

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: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/27/2021 1:48 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 7/27/2021 Time: 1:48 pm
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 BELOIT MEMORIAL HOSPITAL, INC. (52-0100) 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) SCOTT LECKEY
 Officer or Administrator of Provider(s)

CFO
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	512,465	526,776	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	0		0	9.00
200.00	Total	0	512,465	526,776	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: 52-0100		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 1:48 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1969 WEST HART ROAD			PO Box:		Date Certified		Payment System (P, T, O, or N)		
2.00	City: BELOIT			State: WI		Zip Code: 53511		County: ROCK		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		BELOIT MEMORIAL HOSPITAL, INC.	520100	27500	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		BELOIT HEALTH SYSTEM, INC.	52U100	27500		01/01/2020	N	P	N
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		AT HOME HEALTH CARE	527075	27500		09/01/1996	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		BELOIT REGIONAL HOSPICE	521525	27500		01/01/2017			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis		BELOIT MEMORIAL DIALYSIS	522324	27500		01/01/2004			
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020		
21.00	Type of Control (see instructions)						2			
							1.00	2.00		
							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			

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Part I
Date/Time Prepared:
7/27/2021 1:48 pm

MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0100		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 1:48 pm	
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			N			60.00
				Y/N	IME	Direct GME	
				1.00	2.00	3.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)			N		0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
				Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
				1.00	2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	61.20
				1.00			
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00 62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00 62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N 63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00 0.00 0.000000 64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0

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					1.00	
	Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
	TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
	Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.06
	Rural Providers					
105.00	Does this hospital qualify as a CAH?			N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00
				Physical	Occupational	
				1.00	2.00	
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.					109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00

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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:	386,615	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.	N		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)	N		140.00

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1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:	Contractor's Name:			Contractor's Number:			141.00		
142.00	Street:	PO Box:						142.00		
143.00	City:	State:			Zip Code:			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		Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N		N		N		N		155.00
156.00	Subprovider - IPF	N		N		N		N		156.00
157.00	Subprovider - IRF	N		N		N		N		157.00
158.00	SUBPROVIDER									158.00
159.00	SNF	N		N		N		N		159.00
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00
161.00	CMHC			N		N		N		161.00
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00	
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0		171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/27/2021 1:48 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	06/21/2021	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/27/2021 1:48 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	AARON	WIERSEMA		41.00
42.00	Enter the employer/company name of the cost report preparer.	BELOIT HEALTH SYSTEM INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6083645102	AWIERSEMA@BELOITHEALTHSYSTEM.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/27/2021 1:48 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR FINANCIAL ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	79	28,914	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)		79	28,914	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,588	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)		97	35,502	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	21,712			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		97			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,361	600	12,535			1.00
2.00	HMO and other (see instructions)	3,710	2,484				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)	5,361	600	12,535			7.00
8.00	INTENSIVE CARE UNIT	1,341	47	3,429			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		132	800			13.00
14.00	Total (see instructions)	6,702	779	16,764	0.00	1,088.00	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	3,926	469	7,696	0.00	16.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	20,516	297	21,712	0.00	30.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,134.00	27.00
28.00	Observation Bed Days		33	1,096			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	12			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: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,430	167	3,806	1.00
2.00 HMO and other (see instructions)			772	563		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	1,430	167	3,806	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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 1:48 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	93,959,205	0	93,959,205	2,358,790.00	39.83
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		86,105	0	86,105	2,255.00	38.18
4.00	Physician-Part A - Administrative		278,325	0	278,325	1,683.00	165.37
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		21,161,872	0	21,161,872	123,771.00	170.98
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,632,567	0	6,632,567	232,081.00	28.58
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		147,838	0	147,838	2,266.00	65.24
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		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		34,633,741	0	34,633,741		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,847,577	0	3,847,577		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		41,231	0	41,231		
22.00	Physician Part A - Administrative		46,469	0	46,469		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		3,528,056	0	3,528,056		
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)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 1:48 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	9,601,306	0	9,601,306	316,649.00	30.32	27.00
28.00	Administrative & General under contract (see inst.)		277,343	0	277,343	797.00	347.98	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,630,515	0	1,630,515	55,687.00	29.28	30.00
31.00	Laundry & Linen Service	8.00	49,557	0	49,557	3,489.00	14.20	31.00
32.00	Housekeeping	9.00	1,247,065	0	1,247,065	89,320.00	13.96	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	889,333	0	889,333	48,194.00	18.45	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	78,286	0	78,286	6,318.00	12.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,120,493	0	1,120,493	32,427.00	34.55	38.00
39.00	Central Services and Supply	14.00	594,461	0	594,461	27,866.00	21.33	39.00
40.00	Pharmacy	15.00	1,678,173	0	1,678,173	39,160.00	42.85	40.00
41.00	Medical Records & Medical Records Library	16.00	2,059,693	0	2,059,693	91,580.00	22.49	41.00
42.00	Social Service	17.00	808,779	0	808,779	21,737.00	37.21	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/27/2021 1:48 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	72,988,571	0	72,988,571	2,233,561.00	32.68	1.00
2.00	Excluded area salaries (see instructions)	6,632,567	0	6,632,567	232,081.00	28.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,356,004	0	66,356,004	2,001,480.00	33.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	147,838	0	147,838	2,266.00	65.24	4.00
5.00	Subtotal wage-related costs (see inst.)	34,680,210	0	34,680,210	0.00	52.26	5.00
6.00	Total (sum of lines 3 thru 5)	101,184,052	0	101,184,052	2,003,746.00	50.50	6.00
7.00	Total overhead cost (see instructions)	20,035,004	0	20,035,004	733,224.00	27.32	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/27/2021 1:48 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		3,931,571	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		5,291,303	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)		24,541,671	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		402,350	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		54,634	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		352,712	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		445,888	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		5,699,876	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		1,047,854	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		329,215	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		42,097,074	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: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	147,838	42,097,074	1.00
2.00	Hospital	147,838	42,097,074	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			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 52-0100 Component CCN: 52-7075		Period: From 01/01/2020 To 12/31/2020		Worksheet S-4 Date/Time Prepared: 7/27/2021 1:48 pm			
						Home Health Agency I		PPS			
						1.00					
0.00	County							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	0	0	0	0	1.00		
2.00	Unduplicated Census Count (see instructions)			225.00	0.00	0.00	0.00	0.00	2.00		
				Number of Employees (Full Time Equivalent)							
				Enter the number of hours in your normal work week					Staff	Contract	Total
				0					1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES											
3.00	Administrator and Assistant Administrator(s)			0.00		0.00	0.00	0.00	3.00		
4.00	Director(s) and Assistant Director(s)					1.00	0.00	1.00	4.00		
5.00	Other Administrative Personnel					2.00	0.00	2.00	5.00		
6.00	Direct Nursing Service					8.00	0.00	8.00	6.00		
7.00	Nursing Supervisor					0.00	0.00	0.00	7.00		
8.00	Physical Therapy Service					3.00	0.00	3.00	8.00		
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00		
10.00	Occupational Therapy Service					1.00	0.00	1.00	10.00		
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00		
12.00	Speech Pathology Service					0.00	0.00	0.00	12.00		
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00		
14.00	Medical Social Service					0.00	0.00	0.00	14.00		
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00		
16.00	Home Health Aide					0.00	0.00	0.00	16.00		
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00		
18.00	Other (specify)					0.00	0.00	0.00	18.00		
HOME HEALTH AGENCY CBSA CODES											
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					4			19.00		
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			27500					20.00		
20.01				31540					20.01		
20.02				40420					20.02		
20.03				99952					20.03		
				Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)			
				Without Outliers	With Outliers						
				1.00	2.00					3.00	4.00
PPS ACTIVITY DATA											
21.00	Skilled Nursing Visits			1,568	343	76	3	1,990	21.00		
22.00	Skilled Nursing Visit Charges			698,950	155,352	33,486	1,347	889,135	22.00		
23.00	Physical Therapy Visits			1,043	177	31	1	1,252	23.00		
24.00	Physical Therapy Visit Charges			506,011	86,475	14,730	491	607,707	24.00		
25.00	Occupational Therapy Visits			352	106	9	0	467	25.00		
26.00	Occupational Therapy Visit Charges			171,320	51,992	3,928	0	227,240	26.00		
27.00	Speech Pathology Visits			35	43	2	0	80	27.00		
28.00	Speech Pathology Visit Charges			17,185	21,113	982	0	39,280	28.00		
29.00	Medical Social Service Visits			1	0	0	0	1	29.00		
30.00	Medical Social Service Visit Charges			641	0	0	0	641	30.00		
31.00	Home Health Aide Visits			119	59	1	0	179	31.00		
32.00	Home Health Aide Visit Charges			24,986	12,626	214	0	37,826	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			3,118	728	119	4	3,969	33.00		
34.00	Other Charges			0	0	0	0	0	34.00		
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)			1,419,093	327,558	53,340	1,838	1,801,829	35.00		
36.00	Total Number of Episodes (standard/non outlier)			336		71	1	408	36.00		
37.00	Total Number of Outlier Episodes				32		0	32	37.00		
38.00	Total Non-Routine Medical Supply Charges			65,172	17,076	5,643	0	87,891	38.00		

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 52-0100

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

Worksheet S-5

Date/Time Prepared:
7/27/2021 1:48 pm

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	75	0	0	0	0	24	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	7.00	2.00			
3.00	Average patient dialysis time including setup	5.00	0.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		4.00	4.00			
5.00	Number of days in year dialysis furnished	314	0					5.00			
6.00	Number of stations	18	0	0		0		6.00			
7.00	Treatment capacity per day per station	7	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
						Prior to 1/1	After 12/31				
						1.00	2.00				
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						7		11.00		
12.00	Number of patients transplanted during the cost reporting period						8		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
						MCP	INITIAL METHOD				
						1.00	2.00				
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X		21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
ESAs											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 52-0100

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

Worksheet S-5

Date/Time Prepared:
7/27/2021 1:48 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 52-0100

Period:

Worksheet S-9

Hospice CCN: 52-1525

From 01/01/2020
To 12/31/2020PARTS I THROUGH IV
Date/Time Prepared:
7/27/2021 1:48 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	20,516	297	899	21,712	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	20,516	297	899	21,712	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: 52-0100

