERGENCY	6,384,517		6,384,517	0	6,384,517	91.00
91.01	09101	CARDIAC REHAB	418,191		418,191	0	418,191	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,729,150		1,729,150	0	1,729,150	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,776,146		3,776,146	0	3,776,146	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,322,754		3,322,754	0	3,322,754	116.00
200.00		Subtotal (see instructions)	139,058,905	0	139,058,905	0	139,058,905	200.00
201.00		Less Observation Beds	1,729,150		1,729,150	0	1,729,150	201.00
202.00		Total (see instructions)	137,329,755	0	137,329,755	0	137,329,755	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 9:15 am

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,113,849		15,113,849		30.00
31.00	03100	INTENSIVE CARE UNIT	2,998,077		2,998,077		31.00
43.00	04300	NURSERY	836,519		836,519		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,969,092	26,586,760	33,555,852	0.210155	50.00
51.00	05100	RECOVERY ROOM	664,620	2,129,480	2,794,100	0.363287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	279	2,010,131	2,010,410	2.931655	52.00
53.00	05300	ANESTHESIOLOGY	800,000	6,045,751	6,845,751	0.177369	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,523,939	12,159,698	13,683,637	0.220939	54.00
57.00	05700	CT SCAN	5,495,940	27,138,312	32,634,252	0.035413	57.00
58.00	05800	MRI	1,080,415	13,307,830	14,388,245	0.076458	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,572,154	3,340,980	5,913,134	0.497647	59.00
60.00	06000	LABORATORY	6,915,572	43,036,595	49,952,167	0.168675	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	2,306,861	2,309,956	4,616,817	0.337464	65.00
66.00	06600	PHYSICAL THERAPY	964,303	10,362,764	11,327,067	0.216972	66.00
67.00	06700	OCCUPATIONAL THERAPY	689,043	1,683,840	2,372,883	0.108003	67.00
68.00	06800	SPEECH PATHOLOGY	130,338	407,596	537,934	0.647358	68.00
69.00	06900	ELECTROCARDIOLOGY	1,787,426	7,018,878	8,806,304	0.066871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,080,767	5,491,489	8,572,256	1.080373	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,233,679	3,865,922	5,099,601	0.141074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,165,045	23,093,024	35,258,069	0.564657	73.00
75.00	07500	ASC (NON-DISTINCT PART)	325,730	8,238,568	8,564,298	0.414304	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	35,527	166,228,518	166,264,045	0.234981	90.00
91.00	09100	EMERGENCY	4,631,511	19,082,227	23,713,738	0.269233	91.00
91.01	09101	CARDIAC REHAB	352	563,955	564,307	0.741070	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	872,601	5,820,917	6,693,518	0.258332	92.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	1,614,488	1,614,488		101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,438,742	2,438,742		116.00
200.00		Subtotal (see instructions)	73,193,639	393,976,421	467,170,060		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	73,193,639	393,976,421	467,170,060		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.210155			50.00
51.00	05100	RECOVERY ROOM	0.363287			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2.931655			52.00
53.00	05300	ANESTHESIOLOGY	0.177369			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.220939			54.00
57.00	05700	CT SCAN	0.035413			57.00
58.00	05800	MRI	0.076458			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.497647			59.00
60.00	06000	LABORATORY	0.168675			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.337464			65.00
66.00	06600	PHYSICAL THERAPY	0.216972			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.108003			67.00
68.00	06800	SPEECH PATHOLOGY	0.647358			68.00
69.00	06900	ELECTROCARDIOLOGY	0.066871			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.080373			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.141074			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.564657			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.414304			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.234981			90.00
91.00	09100	EMERGENCY	0.269233			91.00
91.01	09101	CARDIAC REHAB	0.741070			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.258332			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 9:15 am

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	10,437,047		10,437,047	0	10,437,047	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,171,003		3,171,003	0	3,171,003	31.00	
43.00	04300	NURSERY	282,077		282,077	0	282,077	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,051,936		7,051,936	0	7,051,936	50.00	
51.00	05100	RECOVERY ROOM	1,015,059		1,015,059	0	1,015,059	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,893,828		5,893,828	0	5,893,828	52.00	
53.00	05300	ANESTHESIOLOGY	1,214,226		1,214,226	0	1,214,226	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,023,255		3,023,255	0	3,023,255	54.00	
57.00	05700	CT SCAN	1,155,684		1,155,684	0	1,155,684	57.00	
58.00	05800	MRI	1,100,099		1,100,099	0	1,100,099	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,942,656		2,942,656	0	2,942,656	59.00	
60.00	06000	LABORATORY	8,425,692		8,425,692	0	8,425,692	60.00	
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	1,558,011	0	1,558,011	0	1,558,011	65.00	
66.00	06600	PHYSICAL THERAPY	2,457,658	0	2,457,658	0	2,457,658	66.00	
67.00	06700	OCCUPATIONAL THERAPY	256,279	0	256,279	0	256,279	67.00	
68.00	06800	SPEECH PATHOLOGY	348,236	0	348,236	0	348,236	68.00	
69.00	06900	ELECTROCARDIOLOGY	588,883		588,883	0	588,883	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,261,236		9,261,236	0	9,261,236	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	719,419		719,419	0	719,419	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	19,908,713		19,908,713	0	19,908,713	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	3,548,225		3,548,225	0	3,548,225	75.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00	09000	CLINIC	39,068,925		39,068,925	0	39,068,925	90.00	
91.00	09100	EMERGENCY	6,384,517		6,384,517	0	6,384,517	91.00	
91.01	09101	CARDIAC REHAB	418,191		418,191	0	418,191	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,729,150		1,729,150	0	1,729,150	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	3,776,146		3,776,146	0	3,776,146	101.00	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	3,322,754		3,322,754	0	3,322,754	116.00	
200.00		Subtotal (see instructions)	139,058,905	0	139,058,905	0	139,058,905	200.00	
201.00		Less Observation Beds	1,729,150		1,729,150	0	1,729,150	201.00	
202.00		Total (see instructions)	137,329,755	0	137,329,755	0	137,329,755	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 9:15 am