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

Worksheet S-10

Date/Time Prepared:
7/27/2021 1:48 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.212770	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		20,049,504	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	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		122,253,073	6.00
7.00	Medicaid cost (line 1 times line 6)		26,011,786	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)		5,962,282	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)		5,962,282	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)	241,566	12,557	254,123
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	51,398	12,557	63,955
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	51,398	12,557	63,955
		1.00	2.00	3.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		13,950,002	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		701,533	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,079,281	27.01
28.00	Non-Medicare bad debt expense (see instructions)		12,870,721	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,116,251	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,180,206	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,142,488	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0100

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

Worksheet A

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,511,056	8,511,056	3,782,405	12,293,461	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,723,696	3,723,696	1,232,066	4,955,762	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	35,517,564	35,517,564	0	35,517,564	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,601,306	25,803,791	35,405,097	-657,002	34,748,095	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,630,515	5,344,471	6,974,986	-25,667	6,949,319	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	49,557	694,292	743,849	0	743,849	8.00
9.00	00900	HOUSEKEEPING	1,247,065	518,975	1,766,040	0	1,766,040	9.00
10.00	01000	DIETARY	889,333	386,674	1,276,007	0	1,276,007	10.00
11.00	01100	CAFETERIA	78,286	420,056	498,342	0	498,342	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,120,493	92,241	1,212,734	0	1,212,734	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	594,461	775,735	1,370,196	-248,824	1,121,372	14.00
15.00	01500	PHARMACY	1,678,173	526,927	2,205,100	0	2,205,100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,059,693	431,932	2,491,625	0	2,491,625	16.00
17.00	01700	SOCIAL SERVICE	808,779	52,098	860,877	0	860,877	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,859,447	324,951	7,184,398	-20,529	7,163,869	30.00
31.00	03100	INTENSIVE CARE UNIT	2,967,547	306,584	3,274,131	-1,312	3,272,819	31.00
43.00	04300	NURSERY	168,825	0	168,825	0	168,825	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,737,579	601,375	2,338,954	-49,505	2,289,449	50.00
51.00	05100	RECOVERY ROOM	326,094	17,740	343,834	0	343,834	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	417,096	0	417,096	0	417,096	52.00
53.00	05300	ANESTHESIOLOGY	86,105	428,723	514,828	0	514,828	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,396,401	578,687	1,975,088	0	1,975,088	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	389,649	795,929	1,185,578	-1,750	1,183,828	55.00
57.00	05700	CT SCAN	772,896	364,951	1,137,847	0	1,137,847	57.00
58.00	05800	MRI	359,730	374,490	734,220	-45,573	688,647	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,676,695	715,952	2,392,647	0	2,392,647	59.00
60.00	06000	LABORATORY	2,955,028	5,896,165	8,851,193	0	8,851,193	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	880,327	441,546	1,321,873	-4,054	1,317,819	65.00
66.00	06600	PHYSICAL THERAPY	2,111,668	96,603	2,208,271	-21,474	2,186,797	66.00
67.00	06700	OCCUPATIONAL THERAPY	242,273	242	242,515	0	242,515	67.00
68.00	06800	SPEECH PATHOLOGY	137,320	2,179	139,499	0	139,499	68.00
69.00	06900	ELECTROCARDIOLOGY	255,890	33,934	289,824	0	289,824	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,077,099	12,077,099	0	12,077,099	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,703,699	21,703,699	0	21,703,699	73.00
74.00	07400	RENAL DIALYSIS	1,689,721	2,622,465	4,312,186	0	4,312,186	74.00
75.00	07500	ASC (NON-DISTINCT PART)	769,791	405,900	1,175,691	0	1,175,691	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	195,510	32,645	228,155	-2,582	225,573	76.01
76.02	03340	GI	560,644	177,750	738,394	-160	738,234	76.02
76.03	03450	NUCLEAR MED	231,322	143,139	374,461	0	374,461	76.03
76.04	03550	PSYCH	1,629,765	193,357	1,823,122	0	1,823,122	76.04
76.05	03630	ULTRASOUND	436,900	95,703	532,603	0	532,603	76.05
76.06	03650	VASCULAR LAB	524,097	195,574	719,671	0	719,671	76.06
76.07	03951	MEDICAL OUTPATIENT	382,787	23,272	406,059	0	406,059	76.07
76.97	07697	CARDIAC REHABILITATION	171,335	4,143	175,478	0	175,478	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	319,900	319,900	0	319,900	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	33,638,299	5,121,532	38,759,831	0	38,759,831	90.00
91.00	09100	EMERGENCY	3,598,236	1,318,431	4,916,667	-1,038	4,915,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,339,261	771,670	2,110,931	0	2,110,931	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		3,819,503	3,819,503	-3,819,503	0	113.00
116.00	11600	HOSPICE	1,940,626	2,141,750	4,082,376	-93,599	3,988,777	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,606,525	144,947,091	235,553,616	21,899	235,575,515	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,246	7,852	22,098	0	22,098	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0100

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

Worksheet A

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.00	07950	PATHOLOGY	33,992	1,591	35,583	0	35,583	194.00
194.01	07951	PHYSIATRY CLINIC	302,949	2,342	305,291	0	305,291	194.01
194.02	07952	JANESVILLE MED CENTER	130,843	67,524	198,367	-18,105	180,262	194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	1,170,419	212,243	1,382,662	0	1,382,662	194.03
194.04	07954	ASSISTED LIVING CENTERS	1,538,170	816,038	2,354,208	-3,794	2,350,414	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	162,061	1,531,367	1,693,428	0	1,693,428	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	93,959,205	147,586,048	241,545,253	0	241,545,253	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0100

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

Worksheet A

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,072,643	11,220,818	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,955,762	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-12,081,946	23,435,618	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,648,914	28,099,181	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-583,275	6,366,044	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-23,636	720,213	8.00
9.00	00900	HOUSEKEEPING	-280,593	1,485,447	9.00
10.00	01000	DIETARY	0	1,276,007	10.00
11.00	01100	CAFETERIA	-351,202	147,140	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-350,846	861,888	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,121,372	14.00
15.00	01500	PHARMACY	-118	2,204,982	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-559,274	1,932,351	16.00
17.00	01700	SOCIAL SERVICE	-1,671	859,206	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,962	7,161,907	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,272,819	31.00
43.00	04300	NURSERY	0	168,825	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,289,449	50.00
51.00	05100	RECOVERY ROOM	0	343,834	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	417,096	52.00
53.00	05300	ANESTHESIOLOGY	-86,105	428,723	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-322,382	1,652,706	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,183,828	55.00
57.00	05700	CT SCAN	0	1,137,847	57.00
58.00	05800	MRI	0	688,647	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,392,647	59.00
60.00	06000	LABORATORY	-11,082	8,840,111	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,317,819	65.00
66.00	06600	PHYSICAL THERAPY	-1,181,688	1,005,109	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	242,515	67.00
68.00	06800	SPEECH PATHOLOGY	0	139,499	68.00
69.00	06900	ELECTROCARDIOLOGY	-14,128	275,696	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-830,223	11,246,876	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-6,692,902	15,010,797	73.00
74.00	07400	RENAL DIALYSIS	0	4,312,186	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,175,691	75.00
76.00	03950	OTHER	0	0	76.00
76.01	03280	SLEEP/EEG	0	225,573	76.01
76.02	03340	GI	0	738,234	76.02
76.03	03450	NUCLEAR MED	0	374,461	76.03
76.04	03550	PSYCH	-71,226	1,751,896	76.04
76.05	03630	ULTRASOUND	-73,685	458,918	76.05
76.06	03650	VASCULAR LAB	0	719,671	76.06
76.07	03951	MEDICAL OUTPATIENT	0	406,059	76.07
76.97	07697	CARDIAC REHABILITATION	-27	175,451	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	319,900	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-38,759,831	0	90.00
91.00	09100	EMERGENCY	0	4,915,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-1,326	2,109,605	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-183,162	3,805,615	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-70,183,847	165,391,668	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,098	190.00
194.00	07950	PATHOLOGY	0	35,583	194.00
194.01	07951	PHYSIATRY CLINIC	0	305,291	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0100

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

Worksheet A

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.02	07952	JANESVILLE MED CENTER	0	180,262	194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	0	1,382,662	194.03
194.04	07954	ASSISTED LIVING CENTERS	0	2,350,414	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	0	1,693,428	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-70,183,847	171,361,406	200.00

RECLASSIFICATIONS

Provider CCN: 52-0100

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 1:48 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - RECLASS INTEREST EXPENSE TO CAPITAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,192,736	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	626,767	2.00
	TOTALS		0	3,819,503	
B - RENTS & LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	589,669	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	605,299	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	TOTALS		0	1,194,968	
500.00	Grand Total: Increases		0	5,014,471	500.00

RECLASSIFICATIONS

Provider CCN: 52-0100

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 1:48 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS INTEREST EXPENSE TO CAPITAL						
1.00	INTEREST EXPENSE	113.00	0	3,192,736	11		1.00
2.00	INTEREST EXPENSE	113.00	0	626,767	11		2.00
	TOTALS		0	3,819,503			
	B - RENTS & LEASES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	657,002	10		1.00
2.00	OPERATION OF PLANT	7.00	0	25,667	10		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	248,824	10		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	20,529	10		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	1,312	10		5.00
6.00	OPERATING ROOM	50.00	0	49,505	10		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,750	10		7.00
8.00	MRI	58.00	0	45,573	10		8.00
9.00	RESPIRATORY THERAPY	65.00	0	4,054	10		9.00
10.00	PHYSICAL THERAPY	66.00	0	21,474	10		10.00
11.00	SLEEP/EEG	76.01	0	2,582	10		11.00
12.00	GI	76.02	0	160	10		12.00
13.00	EMERGENCY	91.00	0	1,038	10		13.00
14.00	HOSPICE	116.00	0	93,599	10		14.00
15.00	JANESVILLE MED CENTER	194.02	0	18,105	10		15.00
16.00	ASSISTED LIVING CENTERS	194.04	0	3,794	10		16.00
	TOTALS		0	1,194,968			
500.00	Grand Total: Decreases		0	5,014,471			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,100,877	0	0	0	0	1.00	
2.00	Land Improvements	7,358,441	95,650	0	95,650	0	2.00	
3.00	Buildings and Fixtures	146,406,111	6,689,507	0	6,689,507	651,546	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	41,962,322	2,363,802	0	2,363,802	647,264	5.00	
6.00	Movable Equipment	63,137,846	1,342,680	0	1,342,680	370,878	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	266,965,597	10,491,639	0	10,491,639	1,669,688	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	266,965,597	10,491,639	0	10,491,639	1,669,688	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,100,877	0					1.00
2.00	Land Improvements	7,454,091	2,895,812					2.00
3.00	Buildings and Fixtures	152,444,072	23,748,636					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	43,678,860	12,304,091					5.00
6.00	Movable Equipment	64,109,648	40,425,980					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	275,787,548	79,374,519					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	275,787,548	79,374,519					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	8,511,056	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,723,696	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	12,234,752	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	8,511,056				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,723,696				2.00
3.00	Total (sum of lines 1-2)	0	12,234,752				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	211,677,900	0	211,677,900	0.767540	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	64,109,648	0	64,109,648	0.232460	0	2.00
3.00	Total (sum of lines 1-2)	275,787,548	0	275,787,548	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,438,413	589,669	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,723,696	605,299	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,162,109	1,194,968	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	3,192,736	0	0	0	11,220,818	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	626,767	0	0	0	4,955,762	2.00
3.00	Total (sum of lines 1-2)	3,819,503	0	0	0	16,176,580	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0100

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)	A		0OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-21,268,184			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		0		0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests			0	0.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	CRNA OFFSET	A	-34,296	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0100

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 1:48 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #
			1.00	2.00	3.00	4.00
						5.00
34.00	CRNA OFFSET	A		-86,105	ANESTHESIOLOGY	53.00
37.00	ADVERTISING OFFSET	A		-510,998	ADMINISTRATIVE & GENERAL	5.00
38.00	ADVERTISING OFFSET	A		-6,773	OPERATION OF PLANT	7.00
39.00	ADVERTISING OFFSET	A		-400	NURSING ADMINISTRATION	13.00
40.00	ADVERTISING OFFSET	A		-118	PHARMACY	15.00
41.00	ADVERTISING OFFSET	A		-1,962	ADULTS & PEDIATRICS	30.00
42.00	ADVERTISING OFFSET	A		-1,650	PHYSICAL THERAPY	66.00
43.00	ADVERTISING OFFSET	A		-250	PSYCH	76.04
44.00	ADVERTISING OFFSET	A		-1,301	HOME HEALTH AGENCY	101.00
45.00	ADVERTISING OFFSET	A		-19,831	HOSPICE	116.00
49.01	MISC REV OFFSET	B		-885,807	ADMINISTRATIVE & GENERAL	5.00
49.02	MISC REV OFFSET	B		-387	OPERATION OF PLANT	7.00
49.03	MISC REV OFFSET	B		-351,202	CAFETERIA	11.00
49.04	MISC REV OFFSET	B		-398	MEDICAL RECORDS & LIBRARY	16.00
49.05	MISC REV OFFSET	B		-1,671	SOCIAL SERVICE	17.00
49.06	MISC REV OFFSET	B		-228	PHYSICAL THERAPY	66.00
49.07	MISC REV OFFSET	B		-70,976	PSYCH	76.04
49.08	MISC REV OFFSET	B		-27	CARDIAC REHABILITATION	76.97
49.09	MISC REV OFFSET	B		-25	HOME HEALTH AGENCY	101.00
49.10	MISC REV OFFSET	B		-163,331	HOSPICE	116.00
49.12	REMOVE EST OF CLINIC COSTS	A		-1,072,643	CAP REL COSTS-BLDG & FIXT	1.00
49.13	REMOVE EST OF CLINIC COSTS	A		-12,047,650	EMPLOYEE BENEFITS DEPARTMENT	4.00
49.14	REMOVE EST OF CLINIC COSTS	A		-5,252,109	ADMINISTRATIVE & GENERAL	5.00
49.15	REMOVE EST OF CLINIC COSTS	A		-576,115	OPERATION OF PLANT	7.00
49.16	REMOVE EST OF CLINIC COSTS	A		-23,636	LAUNDRY & LINEN SERVICE	8.00
49.17	REMOVE EST OF CLINIC COSTS	A		-280,593	HOUSEKEEPING	9.00
49.18	REMOVE EST OF CLINIC COSTS	A		-350,446	NURSING ADMINISTRATION	13.00
49.19	REMOVE EST OF CLINIC COSTS	A		-558,876	MEDICAL RECORDS & LIBRARY	16.00
49.20	REMOVE EST OF CLINIC COSTS	A		-322,382	RADIOLOGY-DIAGNOSTIC	54.00
49.21	REMOVE EST OF CLINIC COSTS	A		-11,082	LABORATORY	60.00
49.22	REMOVE EST OF CLINIC COSTS	A		-1,179,810	PHYSICAL THERAPY	66.00
49.24	REMOVE EST OF CLINIC COSTS	A		-14,128	ELECTROCARDIOLOGY	69.00
49.25	REMOVE EST OF CLINIC COSTS	A		-830,223	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
49.26	REMOVE EST OF CLINIC COSTS	A		-6,692,902	DRUGS CHARGED TO PATIENTS	73.00
49.27	REMOVE EST OF CLINIC COSTS	A		-73,685	ULTRASOUND	76.05
49.28	REMOVE EST OF CLINIC COSTS	A		-17,491,647	CLINIC	90.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			-70,183,847		

(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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-0100