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,113,849		15,113,849			30.00	
31.00	03100	INTENSIVE CARE UNIT	2,998,077		2,998,077			31.00	
43.00	04300	NURSERY	836,519		836,519			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,969,092	26,586,760	33,555,852	0.210155	0.000000	50.00	
51.00	05100	RECOVERY ROOM	664,620	2,129,480	2,794,100	0.363287	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	279	2,010,131	2,010,410	2.931655	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	800,000	6,045,751	6,845,751	0.177369	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,523,939	12,159,698	13,683,637	0.220939	0.000000	54.00	
57.00	05700	CT SCAN	5,495,940	27,138,312	32,634,252	0.035413	0.000000	57.00	
58.00	05800	MRI	1,080,415	13,307,830	14,388,245	0.076458	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,572,154	3,340,980	5,913,134	0.497647	0.000000	59.00	
60.00	06000	LABORATORY	6,915,572	43,036,595	49,952,167	0.168675	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	2,306,861	2,309,956	4,616,817	0.337464	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	964,303	10,362,764	11,327,067	0.216972	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	689,043	1,683,840	2,372,883	0.108003	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	130,338	407,596	537,934	0.647358	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,787,426	7,018,878	8,806,304	0.066871	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,080,767	5,491,489	8,572,256	1.080373	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,233,679	3,865,922	5,099,601	0.141074	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	12,165,045	23,093,024	35,258,069	0.564657	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	325,730	8,238,568	8,564,298	0.414304	0.000000	75.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00	
90.00	09000	CLINIC	35,527	166,228,518	166,264,045	0.234981	0.000000	90.00	
91.00	09100	EMERGENCY	4,631,511	19,082,227	23,713,738	0.269233	0.000000	91.00	
91.01	09101	CARDIAC REHAB	352	563,955	564,307	0.741070	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	872,601	5,820,917	6,693,518	0.258332	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	1,614,488	1,614,488			101.00	
	SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	2,438,742	2,438,742			116.00	
200.00		Subtotal (see instructions)	73,193,639	393,976,421	467,170,060			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	73,193,639	393,976,421	467,170,060			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	CARDIAC REHAB	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/29/2021 9:15 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,410,515	0	1,410,515	7,225	195.23	30.00
31.00	INTENSIVE CARE UNIT	213,459		213,459	1,026	208.05	31.00
43.00	NURSERY	743		743	757	0.98	43.00
200.00	Total (lines 30 through 199)	1,624,717		1,624,717	9,008		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	2,716	530,245				30.00
31.00	INTENSIVE CARE UNIT	520	108,186				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	3,236	638,431				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	677,289	33,555,852	0.020184	2,508,803	50,638	50.00
51.00	05100	RECOVERY ROOM	71,892	2,794,100	0.025730	181,700	4,675	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,248	2,010,410	0.007087	279	2	52.00
53.00	05300	ANESTHESIOLOGY	41,099	6,845,751	0.006004	605,838	3,637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,785	13,683,637	0.008535	765,217	6,531	54.00
57.00	05700	CT SCAN	87,726	32,634,252	0.002688	2,669,713	7,176	57.00
58.00	05800	MRI	142,697	14,388,245	0.009918	554,717	5,502	58.00
59.00	05900	CARDIAC CATHETERIZATION	137,377	5,913,134	0.023233	1,039,859	24,159	59.00
60.00	06000	LABORATORY	292,565	49,952,167	0.005857	3,293,149	19,288	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	91,861	4,616,817	0.019897	1,758,582	34,991	65.00
66.00	06600	PHYSICAL THERAPY	285,304	11,327,067	0.025188	540,294	13,609	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,792	2,372,883	0.008762	376,057	3,295	67.00
68.00	06800	SPEECH PATHOLOGY	7,600	537,934	0.014128	74,829	1,057	68.00
69.00	06900	ELECTROCARDIOLOGY	4,913	8,806,304	0.000558	962,594	537	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,248	8,572,256	0.003529	1,462,430	5,161	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,008	5,099,601	0.003727	510,540	1,903	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,933	35,258,069	0.002948	7,118,906	20,987	73.00
75.00	07500	ASC (NON-DISTINCT PART)	296,395	8,564,298	0.034608	14,174	491	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	2,555,390	166,264,045	0.015369	35,527	546	90.00
91.00	09100	EMERGENCY	416,061	23,713,738	0.017545	1,624,211	28,497	91.00
91.01	09101	CARDIAC REHAB	98,398	564,307	0.174370	176	31	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	233,686	6,693,518	0.034912	424,877	14,833	92.00
200.00		Total (lines 50 through 199)	5,745,267	444,168,385		26,522,472	247,546	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS						Provider CCN: 52-0028		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/29/2021 9:15 am	
						Title XVIII		Hospital		PPS	
Cost Center Description						Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
						1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	455,308	0	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	31.00		
43.00	04300	NURSERY		0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)		0	0	0	455,308	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	455,308	7,225	63.02	2,716	30.00		
31.00	03100	INTENSIVE CARE UNIT			0	1,026	0.00	520	31.00		
43.00	04300	NURSERY			0	757	0.00	0	43.00		
200.00		Total (lines 30 through 199)			455,308	9,008		3,236	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		171,162							
31.00	03100	INTENSIVE CARE UNIT		0							
43.00	04300	NURSERY		0							
200.00		Total (lines 30 through 199)		171,162							