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

Worksheet A-8-2

Date/Time Prepared:
7/27/2021 1:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	AGGREGATE-CLINIC	3,374,857	3,290,817	84,040	179,000	599	1.00
2.00	90.00	AGGREGATE-CLINIC	1,208,843	1,199,243	9,600	197,500	78	2.00
3.00	90.00	AGGREGATE-CLINIC	3,009,579	2,976,579	33,000	246,400	192	3.00
4.00	90.00	AGGREGATE-CLINIC	931,810	931,810	0	169,700	0	4.00
5.00	90.00	AGGREGATE-CLINIC	1,867,816	1,855,816	12,000	237,100	88	5.00
6.00	90.00	AGGREGATE-CLINIC	11,047,292	10,907,607	139,685	211,500	727	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			21,440,197	21,161,872	278,325		1,684	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	90.00	AGGREGATE-CLINIC	51,549	2,577	17,505	436	22,370	1.00
2.00	90.00	AGGREGATE-CLINIC	7,406	370	10,540	84	12,989	2.00
3.00	90.00	AGGREGATE-CLINIC	22,745	1,137	11,767	129	69,488	3.00
4.00	90.00	AGGREGATE-CLINIC	0	0	8,348	0	10,173	4.00
5.00	90.00	AGGREGATE-CLINIC	10,031	502	9,594	62	38,748	5.00
6.00	90.00	AGGREGATE-CLINIC	73,923	3,696	81,725	1,033	232,847	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			165,654	8,282	139,479	1,744	386,615	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	90.00	AGGREGATE-CLINIC	557	52,542	31,498	3,322,315		1.00
2.00	90.00	AGGREGATE-CLINIC	103	7,593	2,007	1,201,250		2.00
3.00	90.00	AGGREGATE-CLINIC	762	23,636	9,364	2,985,943		3.00
4.00	90.00	AGGREGATE-CLINIC	0	0	0	931,810		4.00
5.00	90.00	AGGREGATE-CLINIC	249	10,342	1,658	1,857,474		5.00
6.00	90.00	AGGREGATE-CLINIC	2,944	77,900	61,785	10,969,392		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			4,615	172,013	106,312	21,268,184		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	11,220,818	11,220,818			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,955,762		4,955,762		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,435,618	0	0	23,435,618	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,099,181	2,983,042	730,296	3,730,242	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,366,044	598,441	74,105	633,481	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	720,213	28,491	0	19,254	8.00
9.00	00900	HOUSEKEEPING	1,485,447	8,342	1,588	484,505	9.00
10.00	01000	DIETARY	1,276,007	85,473	6,890	345,520	10.00
11.00	01100	CAFETERIA	147,140	79,276	1,572	30,415	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	861,888	33,148	185,408	435,329	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,121,372	146,544	361,559	230,958	14.00
15.00	01500	PHARMACY	2,204,982	48,622	98,971	651,997	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,932,351	186,971	128	800,224	16.00
17.00	01700	SOCIAL SERVICE	859,206	9,075	0	314,224	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,161,907	771,570	146,382	2,665,005	30.00
31.00	03100	INTENSIVE CARE UNIT	3,272,819	65,911	153,971	1,152,939	31.00
43.00	04300	NURSERY	168,825	0	0	65,591	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,289,449	214,563	328,242	675,077	50.00
51.00	05100	RECOVERY ROOM	343,834	23,431	0	126,693	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	417,096	0	0	162,048	52.00
53.00	05300	ANESTHESIOLOGY	428,723	8,892	6,828	33,453	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,652,706	253,321	291,562	542,524	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,183,828	124,415	114,377	151,385	55.00
57.00	05700	CT SCAN	1,137,847	24,348	76,001	300,282	57.00
58.00	05800	MRI	688,647	17,381	109,058	139,761	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,392,647	73,758	744,547	651,423	59.00
60.00	06000	LABORATORY	8,840,111	273,507	156,729	1,148,076	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,317,819	45,652	93,298	342,021	65.00
66.00	06600	PHYSICAL THERAPY	1,005,109	289,440	20,112	820,417	66.00
67.00	06700	OCCUPATIONAL THERAPY	242,515	14,594	0	94,127	67.00
68.00	06800	SPEECH PATHOLOGY	139,499	8,342	0	53,351	68.00
69.00	06900	ELECTROCARDIOLOGY	275,696	8,984	6,420	99,417	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,246,876	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,010,797	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,312,186	129,383	19,275	656,484	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,175,691	711,617	564,797	299,076	75.00
76.00	03950	OTHER	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	225,573	12,394	16,428	75,959	76.01
76.02	03340	GI	738,234	56,597	144,664	217,819	76.02
76.03	03450	NUCLEAR MED	374,461	14,319	117,018	89,872	76.03
76.04	03550	PSYCH	1,751,896	115,284	1,754	633,190	76.04
76.05	03630	ULTRASOUND	458,918	28,546	17,939	169,743	76.05
76.06	03650	VASCULAR LAB	719,671	36,595	6,563	203,620	76.06
76.07	03951	MEDICAL OUTPATIENT	406,059	18,334	601	148,719	76.07
76.97	07697	CARDIAC REHABILITATION	175,451	30,856	3,173	66,566	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	319,900	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,915,629	482,460	263,964	1,397,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,109,605	27,501	9,833	520,324	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	3,805,615	45,835	14,327	753,964	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	165,391,668	8,135,255	4,888,380	22,133,047	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,098	21,487	741	5,535	49,861	190.00
194.00 07950 PATHOLOGY	35,583	9,515	2,714	13,206	61,018	194.00
194.01 07951 PHYSIATRY CLINIC	305,291	12,357	0	117,701	435,349	194.01
194.02 07952 JANESVILLE MED CENTER	180,262	92,165	475	50,835	323,737	194.02
194.03 07953 OCCUPATIONAL HEALTH AND WELLNESS	1,382,662	160,001	20,761	454,727	2,018,151	194.03
194.04 07954 ASSISTED LIVING CENTERS	2,350,414	1,745,089	23,744	597,604	4,716,851	194.04
194.05 07955 NORTHPOINTE FITNESS & SPA CENTER	1,693,428	1,044,949	18,947	62,963	2,820,287	194.05
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)	171,361,406	11,220,818	4,955,762	23,435,618	171,361,406	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	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
5.00	00500	ADMINISTRATIVE & GENERAL	35,542,761					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,007,727	0	9,679,798			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	200,969	0	36,101	1,005,028		8.00
9.00	00900	HOUSEKEEPING	518,121	0	10,570	0	2,508,573	9.00
10.00	01000	DIETARY	448,513	0	108,303	0	28,203	10.00
11.00	01100	CAFETERIA	67,622	0	100,451	0	26,159	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	396,667	0	42,002	0	10,938	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	486,862	0	185,686	0	48,355	14.00
15.00	01500	PHARMACY	786,275	0	61,609	0	16,044	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	764,058	0	236,910	0	61,694	16.00
17.00	01700	SOCIAL SERVICE	309,453	0	11,499	0	2,995	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,811,856	0	977,656	446,239	254,592	30.00
31.00	03100	INTENSIVE CARE UNIT	1,215,731	0	83,516	56,274	21,748	31.00
43.00	04300	NURSERY	61,345	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	917,844	0	271,873	146,709	70,799	50.00
51.00	05100	RECOVERY ROOM	129,265	0	29,689	0	7,731	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	151,558	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	125,062	0	11,267	0	2,934	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	717,068	0	320,983	83,423	83,588	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	411,906	0	157,646	0	41,053	55.00
57.00	05700	CT SCAN	402,609	0	30,851	0	8,034	57.00
58.00	05800	MRI	249,877	0	22,023	0	5,735	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,010,757	0	93,459	0	24,338	59.00
60.00	06000	LABORATORY	2,726,428	0	346,561	0	90,248	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	470,731	0	57,845	0	15,064	65.00
66.00	06600	PHYSICAL THERAPY	558,735	0	366,749	23,193	95,505	66.00
67.00	06700	OCCUPATIONAL THERAPY	91,916	0	18,492	0	4,815	67.00
68.00	06800	SPEECH PATHOLOGY	52,651	0	10,570	0	2,753	68.00
69.00	06900	ELECTROCARDIOLOGY	102,196	0	11,383	0	2,964	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,943,229	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,928,194	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,339,169	0	163,942	37,217	42,692	74.00
75.00	07500	ASC (NON-DISTINCT PART)	719,965	0	901,690	31,104	234,810	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	86,451	0	15,704	0	4,090	76.01
76.02	03340	GI	302,861	0	71,714	0	18,675	76.02
76.03	03450	NUCLEAR MED	155,883	0	18,143	0	4,725	76.03
76.04	03550	PSYCH	654,788	0	146,077	0	38,040	76.04
76.05	03630	ULTRASOUND	176,681	0	36,171	0	9,419	76.05
76.06	03650	VASCULAR LAB	252,913	0	46,369	12,046	12,075	76.06
76.07	03951	MEDICAL OUTPATIENT	150,137	0	23,231	0	6,050	76.07
76.97	07697	CARDIAC REHABILITATION	72,239	0	39,098	0	10,182	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	83,716	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,847,559	0	611,325	168,823	159,196	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	698,004	0	34,847	0	9,074	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,208,954	0	58,078	0	15,124	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,814,545	0	5,770,083	1,005,028	1,490,441	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,048	0	27,227	0	7,090	190.00
194.00	07950	PATHOLOGY	15,968	0	12,057	0	3,140	194.00
194.01	07951	PHYSIATRY CLINIC	113,928	0	15,658	0	4,077	194.01
194.02	07952	JANESVILLE MED CENTER	84,720	0	116,782	0	30,411	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	528,136	0	202,737	0	52,795	194.03
194.04	07954	ASSISTED LIVING CENTERS	1,234,367	0	2,211,200	0	575,821	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	738,049	0	1,324,054	0	344,798	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,542,761	0	9,679,798	1,005,028	2,508,573	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	2,298,909					10.00
11.00	01100	CAFETERIA	0	452,635				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	12,530	0	1,977,910		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,180	0	0	2,591,516	14.00
15.00	01500	PHARMACY	0	14,879	0	0	14,445	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	34,457	0	0	2	16.00
17.00	01700	SOCIAL SERVICE	0	8,614	0	0	10	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,975,032	84,577	0	729,057	96,175	30.00
31.00	03100	INTENSIVE CARE UNIT	323,877	29,758	0	256,521	50,354	31.00
43.00	04300	NURSERY	0	1,566	0	13,501	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,011	0	155,263	1,283,640	50.00
51.00	05100	RECOVERY ROOM	0	3,132	0	27,002	10,243	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,916	0	33,753	0	52.00
53.00	05300	ANESTHESIOLOGY	0	783	0	6,751	24,888	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,011	0	0	5,081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,132	0	0	1,677	55.00
57.00	05700	CT SCAN	0	7,831	0	0	8,823	57.00
58.00	05800	MRI	0	3,132	0	0	776	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,879	0	0	307,835	59.00
60.00	06000	LABORATORY	0	40,721	0	0	13,483	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	9,397	0	0	33,011	65.00
66.00	06600	PHYSICAL THERAPY	0	19,578	0	0	34,823	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,349	0	0	167	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,566	0	0	2,703	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,916	0	0	3,788	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	78,094	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	21,144	0	182,265	197,637	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	8,614	0	74,256	171,374	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	0	2,349	0	20,252	48	76.01
76.02	03340	GI	0	7,048	0	60,755	112,446	76.02
76.03	03450	NUCLEAR MED	0	2,349	0	0	94	76.03
76.04	03550	PSYCH	0	11,747	0	0	0	76.04
76.05	03630	ULTRASOUND	0	3,916	0	0	7,580	76.05
76.06	03650	VASCULAR LAB	0	4,699	0	40,503	895	76.06
76.07	03951	MEDICAL OUTPATIENT	0	3,916	0	33,753	17,166	76.07
76.97	07697	CARDIAC REHABILITATION	0	1,566	0	13,501	206	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	2	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	38,372	0	330,777	105,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	6,820	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	928	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,298,909	452,635	0	1,977,910	2,590,477	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	PATHOLOGY	0	0	0	0	23	194.00
194.01	07951	PHYSIATRY CLINIC	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.02	07952	JANESVILLE MED CENTER	0	0	0	0	68 194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	0	0	0	0	318 194.03
194.04	07954	ASSISTED LIVING CENTERS	0	0	0	0	629 194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	0	0	0	0	1 194.05
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)	2,298,909	452,635	0	1,977,910	2,591,516 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	3,897,824					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,016,795				16.00
17.00	01700	SOCIAL SERVICE	91	0	1,515,167			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,721	144,578	1,515,167	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,153	102,855	0	0	0	31.00
43.00	04300	NURSERY	0	9,341	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,722	173,509	0	0	0	50.00
51.00	05100	RECOVERY ROOM	386	26,626	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,897	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	17,923	30,923	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	493	90,584	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34	127,861	0	0	0	55.00
57.00	05700	CT SCAN	623	332,717	0	0	0	57.00
58.00	05800	MRI	50	98,889	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,528	133,443	0	0	0	59.00
60.00	06000	LABORATORY	316	595,223	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	27,258	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	266	67,194	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,860	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6	4,244	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	86,555	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	624,089	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,545,285	565,490	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	129,545	113,882	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	10,211	28,412	0	0	0	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	0	7,661	0	0	0	76.01
76.02	03340	GI	8,563	122,915	0	0	0	76.02
76.03	03450	NUCLEAR MED	108,688	50,591	0	0	0	76.03
76.04	03550	PSYCH	0	11,546	0	0	0	76.04
76.05	03630	ULTRASOUND	587	53,174	0	0	0	76.05
76.06	03650	VASCULAR LAB	25	34,633	0	0	0	76.06
76.07	03951	MEDICAL OUTPATIENT	49	4,377	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	3,109	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	21,470	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,263	255,314	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,468	8,764	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	675	23,811	0		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,890,671	4,016,795	1,515,167	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	PATHOLOGY	25	0	0	0	0	194.00
194.01	07951	PHYSIATRY CLINIC	0	0	0	0	0	194.01