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	75,432	92.00
200.00		Total (lines 50 through 199)	0	0	0	75,432	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0028		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 9:15 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	33,555,852	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	2,794,100	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,010,410	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,845,751	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	13,683,637	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0	32,634,252	0.000000	57.00
58.00	05800	MRI	0	0	0	0	14,388,245	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,913,134	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	49,952,167	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,616,817	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	11,327,067	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,372,883	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	537,934	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	8,806,304	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	8,572,256	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,099,601	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	35,258,069	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	8,564,298	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	166,264,045	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0	23,713,738	0.000000	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	564,307	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	75,432	75,432	75,432	6,693,518	0.011269	92.00
200.00		Total (lines 50 through 199)	0	75,432	75,432	75,432	444,168,385		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/29/2021 9:15 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	2,508,803	0	8,063,941	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	181,700	0	409,431	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	279	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	605,838	0	2,041,377	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	765,217	0	5,895,731	0	54.00	
57.00	05700	CT SCAN	0.000000	2,669,713	0	9,196,366	0	57.00	
58.00	05800	MRI	0.000000	554,717	0	3,562,785	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,039,859	0	1,376,538	0	59.00	
60.00	06000	LABORATORY	0.000000	3,293,149	0	6,705,491	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0.000000	1,758,582	0	2,309,956	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	540,294	0	103,220	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	376,057	0	39,200	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	74,829	0	7,425	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	962,594	0	3,230,871	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,462,430	0	1,574,755	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	510,540	0	1,746,583	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,118,906	0	22,782,757	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	14,174	0	748,968	0	75.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.000000	35,527	0	9,540,771	0	90.00	
91.00	09100	EMERGENCY	0.000000	1,624,211	0	7,336,219	0	91.00	
91.01	09101	CARDIAC REHAB	0.000000	176	0	251,458	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.011269	424,877	4,788	1,827,398	20,593	92.00	
200.00		Total (lines 50 through 199)		26,522,472	4,788	88,751,241	20,593	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 52-0028		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/29/2021 9:15 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.210155	8,063,941	0	0	1,694,678	50.00
51.00	05100	RECOVERY ROOM		0.363287	409,431	0	0	148,741	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		2.931655	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.177369	2,041,377	0	0	362,077	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.220939	5,895,731	0	0	1,302,597	54.00
57.00	05700	CT SCAN		0.035413	9,196,366	0	0	325,671	57.00
58.00	05800	MRI		0.076458	3,562,785	0	17	272,403	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.497647	1,376,538	15,641	0	685,030	59.00
60.00	06000	LABORATORY		0.168675	6,705,491	0	0	1,131,049	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.337464	2,309,956	0	0	779,527	65.00
66.00	06600	PHYSICAL THERAPY		0.216972	103,220	0	0	22,396	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.108003	39,200	0	0	4,234	67.00
68.00	06800	SPEECH PATHOLOGY		0.647358	7,425	0	0	4,807	68.00
69.00	06900	ELECTROCARDIOLOGY		0.066871	3,230,871	0	0	216,052	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1.080373	1,574,755	0	0	1,701,323	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.141074	1,746,583	22,900	0	246,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.564657	22,782,757	1,440	308,827	12,864,443	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.414304	748,968	0	0	310,300	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC		0.234981	9,540,771	0	259	2,241,900	90.00
91.00	09100	EMERGENCY		0.269233	7,336,219	0	1,381	1,975,152	91.00
91.01	09101	CARDIAC REHAB		0.741070	251,458	0	0	186,348	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.258332	1,827,398	0	0	472,075	92.00
200.00		Subtotal (see instructions)			88,751,241	39,981	310,484	26,947,200	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			88,751,241	39,981	310,484	26,947,200	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 52-0028		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 9:15 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	1		58.00
59.00	05900	CARDIAC CATHETERIZATION	7,784	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,231	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	813	174,381		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	61		90.00
91.00	09100	EMERGENCY	0	372		91.00
91.01	09101	CARDIAC REHAB	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	11,828	174,815		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	11,828	174,815		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 9:15 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,225	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,225	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.			6,028	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			0	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			2,716	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)			10,437,047	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)			10,437,047	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			2,998,077	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			2,998,077	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			3.481247	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)			10,437,047	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)			1,444.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,923,452	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)			3,923,452	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0028

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

Worksheet D-1

Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,171,003	1,026	3,090.65	520	1,607,138	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,177,745	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,708,335	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)					809,593	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					252,334	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,061,927	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,646,408	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,197	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,444.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,729,150	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0028

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

Worksheet D-1

Date/Time Prepared:
7/29/2021 9:15 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,410,515	10,437,047	0.135145	1,729,150	233,686	90.00
91.00 Nursing School cost	0	10,437,047	0.000000	1,729,150	0	91.00
92.00 Allied health cost	455,308	10,437,047	0.043624	1,729,150	75,432	92.00
93.00 All other Medical Education	0	10,437,047	0.000000	1,729,150	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 9:15 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,049,357	30.00
31.00	03100	INTENSIVE CARE UNIT		1,471,130	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.210155	2,508,803	50.00
51.00	05100	RECOVERY ROOM	0.363287	181,700	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2.931655	279	52.00
53.00	05300	ANESTHESIOLOGY	0.177369	605,838	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.220939	765,217	54.00
57.00	05700	CT SCAN	0.035413	2,669,713	57.00
58.00	05800	MRI	0.076458	554,717	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.497647	1,039,859	59.00
60.00	06000	LABORATORY	0.168675	3,293,149	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.337464	1,758,582	65.00
66.00	06600	PHYSICAL THERAPY	0.216972	540,294	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.108003	376,057	67.00
68.00	06800	SPEECH PATHOLOGY	0.647358	74,829	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066871	962,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.080373	1,462,430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.141074	510,540	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.564657	7,118,906	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.414304	14,174	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.234981	35,527	90.00
91.00	09100	EMERGENCY	0.269233	1,624,211	91.00
91.01	09101	CARDIAC REHAB	0.741070	176	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.258332	424,877	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		26,522,472	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)		26,522,472	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3
			Component CCN: 52-U028		Date/Time Prepared: 7/29/2021 9:15 am
			Title XIX	Swing Beds - SNF	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
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.000000	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.000000	0	91.00
91.01	09101	CARDIAC REHAB	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/29/2021 9:15 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			5,640,298	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			2,166,203	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)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			57,818	2.04
3.00	Managed Care Simulated Payments			2,868,537	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			54.73	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)			1.13	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)			1.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			9.54	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)			1.13	12.00
13.00	Total allowable FTE count for the prior year.			1.13	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.			1.13	14.00
15.00	Sum of lines 12 through 14 divided by 3.			1.13	15.00
16.00	Adjustment for residents in initial years of the program			3.52	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			4.65	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.084963	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.084963	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.084963	21.00
22.00	IME payment adjustment (see instructions)			353,861	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			130,028	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)			8.41	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)			353,861	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			130,028	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.61	30.00
31.00	Percentage of Medicaid patient days (see instructions)			16.75	31.00
32.00	Sum of lines 30 and 31			19.36	32.00
33.00	Allowable disproportionate share percentage (see instructions)			5.33	33.00
34.00	Disproportionate share adjustment (see instructions)			104,022	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 9:15 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521
35.01	Factor 3 (see instructions)		0.000095471	0.000106243
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		797,240	880,756
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		596,841	221,999
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		818,840	
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)		9,141,042	
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)		9,271,070	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		649,140	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		202,695	
53.00	Nursing and Allied Health Managed Care payment		246,282	
54.00	Special add-on payments for new technologies		45,514	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		171,162	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		4,788	
59.00	Total (sum of amounts on lines 49 through 58)		10,590,651	
60.00	Primary payer payments		0	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		10,590,651	
62.00	Deductibles billed to program beneficiaries		930,189	
63.00	Coinurance billed to program beneficiaries		7,392	
64.00	Allowable bad debts (see instructions)		110,333	
65.00	Adjusted reimbursable bad debts (see instructions)		71,716	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		106,604	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		9,724,786	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		136,847	
70.94	HRR adjustment amount (see instructions)		-7,045	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 9:15 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2019	607,011	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)	2020	324,350	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		10,785,949	71.00
71.01	Sequestration adjustment (see instructions)		71,187	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		10,341,062	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		373,700	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		395,388	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVPB Adjustment for HSP Bonus Payment				
101.00	HVPB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 9:15 am

				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	5,640,298	0	5,640,298		5,640,298	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,166,203	0		2,166,203	2,166,203	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	0	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	57,818	0		57,818	57,818	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,868,537	0	0	2,868,537	2,868,537	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.084963	0.084963	0.084963	0.084963		5.00
6.00	IME payment adjustment (see instructions)	22.00	353,861	0	255,669	98,192	353,861	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	130,028	0	0	130,028	130,028	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	353,861	0	255,669	98,192	353,861	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	130,028	0	0	130,028	130,028	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0533	0.0533	0.0533	0.0533		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	104,022	0	75,157	28,865	104,022	11.00
11.01	Uncompensated care payments	36.00	818,840	0	596,841	221,999	818,840	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	9,141,042	0	6,567,965	2,573,077	9,141,042	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	9,271,070	0	6,567,965	2,703,105	9,271,070	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	649,140	0	0	649,140	649,140	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 9:15 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	45,514	0	0	45,514	45,514	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	6,567,965	3,397,759	9,965,724	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	608,838	0	0	608,838	608,838	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	606	0	0	606	606	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0652	0.0652	0.0652	0.0652		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	39,696	0	0	39,696	39,696	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	649,140	0	0	649,140	649,140	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.092420	0.095460		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			607,011		607,011	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				324,350	324,350	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/29/2021 9:15 am

		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	5,640,298	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,166,203		7,806,501	7,806,501	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	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	57,818		57,818	57,818	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,868,537	0	2,868,537	2,868,537	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.084963	0.084963	0.084963		5.00
6.00	IME payment adjustment (see instructions)	22.00	353,861	0	353,861	353,861	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	130,028	0	130,028	130,028	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	353,861	0	353,861	353,861	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	130,028	0	130,028	130,028	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0533	0.0533	0.0533		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	104,022	0	104,022	104,022	11.00
11.01	Uncompensated care payments	36.00	818,840	596,841	221,999	818,840	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	9,141,042	596,841	8,544,201	9,141,042	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	9,271,070	596,841	8,674,229	9,271,070	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	649,140	0	649,140	649,140	16.00
17.00	Special add-on payments for new technologies	54.00	45,514	0	45,514	45,514	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			596,841	9,368,883	9,965,724	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/29/2021 9:15 am

		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	608,838	0	608,838	608,838	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	606	0	606	606	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	0.0652	0.0652	0.0652		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	39,696	0	39,696	39,696	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	649,140	0	649,140	649,140	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	607,011	607,011		607,011	28.00
29.00	Low volume adjustment on or after October 1	70.97	324,350		324,350	324,350	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	136,847	0	136,847	136,847	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	-7,045	0	-7,045	-7,045	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: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 9:15 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		186,643	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,926,607	2.00
3.00	OPPS payments		20,449,886	3.00
4.00	Outlier payment (see instructions)		54,411	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		20,593	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		186,643	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		350,465	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)		350,465	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)		350,465	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		163,822	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)		186,643	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)		20,524,890	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		7,708	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,024,032	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)		16,679,793	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		373,845	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)		17,053,638	30.00
31.00	Primary payer payments		6,318	31.00
32.00	Subtotal (line 30 minus line 31)		17,047,320	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)		211,952	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		137,769	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		209,463	36.00
37.00	Subtotal (see instructions)		17,185,089	37.00
38.00	MSP-LCC reconciliation amount from PS&R		183	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)		17,184,906	40.00
40.01	Sequestration adjustment (see instructions)		113,420	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		16,587,703	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)		483,783	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: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/29/2021 9:15 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		9,960,111		16,435,185	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/31/2020	325,129	12/31/2020	111,434	3.01
3.02		12/02/2020	55,822	12/02/2020	41,084	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)		380,951		152,518	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)		10,341,062		16,587,703	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	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		373,700		483,783	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,714,762		17,071,486	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: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/29/2021 9:15 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet E-2	
		Component CCN: 52-U028		Date/Time Prepared: 7/29/2021 9:15 am	
		Title XIX	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0		1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		0		2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)		0		3.00
3.01	Nursing and allied health payment-PARHM (see instructions)				3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00		4.00
5.00	Program days		0		5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0		6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0		8.00
9.00	Primary payer payments (see instructions)		0		9.00
10.00	Subtotal (line 8 minus line 9)		0		10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0		11.00
12.00	Subtotal (line 10 minus line 11)		0		12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0		13.00
14.00	80% of Part B costs (line 12 x 80%)		0		14.00
15.00	Subtotal (see instructions)		0		15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)				16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)				16.55
16.99	Demonstration payment adjustment amount before sequestration		0		16.99
17.00	Allowable bad debts (see instructions)		0		17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0		17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		18.00
19.00	Total (see instructions)		0		19.00
19.01	Sequestration adjustment (see instructions)		0		19.01
19.02	Demonstration payment adjustment amount after sequestration)		0		19.02
19.03	Sequestration adjustment-PARHM pass-throughs				19.03
20.00	Interim payments		0		20.00
20.01	Interim payments-PARHM				20.01
21.00	Tentative settlement (for contractor use only)		0		21.00
21.01	Tentative settlement-PARHM (for contractor use only)				21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		0		22.00
22.01	Balance due provider/program-PARHM (see instructions)				22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))				201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))				202.00
203.00	Total (sum of lines 201 and 202)				203.00
204.00	Medicare swing-bed SNF discharges (see instructions)				204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount				205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)				206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)				208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparison of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet E-3
Part VII
Date/Time Prepared:
7/29/2021 9:15 am

		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		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	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	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)		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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 9:15 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.10	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			9.54	6.00
7.00	Enter the lesser of line 5 or line 6			1.10	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.04	0.00	0.04	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.10	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.10	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.73	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	9.50	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	10.23	0.00		17.00
18.00	Per resident amount	90,493.99	0.00		18.00
19.00	Approved amount for resident costs	925,754	0	925,754	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			8.44	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			925,754	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	3,236	1,356		26.00
27.00	Total Inpatient Days (see instructions)	7,221	7,221		27.00
28.00	Ratio of inpatient days to total inpatient days	0.448137	0.187786		28.00
29.00	Program direct GME amount	414,865	173,844	588,709	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		12,169	12,169	30.00
31.00	Net Program direct GME amount			576,540	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 9:15 am	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		14,708,335		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		0		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		14,708,335		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		27,133,843		42.00
43.00	Primary payer payments (see instructions)		6,318		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		27,127,525		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		41,835,860		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.351572		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.648428		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		576,540		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		202,695		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		373,845		50.00