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.02	07952	JANESVILLE MED CENTER	397	0	0	0	0 194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	6,642	0	0	0	0 194.03
194.04	07954	ASSISTED LIVING CENTERS	83	0	0	0	0 194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	6	0	0	0	0 194.05
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)	3,897,824	4,016,795	1,515,167	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	19,785,514	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	6,792,427	0	31.00
43.00	04300	NURSERY	0	0	0	320,169	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	6,578,701	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	728,032	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	792,268	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	698,427	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,059,344	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,317,314	0	55.00
57.00	05700	CT SCAN	0	0	0	2,329,966	0	57.00
58.00	05800	MRI	0	0	0	1,335,329	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,463,614	0	59.00
60.00	06000	LABORATORY	0	0	0	14,231,403	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,412,096	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,301,121	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	480,835	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	275,685	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	601,319	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,892,288	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,049,766	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,344,821	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	4,931,617	0	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	0	0	0	466,909	0	76.01
76.02	03340	GI	0	0	0	1,862,291	0	76.02
76.03	03450	NUCLEAR MED	0	0	0	936,143	0	76.03
76.04	03550	PSYCH	0	0	0	3,364,322	0	76.04
76.05	03630	ULTRASOUND	0	0	0	962,674	0	76.05
76.06	03650	VASCULAR LAB	0	0	0	1,370,607	0	76.06
76.07	03951	MEDICAL OUTPATIENT	0	0	0	812,392	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	415,947	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	425,088	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	10,579,917	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,426,240	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			0	5,927,311	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	153,271,897	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	97,226	0	190.00
194.00	07950	PATHOLOGY	0	0	0	92,231	0	194.00
194.01	07951	PHYSIATRY CLINIC	0	0	0	569,012	0	194.01
194.02	07952	JANESVILLE MED CENTER	0	0	0	556,115	0	194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	0	0	0	2,808,779	0	194.03
194.04	07954	ASSISTED LIVING CENTERS	0	0	0	8,738,951	0	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	0	0	0	5,227,195	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	171,361,406	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:
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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	19,785,514	30.00
31.00	03100	INTENSIVE CARE UNIT	6,792,427	31.00
43.00	04300	NURSERY	320,169	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	6,578,701	50.00
51.00	05100	RECOVERY ROOM	728,032	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	792,268	52.00
53.00	05300	ANESTHESIOLOGY	698,427	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,059,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,317,314	55.00
57.00	05700	CT SCAN	2,329,966	57.00
58.00	05800	MRI	1,335,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,463,614	59.00
60.00	06000	LABORATORY	14,231,403	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,412,096	65.00
66.00	06600	PHYSICAL THERAPY	3,301,121	66.00
67.00	06700	OCCUPATIONAL THERAPY	480,835	67.00
68.00	06800	SPEECH PATHOLOGY	275,685	68.00
69.00	06900	ELECTROCARDIOLOGY	601,319	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,892,288	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,049,766	73.00
74.00	07400	RENAL DIALYSIS	7,344,821	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,931,617	75.00
76.00	03950	OTHER	0	76.00
76.01	03280	SLEEP/EEG	466,909	76.01
76.02	03340	GI	1,862,291	76.02
76.03	03450	NUCLEAR MED	936,143	76.03
76.04	03550	PSYCH	3,364,322	76.04
76.05	03630	ULTRASOUND	962,674	76.05
76.06	03650	VASCULAR LAB	1,370,607	76.06
76.07	03951	MEDICAL OUTPATIENT	812,392	76.07
76.97	07697	CARDIAC REHABILITATION	415,947	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	425,088	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	10,579,917	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	93.99
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	3,426,240	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	5,927,311	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	153,271,897	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	97,226	190.00
194.00	07950	PATHOLOGY	92,231	194.00
194.01	07951	PHYSIATRY CLINIC	569,012	194.01
194.02	07952	JANESVILLE MED CENTER	556,115	194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	2,808,779	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
194.04	07954	ASSISTED LIVING CENTERS	8,738,951	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	5,227,195	194.05
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	171,361,406	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	2,983,042	730,296	3,713,338	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	598,441	74,105	672,546	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	28,491	0	28,491	8.00
9.00	00900	HOUSEKEEPING	0	8,342	1,588	9,930	9.00
10.00	01000	DIETARY	0	85,473	6,890	92,363	10.00
11.00	01100	CAFETERIA	0	79,276	1,572	80,848	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	33,148	185,408	218,556	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	146,544	361,559	508,103	14.00
15.00	01500	PHARMACY	0	48,622	98,971	147,593	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	186,971	128	187,099	16.00
17.00	01700	SOCIAL SERVICE	0	9,075	0	9,075	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	771,570	146,382	917,952	30.00
31.00	03100	INTENSIVE CARE UNIT	0	65,911	153,971	219,882	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	214,563	328,242	542,805	50.00
51.00	05100	RECOVERY ROOM	0	23,431	0	23,431	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	8,892	6,828	15,720	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	253,321	291,562	544,883	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	124,415	114,377	238,792	55.00
57.00	05700	CT SCAN	0	24,348	76,001	100,349	57.00
58.00	05800	MRI	0	17,381	109,058	126,439	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	73,758	744,547	818,305	59.00
60.00	06000	LABORATORY	0	273,507	156,729	430,236	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	45,652	93,298	138,950	65.00
66.00	06600	PHYSICAL THERAPY	0	289,440	20,112	309,552	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,594	0	14,594	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,342	0	8,342	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,984	6,420	15,404	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	129,383	19,275	148,658	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	711,617	564,797	1,276,414	75.00
76.00	03950	OTHER	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	0	12,394	16,428	28,822	76.01
76.02	03340	GI	0	56,597	144,664	201,261	76.02
76.03	03450	NUCLEAR MED	0	14,319	117,018	131,337	76.03
76.04	03550	PSYCH	0	115,284	1,754	117,038	76.04
76.05	03630	ULTRASOUND	0	28,546	17,939	46,485	76.05
76.06	03650	VASCULAR LAB	0	36,595	6,563	43,158	76.06
76.07	03951	MEDICAL OUTPATIENT	0	18,334	601	18,935	76.07
76.97	07697	CARDIAC REHABILITATION	0	30,856	3,173	34,029	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	482,460	263,964	746,424	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	27,501	9,833	37,334	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	45,835	14,327	60,162	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,135,255	4,888,380	13,023,635	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,487	741	22,228	0 190.00
194.00	07950	PATHOLOGY	0	9,515	2,714	12,229	0 194.00
194.01	07951	PHYSIATRY CLINIC	0	12,357	0	12,357	0 194.01
194.02	07952	JANESVILLE MED CENTER	0	92,165	475	92,640	0 194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	0	160,001	20,761	180,762	0 194.03
194.04	07954	ASSISTED LIVING CENTERS	0	1,745,089	23,744	1,768,833	0 194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	0	1,044,949	18,947	1,063,896	0 194.05
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	11,220,818	4,955,762	16,176,580	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	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
5.00	00500	ADMINISTRATIVE & GENERAL	3,713,338					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	209,754	0	882,300			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	20,996	0	3,291	52,778		8.00
9.00	00900	HOUSEKEEPING	54,130	0	963	0	65,023	9.00
10.00	01000	DIETARY	46,858	0	9,872	0	731	10.00
11.00	01100	CAFETERIA	7,065	0	9,156	0	678	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	41,441	0	3,828	0	284	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50,864	0	16,925	0	1,253	14.00
15.00	01500	PHARMACY	82,145	0	5,616	0	416	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	79,824	0	21,594	0	1,599	16.00
17.00	01700	SOCIAL SERVICE	32,330	0	1,048	0	78	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	293,765	0	89,112	23,434	6,599	30.00
31.00	03100	INTENSIVE CARE UNIT	127,012	0	7,612	2,955	564	31.00
43.00	04300	NURSERY	6,409	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,890	0	24,781	7,704	1,835	50.00
51.00	05100	RECOVERY ROOM	13,505	0	2,706	0	200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,834	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	13,066	0	1,027	0	76	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,915	0	29,257	4,381	2,167	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	43,033	0	14,369	0	1,064	55.00
57.00	05700	CT SCAN	42,062	0	2,812	0	208	57.00
58.00	05800	MRI	26,106	0	2,007	0	149	58.00
59.00	05900	CARDIAC CATHETERIZATION	105,597	0	8,519	0	631	59.00
60.00	06000	LABORATORY	284,840	0	31,589	0	2,339	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	49,179	0	5,273	0	390	65.00
66.00	06600	PHYSICAL THERAPY	58,373	0	33,429	1,218	2,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,603	0	1,686	0	125	67.00
68.00	06800	SPEECH PATHOLOGY	5,501	0	963	0	71	68.00
69.00	06900	ELECTROCARDIOLOGY	10,677	0	1,038	0	77	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	307,490	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	410,449	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	139,908	0	14,943	1,954	1,107	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75,217	0	82,188	1,633	6,086	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	9,032	0	1,431	0	106	76.01
76.02	03340	GI	31,641	0	6,537	0	484	76.02
76.03	03450	NUCLEAR MED	16,286	0	1,654	0	122	76.03
76.04	03550	PSYCH	68,408	0	13,315	0	986	76.04
76.05	03630	ULTRASOUND	18,458	0	3,297	0	244	76.05
76.06	03650	VASCULAR LAB	26,423	0	4,226	633	313	76.06
76.07	03951	MEDICAL OUTPATIENT	15,685	0	2,117	0	157	76.07
76.97	07697	CARDIAC REHABILITATION	7,547	0	3,564	0	264	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	8,746	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	193,021	0	55,721	8,866	4,126	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	72,923	0	3,176	0	235	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	126,304	0	5,294	0	392	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,428,312	0	525,936	52,778	38,632	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,363	0	2,482	0	184	190.00
194.00	07950	PATHOLOGY	1,668	0	1,099	0	81	194.00
194.01	07951	PHYSIATRY CLINIC	11,902	0	1,427	0	106	194.01
194.02	07952	JANESVILLE MED CENTER	8,851	0	10,645	0	788	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	55,176	0	18,479	0	1,368	194.03
194.04	07954	ASSISTED LIVING CENTERS	128,959	0	201,546	0	14,927	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	77,107	0	120,686	0	8,937	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,713,338	0	882,300	52,778	65,023	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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7/27/2021 1:48 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	149,824					10.00
11.00	01100	CAFETERIA	0	97,747				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,706	0	266,815		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,198	0	0	579,343	14.00
15.00	01500	PHARMACY	0	3,213	0	0	3,229	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,441	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,860	0	0	2	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	128,716	18,265	0	98,347	21,500	30.00
31.00	03100	INTENSIVE CARE UNIT	21,108	6,426	0	34,604	11,257	31.00
43.00	04300	NURSERY	0	338	0	1,821	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,890	0	20,945	286,962	50.00
51.00	05100	RECOVERY ROOM	0	676	0	3,643	2,290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	846	0	4,553	0	52.00
53.00	05300	ANESTHESIOLOGY	0	169	0	911	5,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,890	0	0	1,136	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	676	0	0	375	55.00
57.00	05700	CT SCAN	0	1,691	0	0	1,972	57.00
58.00	05800	MRI	0	676	0	0	173	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,213	0	0	68,818	59.00
60.00	06000	LABORATORY	0	8,794	0	0	3,014	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,029	0	0	7,380	65.00
66.00	06600	PHYSICAL THERAPY	0	4,228	0	0	7,785	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	507	0	0	37	67.00
68.00	06800	SPEECH PATHOLOGY	0	338	0	0	604	68.00
69.00	06900	ELECTROCARDIOLOGY	0	846	0	0	847	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	17,458	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,566	0	24,587	44,183	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,860	0	10,017	38,312	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	0	507	0	2,732	11	76.01
76.02	03340	GI	0	1,522	0	8,196	25,138	76.02
76.03	03450	NUCLEAR MED	0	507	0	0	21	76.03
76.04	03550	PSYCH	0	2,537	0	0	0	76.04
76.05	03630	ULTRASOUND	0	846	0	0	1,695	76.05
76.06	03650	VASCULAR LAB	0	1,015	0	5,464	200	76.06
76.07	03951	MEDICAL OUTPATIENT	0	846	0	4,553	3,838	76.07
76.97	07697	CARDIAC REHABILITATION	0	338	0	1,821	46	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	8,287	0	44,621	23,532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,525	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	207	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	149,824	97,747	0	266,815	579,111	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	PATHOLOGY	0	0	0	0	5	194.00
194.01	07951	PHYSIATRY CLINIC	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.02	07952	JANESVILLE MED CENTER	0	0	0	0	15 194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	0	0	0	0	71 194.03
194.04	07954	ASSISTED LIVING CENTERS	0	0	0	0	141 194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	0	0	0	0	0 194.05
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)	149,824	97,747	0	266,815	579,343 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	242,212					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	297,557				16.00
17.00	01700	SOCIAL SERVICE	6	0	44,399			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	356	10,708	44,399			30.00
31.00	03100	INTENSIVE CARE UNIT	382	7,618	0			31.00
43.00	04300	NURSERY	0	692	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,095	12,851	0			50.00
51.00	05100	RECOVERY ROOM	24	1,972	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,770	0			52.00
53.00	05300	ANESTHESIOLOGY	1,114	2,290	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31	6,709	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2	9,470	0			55.00
57.00	05700	CT SCAN	39	24,644	0			57.00
58.00	05800	MRI	3	7,324	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	1,027	9,884	0			59.00
60.00	06000	LABORATORY	20	44,087	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	0	2,019	0			65.00
66.00	06600	PHYSICAL THERAPY	17	4,977	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	878	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	314	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,411	0			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	46,273	0			71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,303	41,884	0			73.00
74.00	07400	RENAL DIALYSIS	8,050	8,435	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	635	2,104	0			75.00
76.00	03950	OTHER	0	0	0			76.00
76.01	03280	SLEEP/EEG	0	567	0			76.01
76.02	03340	GI	532	9,104	0			76.02
76.03	03450	NUCLEAR MED	6,754	3,747	0			76.03
76.04	03550	PSYCH	0	855	0			76.04
76.05	03630	ULTRASOUND	36	3,938	0			76.05
76.06	03650	VASCULAR LAB	2	2,565	0			76.06
76.07	03951	MEDICAL OUTPATIENT	3	324	0			76.07
76.97	07697	CARDIAC REHABILITATION	0	230	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	1,590	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0			90.00
91.00	09100	EMERGENCY	203	18,910	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0			93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	91	649	0			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	42	1,764	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	241,767	297,557	44,399	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
194.00	07950	PATHOLOGY	2	0	0			194.00
194.01	07951	PHYSIATRY CLINIC	0	0	0			194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.02	07952	JANESVILLE MED CENTER	25	0	0		194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	413	0	0		194.03
194.04	07954	ASSISTED LIVING CENTERS	5	0	0		194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	0	0	0		194.05
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	242,212	297,557	44,399	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				1,653,153	0	30.00
31.00	03100	INTENSIVE CARE UNIT				439,420	0	31.00
43.00	04300	NURSERY				9,260	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				999,758	0	50.00
51.00	05100	RECOVERY ROOM				48,447	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				23,003	0	52.00
53.00	05300	ANESTHESIOLOGY				39,937	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				667,369	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				307,781	0	55.00
57.00	05700	CT SCAN				173,777	0	57.00
58.00	05800	MRI				162,877	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,015,994	0	59.00
60.00	06000	LABORATORY				804,919	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
65.00	06500	RESPIRATORY THERAPY				205,220	0	65.00
66.00	06600	PHYSICAL THERAPY				422,055	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				27,430	0	67.00
68.00	06800	SPEECH PATHOLOGY				16,133	0	68.00
69.00	06900	ELECTROCARDIOLOGY				35,300	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				371,221	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS				672,636	0	73.00
74.00	07400	RENAL DIALYSIS				396,391	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				1,494,466	0	75.00
76.00	03950	OTHER				0	0	76.00
76.01	03280	SLEEP/EEG				43,208	0	76.01
76.02	03340	GI				284,415	0	76.02
76.03	03450	NUCLEAR MED				160,428	0	76.03
76.04	03550	PSYCH				203,139	0	76.04
76.05	03630	ULTRASOUND				74,999	0	76.05
76.06	03650	VASCULAR LAB				83,999	0	76.06
76.07	03951	MEDICAL OUTPATIENT				46,458	0	76.07
76.97	07697	CARDIAC REHABILITATION				47,839	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				10,336	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				0	0	90.00
91.00	09100	EMERGENCY				1,103,711	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM				0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY				115,933	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				194,165	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	12,355,177	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				26,257	0	190.00
194.00	07950	PATHOLOGY				15,084	0	194.00
194.01	07951	PHYSIATRY CLINIC				25,792	0	194.01
194.02	07952	JANESVILLE MED CENTER				112,964	0	194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS				256,269	0	194.03
194.04	07954	ASSISTED LIVING CENTERS				2,114,411	0	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER				1,270,626	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	16,176,580	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	1,653,153	30.00
31.00	03100	INTENSIVE CARE UNIT	439,420	31.00
43.00	04300	NURSERY	9,260	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	999,758	50.00
51.00	05100	RECOVERY ROOM	48,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,003	52.00
53.00	05300	ANESTHESIOLOGY	39,937	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	667,369	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	307,781	55.00
57.00	05700	CT SCAN	173,777	57.00
58.00	05800	MRI	162,877	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,015,994	59.00
60.00	06000	LABORATORY	804,919	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	205,220	65.00
66.00	06600	PHYSICAL THERAPY	422,055	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,430	67.00
68.00	06800	SPEECH PATHOLOGY	16,133	68.00
69.00	06900	ELECTROCARDIOLOGY	35,300	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	371,221	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672,636	73.00
74.00	07400	RENAL DIALYSIS	396,391	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,494,466	75.00
76.00	03950	OTHER	0	76.00
76.01	03280	SLEEP/EEG	43,208	76.01
76.02	03340	GI	284,415	76.02
76.03	03450	NUCLEAR MED	160,428	76.03
76.04	03550	PSYCH	203,139	76.04
76.05	03630	ULTRASOUND	74,999	76.05
76.06	03650	VASCULAR LAB	83,999	76.06
76.07	03951	MEDICAL OUTPATIENT	46,458	76.07
76.97	07697	CARDIAC REHABILITATION	47,839	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	10,336	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	1,103,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	93.99
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	115,933	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	194,165	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,355,177	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,257	190.00
194.00	07950	PATHOLOGY	15,084	194.00
194.01	07951	PHYSIATRY CLINIC	25,792	194.01
194.02	07952	JANESVILLE MED CENTER	112,964	194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	256,269	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			Total	
			26.00	
194.04	07954	ASSISTED LIVING CENTERS	2,114,411	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	1,270,626	194.05
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	16,176,580	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	612,021					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,988,550				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	60,320,906			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	162,705	587,765	9,601,306	-35,542,761	135,818,645	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	32,641	59,642	1,630,515	0	7,672,071	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,554	0	49,557	0	767,958	8.00
9.00	00900	HOUSEKEEPING	455	1,278	1,247,065	0	1,979,882	9.00
10.00	01000	DIETARY	4,662	5,545	889,333	0	1,713,890	10.00
11.00	01100	CAFETERIA	4,324	1,265	78,286	0	258,403	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,808	149,222	1,120,493	0	1,515,773	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,993	290,994	594,461	0	1,860,433	14.00
15.00	01500	PHARMACY	2,652	79,655	1,678,173	0	3,004,572	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,198	103	2,059,693	0	2,919,674	16.00
17.00	01700	SOCIAL SERVICE	495	0	808,779	0	1,182,505	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,084	117,813	6,859,447	0	10,744,864	30.00
31.00	03100	INTENSIVE CARE UNIT	3,595	123,921	2,967,547	0	4,645,640	31.00
43.00	04300	NURSERY	0	0	168,825	0	234,416	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,703	264,179	1,737,579	0	3,507,331	50.00
51.00	05100	RECOVERY ROOM	1,278	0	326,094	0	493,958	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	417,096	0	579,144	52.00
53.00	05300	ANESTHESIOLOGY	485	5,495	86,105	0	477,896	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,817	234,658	1,396,401	0	2,740,113	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,786	92,054	389,649	0	1,574,005	55.00
57.00	05700	CT SCAN	1,328	61,168	772,896	0	1,538,478	57.00
58.00	05800	MRI	948	87,773	359,730	0	954,847	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,023	599,235	1,676,695	0	3,862,375	59.00
60.00	06000	LABORATORY	14,918	126,140	2,955,028	0	10,418,423	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,490	75,089	880,327	0	1,798,790	65.00
66.00	06600	PHYSICAL THERAPY	15,787	16,187	2,111,668	0	2,135,078	66.00
67.00	06700	OCCUPATIONAL THERAPY	796	0	242,273	0	351,236	67.00
68.00	06800	SPEECH PATHOLOGY	455	0	137,320	0	201,192	68.00
69.00	06900	ELECTROCARDIOLOGY	490	5,167	255,890	0	390,517	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,246,876	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,010,797	73.00
74.00	07400	RENAL DIALYSIS	7,057	15,513	1,689,721	0	5,117,328	74.00
75.00	07500	ASC (NON-DISTINCT PART)	38,814	454,566	769,791	0	2,751,181	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	676	13,222	195,510	0	330,354	76.01
76.02	03340	GI	3,087	116,430	560,644	0	1,157,314	76.02
76.03	03450	NUCLEAR MED	781	94,180	231,322	0	595,670	76.03
76.04	03550	PSYCH	6,288	1,412	1,629,765	0	2,502,124	76.04
76.05	03630	ULTRASOUND	1,557	14,438	436,900	0	675,146	76.05
76.06	03650	VASCULAR LAB	1,996	5,282	524,097	0	966,449	76.06
76.07	03951	MEDICAL OUTPATIENT	1,000	484	382,787	0	573,713	76.07
76.97	07697	CARDIAC REHABILITATION	1,683	2,554	171,335	0	276,046	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	319,900	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	26,315	212,446	3,598,236	0	7,060,025	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,500	7,914	1,339,261	0	2,667,263	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	2,500	11,531	1,940,626	0	4,619,741	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	443,724	3,934,320	56,968,226	-35,542,761	125,393,391	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,172	596	14,246	0	49,861	190.00
194.00	07950	PATHOLOGY	519	2,184	33,992	0	61,018	194.00
194.01	07951	PHYSIATRY CLINIC	674	0	302,949	0	435,349	194.01
194.02	07952	JANESVILLE MED CENTER	5,027	382	130,843	0	323,737	194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	8,727	16,709	1,170,419	0	2,018,151	194.03
194.04	07954	ASSISTED LIVING CENTERS	95,183	19,110	1,538,170	0	4,716,851	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	56,995	15,249	162,061	0	2,820,287	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,220,818	4,955,762	23,435,618		35,542,761	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.334041	1.242497	0.388516		0.261693	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		3,713,338	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.027340	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: 52-0100

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	416,675				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,554	559,000			8.00
9.00	00900	HOUSEKEEPING	0	455	0	414,666		9.00
10.00	01000	DIETARY	0	4,662	0	4,662	16,354	10.00
11.00	01100	CAFETERIA	0	4,324	0	4,324	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,808	0	1,808	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,993	0	7,993	0	14.00
15.00	01500	PHARMACY	0	2,652	0	2,652	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,198	0	10,198	0	16.00
17.00	01700	SOCIAL SERVICE	0	495	0	495	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	42,084	248,200	42,084	14,050	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,595	31,300	3,595	2,304	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,703	81,600	11,703	0	50.00
51.00	05100	RECOVERY ROOM	0	1,278	0	1,278	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	485	0	485	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,817	46,400	13,817	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,786	0	6,786	0	55.00
57.00	05700	CT SCAN	0	1,328	0	1,328	0	57.00
58.00	05800	MRI	0	948	0	948	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,023	0	4,023	0	59.00
60.00	06000	LABORATORY	0	14,918	0	14,918	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,490	0	2,490	0	65.00
66.00	06600	PHYSICAL THERAPY	0	15,787	12,900	15,787	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	796	0	796	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	455	0	455	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	490	0	490	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,057	20,700	7,057	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	38,814	17,300	38,814	0	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	0	676	0	676	0	76.01
76.02	03340	GI	0	3,087	0	3,087	0	76.02
76.03	03450	NUCLEAR MED	0	781	0	781	0	76.03
76.04	03550	PSYCH	0	6,288	0	6,288	0	76.04
76.05	03630	ULTRASOUND	0	1,557	0	1,557	0	76.05
76.06	03650	VASCULAR LAB	0	1,996	6,700	1,996	0	76.06
76.07	03951	MEDICAL OUTPATIENT	0	1,000	0	1,000	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	1,683	0	1,683	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	26,315	93,900	26,315	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,500	0	1,500	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,500	0	2,500	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	248,378	559,000	246,369	16,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,172	0	1,172	0	190.00
194.00	07950	PATHOLOGY	0	519	0	519	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
194.01	07951	PHYSIATRY CLINIC	0	674	0	674	0	194.01
194.02	07952	JANESVILLE MED CENTER	0	5,027	0	5,027	0	194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	0	8,727	0	8,727	0	194.03
194.04	07954	ASSISTED LIVING CENTERS	0	95,183	0	95,183	0	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	0	56,995	0	56,995	0	194.05
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	9,679,798	1,005,028	2,508,573	2,298,909	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	23.231051	1.797903	6.049623	140.571664	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	882,300	52,778	65,023	149,824	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.117478	0.094415	0.156808	9.161306	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: 52-0100