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

Provider CCN: 52-0028

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

Worksheet G

Date/Time Prepared:
7/29/2021 9:15 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	49,394,101	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	25,467,804	0	0	0	4.00
5.00	Other receivable	2,172,844	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	952,500	0	0	0	6.00
7.00	Inventory	2,941,749	0	0	0	7.00
8.00	Prepaid expenses	2,214,118	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)	83,143,116	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,050,000	0	0	0	12.00
13.00	Land improvements	3,036,653	0	0	0	13.00
14.00	Accumulated depreciation	-948,310	0	0	0	14.00
15.00	Buildings	126,472,175	0	0	0	15.00
16.00	Accumulated depreciation	-15,705,671	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	733,333	0	0	0	19.00
20.00	Accumulated depreciation	-443,098	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	27,356,790	0	0	0	23.00
24.00	Accumulated depreciation	-11,125,510	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	132,426,362	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	124,106,626	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	5,323,230	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	129,429,856	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	344,999,334	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,023,561	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,316,718	0	0	0	38.00
39.00	Payroll taxes payable	298,929	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	863,485	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	17,417,539	0	0	0	43.00
44.00	Other current liabilities	1,168,089	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	46,088,321	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	64,193,800	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	4,770,945	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	68,964,745	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	115,053,066	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	229,946,268	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)	229,946,268	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	344,999,334	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-0028

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

Worksheet G-1

Date/Time Prepared:
7/29/2021 9:15 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		214,383,740		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		15,562,528				2.00
3.00	Total (sum of line 1 and line 2)		229,946,268		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)		229,946,268		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		229,946,268		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 52-0028

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	82,165,422		82,165,422	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	82,165,422		82,165,422	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	82,165,422		82,165,422	17.00
18.00	Ancillary services	0	0	0	18.00
19.00	Outpatient services	446,348,598	0	446,348,598	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	CHARITY	-455,244	-2,981,246	-3,436,490	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	528,058,776	-2,981,246	525,077,530	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		184,222,851		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)		184,222,851		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-0028

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

Worksheet G-3

Date/Time Prepared:
7/29/2021 9:15 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	525,077,530	1.00
2.00	Less contractual allowances and discounts on patients' accounts	360,412,936	2.00
3.00	Net patient revenues (line 1 minus line 2)	164,664,594	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	184,222,851	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-19,558,257	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,026,207	6.00
7.00	Income from investments	12,772,128	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	8,220	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	401,168	14.00
15.00	Revenue from rental of living quarters	32,963	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	5,042,960	16.00
17.00	Revenue from sale of drugs to other than patients	102,623	17.00
18.00	Revenue from sale of medical records and abstracts	38	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	7,097,111	24.00
24.01	OTHER NON-OPERATING REVENUE	50,252	24.01
24.02	ROUNDING	0	24.02
24.50	COVID-19 PHE Funding	8,584,615	24.50
25.00	Total other income (sum of lines 6-24)	35,118,285	25.00
26.00	Total (line 5 plus line 25)	15,560,028	26.00
27.00	GAIN/LOSSES ON ASSET DISPOSAL	-2,500	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-2,500	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	15,562,528	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 52-0028

Period:

Worksheet H

HHA CCN: 52-7157

From 01/01/2020
To 12/31/2020

Date/Time Prepared:

7/29/2021 9:15 am

					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		3,200	3,200
2.00	Capital Related - Movable Equipment		0		7,749	7,749
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	871,408	112,391	0	15,923	999,722
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	211,788	0	80,254	348,561	640,603
7.00	Physical Therapy	247,920	0	0	0	247,920
8.00	Occupational Therapy	112,096	0	0	0	112,096
9.00	Speech Pathology	44,511	0	0	0	44,511
10.00	Medical Social Services	4,909	0	0	0	4,909
11.00	Home Health Aide	21,425	0	0	0	21,425
12.00	Supplies (see instructions)	0	0	0	82,302	82,302
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,514,057	112,391	80,254	348,561	109,174
	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	3,200	0	3,200	1.00
2.00	Capital Related - Movable Equipment	0	7,749	0	7,749	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	-83,509	916,213	0	916,213	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	640,603	0	640,603	6.00
7.00	Physical Therapy	0	247,920	0	247,920	7.00
8.00	Occupational Therapy	0	112,096	0	112,096	8.00
9.00	Speech Pathology	0	44,511	0	44,511	9.00
10.00	Medical Social Services	0	4,909	0	4,909	10.00
11.00	Home Health Aide	0	21,425	0	21,425	11.00
12.00	Supplies (see instructions)	0	82,302	0	82,302	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	-83,509	2,080,928	0	2,080,928	24.00

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: 52-0028

Period:

Worksheet H-1

HHA CCN: 52-7157

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 9:15 amHome 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	3,200	3,200				0	1.00
2.00	Capital Related - Movable Equipment	7,749		7,749			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	916,213	3,200	7,749	0	0	927,162	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	640,603	0	0	0	0	640,603	6.00
7.00	Physical Therapy	247,920	0	0	0	0	247,920	7.00
8.00	Occupational Therapy	112,096	0	0	0	0	112,096	8.00
9.00	Speech Pathology	44,511	0	0	0	0	44,511	9.00
10.00	Medical Social Services	4,909	0	0	0	0	4,909	10.00
11.00	Home Health Aide	21,425	0	0	0	0	21,425	11.00
12.00	Supplies (see instructions)	82,302	0	0	0	0	82,302	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,080,928	3,200	7,749	0	0	2,080,928	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	927,162						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	514,785	1,155,388					6.00
7.00	Physical Therapy	199,228	447,148					7.00
8.00	Occupational Therapy	90,080	202,176					8.00
9.00	Speech Pathology	35,769	80,280					9.00
10.00	Medical Social Services	3,945	8,854					10.00
11.00	Home Health Aide	17,217	38,642					11.00
12.00	Supplies (see instructions)	66,138	148,440					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		2,080,928					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 52-0028

Period:

Worksheet H-1

HHA CCN: 52-7157

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 9:15 amHome 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	9,153			0		1.00
2.00	Capital Related - Movable Equipment		9,153		0		2.00
3.00	Plant Operation & Maintenance	0	0	9,153	0		3.00
4.00	Transportation (see instructions)	0	0	0	93,499		4.00
5.00	Administrative and General	9,153	9,153	9,153	0	-927,162	1,153,766
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	66,723	0	640,603
7.00	Physical Therapy	0	0	0	12,730	0	247,920
8.00	Occupational Therapy	0	0	0	7,462	0	112,096
9.00	Speech Pathology	0	0	0	0	0	44,511
10.00	Medical Social Services	0	0	0	0	0	4,909
11.00	Home Health Aide	0	0	0	6,584	0	21,425
12.00	Supplies (see instructions)	0	0	0	0	0	82,302
13.00	Drugs	0	0	0	0	0	0
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)	9,153	9,153	9,153	93,499	-927,162	1,153,766
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	3,200	7,749	0	0		927,162
26.00	Unit Cost Multiplier	0.349612	0.846608	0.000000	0.000000		0.803596

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	134,720	601	321,008	447,048	13,765	1.00
2.00	Skilled Nursing Care	1,155,388	0	0	0	0	0	2.00
3.00	Physical Therapy	447,148	0	0	0	0	0	3.00
4.00	Occupational Therapy	202,176	0	0	0	0	0	4.00
5.00	Speech Pathology	80,280	0	0	0	0	0	5.00
6.00	Medical Social Services	8,854	0	0	0	0	0	6.00
7.00	Home Health Aide	38,642	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	148,440	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)	2,080,928	134,720	601	321,008	447,048	13,765	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		PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	822	0	4,940	922,904	162,235	28,315	1.00
2.00	Skilled Nursing Care	0	0	0	1,155,388	203,105	0	2.00
3.00	Physical Therapy	0	0	0	447,148	78,603	0	3.00
4.00	Occupational Therapy	0	0	0	202,176	35,540	0	4.00
5.00	Speech Pathology	0	0	0	80,280	14,112	0	5.00
6.00	Medical Social Services	0	0	0	8,854	1,556	0	6.00
7.00	Home Health Aide	0	0	0	38,642	6,793	0	7.00
8.00	Supplies (see instructions)	0	0	0	148,440	26,094	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)	822	0	4,940	3,003,832	528,038	28,315	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

(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: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 9:15 amHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	157,295	0	0	0	0	30,668	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)	157,295	0	0	0	0	30,668	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		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS Y & FRINGES APPRV	SERVICES-SALAR PRGM COSTS APPRV	
		14.00	15.00	16.00	17.00	21.00	22.00	
1.00	Administrative and General	20,618	0	0	7,380	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	20,618	0	0	7,380	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 9:15 am

						Home Health Agency I	PPS	
Cost Center Description		PARAMED ED PRGM- PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	1,329,415	0	1,329,415			1.00
2.00	Skilled Nursing Care	0	1,358,493	0	1,358,493	738,129	2,096,622	2.00
3.00	Physical Therapy	0	525,751	0	525,751	285,663	811,414	3.00
4.00	Occupational Therapy	0	237,716	0	237,716	129,161	366,877	4.00
5.00	Speech Pathology	0	94,392	0	94,392	51,287	145,679	5.00
6.00	Medical Social Services	0	10,410	0	10,410	5,656	16,066	6.00
7.00	Home Health Aide	0	45,435	0	45,435	24,687	70,122	7.00
8.00	Supplies (see instructions)	0	174,534	0	174,534	94,832	269,366	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	3,776,146	0	3,776,146	1,329,415	3,776,146	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.					0.543343		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: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 9:15 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSI)	PURCHASING RECEIVING AND STORES (SUPPLY COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	9,153	3,200	1,542,939	21	40	82,430	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	9,153	3,200	1,542,939	21	40	82,430	20.00
21.00	Total cost to be allocated	134,720	601	321,008	447,048	13,765	822	21.00
22.00	Unit cost multiplier	14.718671	0.187813	0.208050	21,288.000000	344.125000	0.009972	22.00
Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	1,614,488	1,614,488	0	922,904	19	9,153	1.00
2.00	Skilled Nursing Care	0	0	0	1,155,388	0	0	2.00
3.00	Physical Therapy	0	0	0	447,148	0	0	3.00
4.00	Occupational Therapy	0	0	0	202,176	0	0	4.00
5.00	Speech Pathology	0	0	0	80,280	0	0	5.00
6.00	Medical Social Services	0	0	0	8,854	0	0	6.00
7.00	Home Health Aide	0	0	0	38,642	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	148,440	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)	1,614,488	1,614,488		3,003,832	19	9,153	20.00
21.00	Total cost to be allocated	0	4,940		528,038	28,315	157,295	21.00
22.00	Unit cost multiplier	0.000000	0.003060		0.175788	1,490.263158	17.185076	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:

7/29/2021 9:15 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	2,050	2,050	79,731	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	2,050	2,050	79,731	20.00
21.00	Total cost to be allocated	0	0	0	0	30,668	20,618	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	14.960000	0.258595	22.00
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARIES & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ACCUM. COST)	PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	
		15.00	16.00	17.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	25	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	25	0	0	0	20.00
21.00	Total cost to be allocated	0	0	7,380	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	295.200000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 9:15 am

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	2,096,622		2,096,622	5,166	405.85
2.00	Physical Therapy	3.00	811,414	0	811,414	2,532	320.46
3.00	Occupational Therapy	4.00	366,877	0	366,877	1,509	243.13
4.00	Speech Pathology	5.00	145,679	0	145,679	106	1,374.33
5.00	Medical Social Services	6.00	16,066		16,066	141	113.94
6.00	Home Health Aide	7.00	70,122		70,122	1,105	63.46
7.00	Total (sum of lines 1-6)		3,506,780	0	3,506,780	10,559	
				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		27500	0	139		8.00
8.01	Skilled Nursing Care		31540	0	1,210		8.01
8.02	Skilled Nursing Care		40420	0	72		8.02
8.03	Skilled Nursing Care		99914	0	670		8.03
8.04	Skilled Nursing Care		99915	0	60		8.04
8.05	Skilled Nursing Care		99952	0	227		8.05
9.00	Physical Therapy		27500	0	98		9.00
9.01	Physical Therapy		31540	0	865		9.01
9.02	Physical Therapy		40420	0	42		9.02
9.03	Physical Therapy		99914	0	301		9.03
9.04	Physical Therapy		99915	0	51		9.04
9.05	Physical Therapy		99952	0	149		9.05
10.00	Occupational Therapy		27500	0	50		10.00
10.01	Occupational Therapy		31540	0	603		10.01
10.02	Occupational Therapy		40420	0	18		10.02
10.03	Occupational Therapy		99914	0	176		10.03
10.04	Occupational Therapy		99915	0	31		10.04
10.05	Occupational Therapy		99952	0	101		10.05
11.00	Speech Pathology		27500	0	0		11.00
11.01	Speech Pathology		31540	0	19		11.01
11.02	Speech Pathology		40420	0	4		11.02
11.03	Speech Pathology		99914	0	0		11.03
11.04	Speech Pathology		99915	0	0		11.04
11.05	Speech Pathology		99952	0	0		11.05
12.00	Medical Social Services		27500	0	7		12.00
12.01	Medical Social Services		31540	0	32		12.01
12.02	Medical Social Services		40420	0	5		12.02
12.03	Medical Social Services		99914	0	20		12.03
12.04	Medical Social Services		99915	0	2		12.04
12.05	Medical Social Services		99952	0	4		12.05
13.00	Home Health Aide		27500	0	41		13.00
13.01	Home Health Aide		31540	0	223		13.01
13.02	Home Health Aide		40420	0	10		13.02
13.03	Home Health Aide		99914	0	54		13.03
13.04	Home Health Aide		99915	0	8		13.04
13.05	Home Health Aide		99952	0	25		13.05
14.00	Total (sum of lines 8-13)			0	5,317		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 9:15 am

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 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	269,366	0	269,366	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
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	2,378		0	965,111		1.00
2.00	Physical Therapy	0	1,506		0	482,613		2.00
3.00	Occupational Therapy	0	979		0	238,024		3.00
4.00	Speech Pathology	0	23		0	31,610		4.00
5.00	Medical Social Services	0	70		0	7,976		5.00
6.00	Home Health Aide	0	361		0	22,909		6.00
7.00	Total (sum of lines 1-6)	0	5,317		0	1,748,243		7.00
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 9:15 am

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	41,207	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	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	965,111						1.00
2.00	Physical Therapy	482,613						2.00
3.00	Occupational Therapy	238,024						3.00
4.00	Speech Pathology	31,610						4.00
5.00	Medical Social Services	7,976						5.00
6.00	Home Health Aide	22,909						6.00
7.00	Total (sum of lines 1-6)	1,748,243						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 9:15 am

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	0.216972	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.108003	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.647358	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	1.080373	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.564657	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 52-0028

Period:

Worksheet H-4

HHA CCN: 52-7157

From 01/01/2020

Part I-II

To 12/31/2020

Date/Time Prepared:

7/29/2021 9:15 am

Title XVIII

Home Health
Agency I

PPS

		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			1.00	2.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,204,971	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	52,718	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	33,982	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	4,192	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	7,994	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,303,857	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	1,303,857	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	1,303,857	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,303,857	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	1,303,857	31.00
31.01	Sequestration adjustment (see instructions)		0	8,480	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	1,295,378	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

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

Provider CCN: 52-0028

Period:

Worksheet H-5

HHA CCN: 52-7157

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 9:15 amHome 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		1,295,378	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			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		1,295,378	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		1,295,377	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: 52-0028

Period:

Worksheet 0

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 9:15 am

		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*		1,543	1,543	-1,103	440
2.00	CAP REL COSTS-MVBLE EQUIP*		94,939	94,939	0	94,939
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	98,872	98,872	-98,872	0
4.00	ADMINISTRATIVE & GENERAL*	147,397	190,021	337,418	0	337,418
5.00	PLANT OPERATION & MAINTENANCE*	0	29,317	29,317	0	29,317
6.00	LAUNDRY & LINEN SERVICE*	0	559	559	0	559
7.00	HOUSEKEEPING*	0	259	259	0	259
8.00	DIETARY*	0	6,145	6,145	0	6,145
9.00	NURSING ADMINISTRATION*	386,430	0	386,430	0	386,430
10.00	ROUTINE MEDICAL SUPPLIES*	0	32,102	32,102	0	32,102
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	39,693	39,693	0	39,693
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	1,293	0	1,293	0	1,293
16.00	OTHER GENERAL SERVICE*	160,926	25,693	186,619	14,347	200,966
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**	266,658	0	266,658	0	266,658
29.00	LPN/LVN**	141,276	0	141,276	0	141,276
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**	104,795	0	104,795	0	104,795
34.00	SPIRITUAL COUNSELING**	59,942	0	59,942	0	59,942
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	94,495	0	94,495	0	94,495
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0
40.00	IMAGING SERVICES**	0	118,930	118,930	-118,930	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0
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	0	0	0	0
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	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	1,363,212	638,073	2,001,285	-204,558	1,796,727

* 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: 52-0028

Period:

Worksheet 0

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 9:15 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	440	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	94,939	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	337,418	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	29,317	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	559	6.00
7.00	HOUSEKEEPING*	0	259	7.00
8.00	DIETARY*	0	6,145	8.00
9.00	NURSING ADMINISTRATION*	0	386,430	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	32,102	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	39,693	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	1,293	15.00
16.00	OTHER GENERAL SERVICE*	-472	200,494	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	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	266,658	28.00
29.00	LPN/LVN**	0	141,276	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	104,795	33.00
34.00	SPIRITUAL COUNSELING**	0	59,942	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	94,495	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
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	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-472	1,796,255	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: 52-0028

Period:

Worksheet 0-2

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 9:15 am

				Hospice I		7/25/2022 5:10 AM	
		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	266,658	0	266,658	0	266,658	28.00
29.00	LPN/LVN	141,276	0	141,276	0	141,276	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	104,795	0	104,795	0	104,795	33.00
34.00	SPIRITUAL COUNSELING	59,942	0	59,942	0	59,942	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	94,495	0	94,495	0	94,495	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	118,930	118,930	-118,930	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 *	667,166	118,930	786,096	-118,930	667,166	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	0	266,658	28.00
29.00	LPN/LVN	0	141,276	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	104,795	33.00
34.00	SPIRITUAL COUNSELING	0	59,942	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	94,495	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 *	0	667,166	100.00

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

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

Provider CCN: 52-0028

Period:

Worksheet 0-5

Hospice CCN: 52-1523

From 01/01/2020

To 12/31/2020

Date/Time Prepared:
7/29/2021 9:15 am

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	440	123,946	124,386	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	94,939	2,196	97,135	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	289,026	289,026	3.00
4.00	ADMINISTRATIVE & GENERAL	337,418	1,035,350	1,372,768	4.00
5.00	PLANT OPERATION & MAINTENANCE	29,317	0	29,317	5.00
6.00	LAUNDRY & LINEN SERVICE	559	0	559	6.00
7.00	HOUSEKEEPING	259	0	259	7.00
8.00	DIETARY	6,145	0	6,145	8.00
9.00	NURSING ADMINISTRATION	386,430	33,211	419,641	9.00
10.00	ROUTINE MEDICAL SUPPLIES	32,102	7,453	39,555	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	39,693	0	39,693	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	32,365	32,365	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	1,293	0	1,293	15.00
16.00	OTHER GENERAL SERVICE	200,494	0	200,494	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	2,952	2,952	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	667,166	0	667,166	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	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	0	0	0	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	1,796,255	1,526,499	3,322,754	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 9:15 am

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	124,386		124,386							1.00
2.00	CAP REL COSTS-MVBLE EQUIP	97,135				97,135					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	289,026		124,386		97,135		510,547			3.00
4.00	ADMINISTRATIVE & GENERAL	1,372,768		0		0		0		1,372,768	4.00
5.00	PLANT OPERATION & MAINTENANCE	29,317		0		0		0		29,317	5.00
6.00	LAUNDRY & LINEN SERVICE	559		0		0		0		559	6.00
7.00	HOUSEKEEPING	259		0		0		0		259	7.00
8.00	DIETARY	6,145		0		0		0		6,145	8.00
9.00	NURSING ADMINISTRATION	419,641		0		0		0		419,641	9.00
10.00	ROUTINE MEDICAL SUPPLIES	39,555		0		0		0		39,555	10.00
11.00	MEDICAL RECORDS	0		0		0		0		0	11.00
12.00	STAFF TRANSPORTATION	39,693		0		0		0		39,693	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0		0		0	13.00
14.00	PHARMACY	32,365		0		0		0		32,365	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	1,293		0		0		0		1,293	15.00
16.00	OTHER GENERAL SERVICE	200,494		0		0		0		200,494	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		0				2,952	17.00
LEVEL OF CARE											
50.00	HOSPICE CONTINUOUS HOME CARE	0						0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	667,166						510,547		1,177,713	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		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	0								0	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	3,322,754		124,386		97,135		510,547		3,322,754	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 9:15 am

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	1,372,768						4.00
5.00	PLANT OPERATION & MAINTENANCE	20,639	49,956					5.00
6.00	LAUNDRY & LINEN SERVICE	394	0		953			6.00
7.00	HOUSEKEEPING	182	0			441		7.00
8.00	DIETARY	4,326	0			0	10,471	8.00
9.00	NURSING ADMINISTRATION	295,423	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	27,846	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	27,943	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	22,785	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	910	0			0		15.00
16.00	OTHER GENERAL SERVICE	141,146	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	2,078	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	829,096						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	49,956		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		953	441	10,471	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	1,372,768	49,956		953	441	10,471	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 9:15 am

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	715,064				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	67,401			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			67,636	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	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
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	715,064	67,401	0	67,636	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	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					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	715,064	67,401	0	67,636	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/29/2021 9:15 am

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	55,150					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	2,203				15.00
16.00	OTHER GENERAL SERVICE	0		341,640			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				5,030		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	55,150	2,203	341,640		3,255,903	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	49,956	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					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	5,030	16,895	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	55,150	2,203	341,640	5,030	3,322,754	100.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 9:15 am

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	198					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		11,695				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	198	11,695	1,389,216			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-1,372,768	1,949,986	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	29,317	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	559	6.00
7.00	HOUSEKEEPING	0	0	0	0	259	7.00
8.00	DIETARY	0	0	0	0	6,145	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	419,641	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	39,555	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	39,693	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	32,365	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	1,293	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	200,494	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	2,952	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,389,216	0	1,177,713	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	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	0	0	0	0	0	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)	124,386	97,135	510,547		1,372,768	100.00
101.00	UNIT COST MULTIPLIER	628.212121	8.305686	0.367507		0.703989	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 9:15 am

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	198					5.00
6.00	LAUNDRY & LINEN SERVICE	0	100				6.00
7.00	HOUSEKEEPING	0		100			7.00
8.00	DIETARY	0		0	100		8.00
9.00	NURSING ADMINISTRATION	0		0		2,220	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		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					2,220	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	198	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	100	100	100	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	49,956	953	441	10,471	715,064	100.00
101.00	UNIT COST MULTIPLIER	252.303030	9.530000	4.410000	104.710000	322.100901	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 9:15 am

Cost Center Descriptions		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	10,488		10,488								10.00
11.00	MEDICAL RECORDS											11.00
12.00	STAFF TRANSPORTATION					100						12.00
13.00	VOLUNTEER SERVICE COORDINATION					0		100				13.00
14.00	PHARMACY					0		0		118,930		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	10,488		10,488		100		0		118,930		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		100		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)	67,401		0		67,636		0		55,150		100.00
101.00	UNIT COST MULTIPLIER	6.426487		0.000000		676.360000		0.000000		0.463718		101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/29/2021 9:15 am

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	10,488				15.00
16.00	OTHER GENERAL SERVICE		100			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			100		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	10,488	100			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	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					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	100		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	2,203	341,640	5,030		100.00
101.00	UNIT COST MULTIPLIER	0.210050	3,416.400000	50.300000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY
LEVEL OF CARE

Provider CCN: 52-0028

Period:

Worksheet 0-7

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020

Date/Time Prepared:
7/29/2021 9:15 am

					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	
				2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS	0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.216972	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.108003	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.647358	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.564657	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.168675	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.080373	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	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
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
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
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	OTHER ANCILLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 52-0028

Period:

Worksheet 0-8

Hospice CCN: 52-1523

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 9:15 am

		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)			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)			3,255,903	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,488	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			310.44	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	10,488	0		9.00
10.00	Program cost (line 8 times line 9)	3,255,895	0		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)			0	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			0.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0		14.00
15.00	Program cost (line 13 times line 14)	0	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)			49,956	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,305,859	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,488	22.00
23.00	Average cost per diem (line 21 divided by line 22)			315.20	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 52-0028	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/29/2021 9:15 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		608,838	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		606	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)		20.75	3.00
4.00	Number of interns & residents (see instructions)		4.65	4.00
5.00	Indirect medical education percentage (see instructions)		6.52	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)		39,696	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)		649,140	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