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	578					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	16	0	293			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13	0	0	10,260,441		14.00
15.00	01500	PHARMACY	19	0	0	57,192	15,409,038	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44	0	0	8	0	16.00
17.00	01700	SOCIAL SERVICE	11	0	0	39	360	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	108	0	108	380,781	22,618	30.00
31.00	03100	INTENSIVE CARE UNIT	38	0	38	199,364	24,326	31.00
43.00	04300	NURSERY	2	0	2	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23	0	23	5,082,252	133,310	50.00
51.00	05100	RECOVERY ROOM	4	0	4	40,556	1,524	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5	0	5	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1	0	1	98,537	70,852	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23	0	0	20,117	1,948	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4	0	0	6,641	133	55.00
57.00	05700	CT SCAN	10	0	0	34,932	2,463	57.00
58.00	05800	MRI	4	0	0	3,071	198	58.00
59.00	05900	CARDIAC CATHETERIZATION	19	0	0	1,218,792	65,339	59.00
60.00	06000	LABORATORY	52	0	0	53,382	1,248	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	12	0	0	130,698	0	65.00
66.00	06600	PHYSICAL THERAPY	25	0	0	137,871	1,052	66.00
67.00	06700	OCCUPATIONAL THERAPY	3	0	0	660	0	67.00
68.00	06800	SPEECH PATHOLOGY	2	0	0	10,700	24	68.00
69.00	06900	ELECTROCARDIOLOGY	5	0	0	14,998	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	309,192	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	14,015,369	73.00
74.00	07400	RENAL DIALYSIS	27	0	27	782,492	512,123	74.00
75.00	07500	ASC (NON-DISTINCT PART)	11	0	11	678,512	40,367	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	3	0	3	189	0	76.01
76.02	03340	GI	9	0	9	445,199	33,851	76.02
76.03	03450	NUCLEAR MED	3	0	0	374	429,671	76.03
76.04	03550	PSYCH	15	0	0	0	0	76.04
76.05	03630	ULTRASOUND	5	0	0	30,011	2,321	76.05
76.06	03650	VASCULAR LAB	6	0	6	3,544	100	76.06
76.07	03951	MEDICAL OUTPATIENT	5	0	5	67,966	195	76.07
76.97	07697	CARDIAC REHABILITATION	2	0	2	815	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	6	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	49	0	49	416,762	12,899	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	27,003	5,805	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	3,674	2,667	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	578	0	293	10,256,330	15,380,763	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
194.00	07950	PATHOLOGY	0	0	0	90	97	194.00
194.01	07951	PHYSIATRY CLINIC	0	0	0	0	0	194.01
194.02	07952	JANESVILLE MED CENTER	0	0	0	270	1,569	194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	0	0	0	1,260	26,258	194.03
194.04	07954	ASSISTED LIVING CENTERS	0	0	0	2,489	327	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	0	0	0	2	24	194.05
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)	452,635	0	1,977,910	2,591,516	3,897,824	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	783.105536	0.000000	6,750.546075	0.252574	0.252957	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	97,747	0	266,815	579,343	242,212	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	169.112457	0.000000	910.631399	0.056464	0.015719	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: 52-0100

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	720,364,558					16.00
17.00	01700	SOCIAL SERVICE	0	100				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,928,562	100	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,445,943	0	0	0	0	31.00
43.00	04300	NURSERY	1,675,167	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,117,130	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	4,775,033	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,285,732	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,545,800	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,245,284	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,930,592	0	0	0	0	55.00
57.00	05700	CT SCAN	59,669,549	0	0	0	0	57.00
58.00	05800	MRI	17,734,738	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,931,667	0	0	0	0	59.00
60.00	06000	LABORATORY	106,747,295	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,888,444	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,050,495	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,126,951	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	761,183	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,522,728	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	111,917,172	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,414,915	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	20,423,631	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,095,446	0	0	0	0	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	1,373,999	0	0	0	0	76.01
76.02	03340	GI	22,043,609	0	0	0	0	76.02
76.03	03450	NUCLEAR MED	9,072,933	0	0	0	0	76.03
76.04	03550	PSYCH	2,070,673	0	0	0	0	76.04
76.05	03630	ULTRASOUND	9,536,146	0	0	0	0	76.05
76.06	03650	VASCULAR LAB	6,211,003	0	0	0	0	76.06
76.07	03951	MEDICAL OUTPATIENT	784,941	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	557,487	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	3,850,425	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	45,787,944	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,571,678	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,270,263	0		0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	720,364,558	100	0	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	PATHOLOGY	0	0	0	0	0	194.00
194.01	07951	PHYSIATRY CLINIC	0	0	0	0	0	194.01
194.02	07952	JANESVILLE MED CENTER	0	0	0	0	0	194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	0	0	0	0	0	194.03
194.04	07954	ASSISTED LIVING CENTERS	0	0	0	0	0	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,016,795	1,515,167	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005576	15,151.670000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	297,557	44,399	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000413	443.990000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER		
			PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			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
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER	0	0	76.00
76.01	03280	SLEEP/EEG	0	0	76.01
76.02	03340	GI	0	0	76.02
76.03	03450	NUCLEAR MED	0	0	76.03
76.04	03550	PSYCH	0	0	76.04
76.05	03630	ULTRASOUND	0	0	76.05
76.06	03650	VASCULAR LAB	0	0	76.06
76.07	03951	MEDICAL OUTPATIENT	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet B-1
Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER		
			PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	PATHOLOGY	0	0	194.00
194.01	07951	PHYSIATRY CLINIC	0	0	194.01
194.02	07952	JANESVILLE MED CENTER	0	0	194.02
194.03	07953	OCCUPATIONAL HEALTH AND WELLNESS	0	0	194.03
194.04	07954	ASSISTED LIVING CENTERS	0	0	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	0	0	194.05
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,785,514		19,785,514	0	19,785,514	30.00
31.00	03100	INTENSIVE CARE UNIT	6,792,427		6,792,427	0	6,792,427	31.00
43.00	04300	NURSERY	320,169		320,169	0	320,169	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,578,701		6,578,701	0	6,578,701	50.00
51.00	05100	RECOVERY ROOM	728,032		728,032	0	728,032	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	792,268		792,268	0	792,268	52.00
53.00	05300	ANESTHESIOLOGY	698,427		698,427	0	698,427	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,059,344		4,059,344	0	4,059,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,317,314		2,317,314	0	2,317,314	55.00
57.00	05700	CT SCAN	2,329,966		2,329,966	0	2,329,966	57.00
58.00	05800	MRI	1,335,329		1,335,329	0	1,335,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,463,614		5,463,614	0	5,463,614	59.00
60.00	06000	LABORATORY	14,231,403		14,231,403	0	14,231,403	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,412,096	0	2,412,096	0	2,412,096	65.00
66.00	06600	PHYSICAL THERAPY	3,301,121	0	3,301,121	0	3,301,121	66.00
67.00	06700	OCCUPATIONAL THERAPY	480,835	0	480,835	0	480,835	67.00
68.00	06800	SPEECH PATHOLOGY	275,685	0	275,685	0	275,685	68.00
69.00	06900	ELECTROCARDIOLOGY	601,319		601,319	0	601,319	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,892,288		14,892,288	0	14,892,288	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,049,766		23,049,766	0	23,049,766	73.00
74.00	07400	RENAL DIALYSIS	7,344,821		7,344,821	0	7,344,821	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,931,617		4,931,617	0	4,931,617	75.00
76.00	03950	OTHER	0		0	0	0	76.00
76.01	03280	SLEEP/EEG	466,909		466,909	0	466,909	76.01
76.02	03340	GI	1,862,291		1,862,291	0	1,862,291	76.02
76.03	03450	NUCLEAR MED	936,143		936,143	0	936,143	76.03
76.04	03550	PSYCH	3,364,322		3,364,322	0	3,364,322	76.04
76.05	03630	ULTRASOUND	962,674		962,674	0	962,674	76.05
76.06	03650	VASCULAR LAB	1,370,607		1,370,607	0	1,370,607	76.06
76.07	03951	MEDICAL OUTPATIENT	812,392		812,392	0	812,392	76.07
76.97	07697	CARDIAC REHABILITATION	415,947		415,947	0	415,947	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	425,088		425,088	0	425,088	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	106,312	106,312	90.00
91.00	09100	EMERGENCY	10,579,917		10,579,917	0	10,579,917	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,590,855		1,590,855	0	1,590,855	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,426,240		3,426,240		3,426,240	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,927,311		5,927,311		5,927,311	116.00
200.00		Subtotal (see instructions)	154,862,752	0	154,862,752	106,312	154,969,064	200.00
201.00		Less Observation Beds	1,590,855		1,590,855		1,590,855	201.00
202.00		Total (see instructions)	153,271,897	0	153,271,897	106,312	153,378,209	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	24,392,227		24,392,227			30.00	
31.00	03100	INTENSIVE CARE UNIT	18,445,943		18,445,943			31.00	
43.00	04300	NURSERY	1,675,167		1,675,167			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	11,503,128	19,614,002	31,117,130	0.211417	0.000000	50.00	
51.00	05100	RECOVERY ROOM	603,959	4,171,074	4,775,033	0.152466	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,250,666	1,035,066	4,285,732	0.184862	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	1,855,924	3,689,876	5,545,800	0.125938	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,675,062	13,570,222	16,245,284	0.249878	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	282,258	22,648,334	22,930,592	0.101058	0.000000	55.00	
57.00	05700	CT SCAN	14,631,375	45,038,174	59,669,549	0.039048	0.000000	57.00	
58.00	05800	MRI	3,093,541	14,641,197	17,734,738	0.075295	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	10,674,039	13,257,628	23,931,667	0.228301	0.000000	59.00	
60.00	06000	LABORATORY	35,664,623	71,082,672	106,747,295	0.133319	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	3,704,418	1,184,026	4,888,444	0.493428	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	2,440,285	9,610,210	12,050,495	0.273941	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	928,401	1,198,550	2,126,951	0.226068	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	374,526	386,657	761,183	0.362180	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	4,441,036	11,081,692	15,522,728	0.038738	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,756,815	62,160,357	111,917,172	0.133065	0.000000	71.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	24,731,173	76,683,742	101,414,915	0.227282	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,470,766	18,952,865	20,423,631	0.359624	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	5,095,446	5,095,446	0.967848	0.000000	75.00	
76.00	03950	OTHER	0	0	0	0.000000	0.000000	76.00	
76.01	03280	SLEEP/EEG	58,680	1,315,319	1,373,999	0.339818	0.000000	76.01	
76.02	03340	GI	2,138,154	19,905,455	22,043,609	0.084482	0.000000	76.02	
76.03	03450	NUCLEAR MED	1,249,552	7,823,381	9,072,933	0.103180	0.000000	76.03	
76.04	03550	PSYCH	0	2,070,673	2,070,673	1.624748	0.000000	76.04	
76.05	03630	ULTRASOUND	1,049,393	8,486,753	9,536,146	0.100950	0.000000	76.05	
76.06	03650	VASCULAR LAB	2,199,135	4,011,868	6,211,003	0.220674	0.000000	76.06	
76.07	03951	MEDICAL OUTPATIENT	0	784,941	784,941	1.034972	0.000000	76.07	
76.97	07697	CARDIAC REHABILITATION	0	557,487	557,487	0.746111	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	58,527	3,791,898	3,850,425	0.110400	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
91.00	09100	EMERGENCY	9,391,044	36,396,900	45,787,944	0.231063	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,536,335	1,536,335	1.035487	0.000000	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	1,571,678	1,571,678			101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0	0	0			113.00	
116.00	11600	HOSPICE	0	4,270,263	4,270,263			116.00	
200.00		Subtotal (see instructions)	232,739,817	487,624,741	720,364,558			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	232,739,817	487,624,741	720,364,558			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/27/2021 1:48 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.211417		50.00
51.00	05100	RECOVERY ROOM	0.152466		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.184862		52.00
53.00	05300	ANESTHESIOLOGY	0.125938		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249878		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101058		55.00
57.00	05700	CT SCAN	0.039048		57.00
58.00	05800	MRI	0.075295		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228301		59.00
60.00	06000	LABORATORY	0.133319		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.493428		65.00
66.00	06600	PHYSICAL THERAPY	0.273941		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226068		67.00
68.00	06800	SPEECH PATHOLOGY	0.362180		68.00
69.00	06900	ELECTROCARDIOLOGY	0.038738		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.133065		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227282		73.00
74.00	07400	RENAL DIALYSIS	0.359624		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.967848		75.00
76.00	03950	OTHER	0.000000		76.00
76.01	03280	SLEEP/EEG	0.339818		76.01
76.02	03340	GI	0.084482		76.02
76.03	03450	NUCLEAR MED	0.103180		76.03
76.04	03550	PSYCH	1.624748		76.04
76.05	03630	ULTRASOUND	0.100950		76.05
76.06	03650	VASCULAR LAB	0.220674		76.06
76.07	03951	MEDICAL OUTPATIENT	1.034972		76.07
76.97	07697	CARDIAC REHABILITATION	0.746111		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.110400		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.231063		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.035487		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000		93.99
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
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: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,785,514		19,785,514	0	19,785,514	30.00
31.00	03100	INTENSIVE CARE UNIT	6,792,427		6,792,427	0	6,792,427	31.00
43.00	04300	NURSERY	320,169		320,169	0	320,169	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,578,701		6,578,701	0	6,578,701	50.00
51.00	05100	RECOVERY ROOM	728,032		728,032	0	728,032	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	792,268		792,268	0	792,268	52.00
53.00	05300	ANESTHESIOLOGY	698,427		698,427	0	698,427	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,059,344		4,059,344	0	4,059,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,317,314		2,317,314	0	2,317,314	55.00
57.00	05700	CT SCAN	2,329,966		2,329,966	0	2,329,966	57.00
58.00	05800	MRI	1,335,329		1,335,329	0	1,335,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,463,614		5,463,614	0	5,463,614	59.00
60.00	06000	LABORATORY	14,231,403		14,231,403	0	14,231,403	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,412,096	0	2,412,096	0	2,412,096	65.00
66.00	06600	PHYSICAL THERAPY	3,301,121	0	3,301,121	0	3,301,121	66.00
67.00	06700	OCCUPATIONAL THERAPY	480,835	0	480,835	0	480,835	67.00
68.00	06800	SPEECH PATHOLOGY	275,685	0	275,685	0	275,685	68.00
69.00	06900	ELECTROCARDIOLOGY	601,319		601,319	0	601,319	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,892,288		14,892,288	0	14,892,288	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,049,766		23,049,766	0	23,049,766	73.00
74.00	07400	RENAL DIALYSIS	7,344,821		7,344,821	0	7,344,821	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,931,617		4,931,617	0	4,931,617	75.00
76.00	03950	OTHER	0		0	0	0	76.00
76.01	03280	SLEEP/EEG	466,909		466,909	0	466,909	76.01
76.02	03340	GI	1,862,291		1,862,291	0	1,862,291	76.02
76.03	03450	NUCLEAR MED	936,143		936,143	0	936,143	76.03
76.04	03550	PSYCH	3,364,322		3,364,322	0	3,364,322	76.04
76.05	03630	ULTRASOUND	962,674		962,674	0	962,674	76.05
76.06	03650	VASCULAR LAB	1,370,607		1,370,607	0	1,370,607	76.06
76.07	03951	MEDICAL OUTPATIENT	812,392		812,392	0	812,392	76.07
76.97	07697	CARDIAC REHABILITATION	415,947		415,947	0	415,947	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	425,088		425,088	0	425,088	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	106,312	106,312	90.00
91.00	09100	EMERGENCY	10,579,917		10,579,917	0	10,579,917	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,590,855		1,590,855	0	1,590,855	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,426,240		3,426,240		3,426,240	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,927,311		5,927,311		5,927,311	116.00
200.00		Subtotal (see instructions)	154,862,752	0	154,862,752	106,312	154,969,064	200.00
201.00		Less Observation Beds	1,590,855		1,590,855		1,590,855	201.00
202.00		Total (see instructions)	153,271,897	0	153,271,897	106,312	153,378,209	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,392,227		24,392,227			30.00	
31.00	03100	INTENSIVE CARE UNIT	18,445,943		18,445,943			31.00	
43.00	04300	NURSERY	1,675,167		1,675,167			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,503,128	19,614,002	31,117,130	0.211417	0.000000	50.00	
51.00	05100	RECOVERY ROOM	603,959	4,171,074	4,775,033	0.152466	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,250,666	1,035,066	4,285,732	0.184862	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	1,855,924	3,689,876	5,545,800	0.125938	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,675,062	13,570,222	16,245,284	0.249878	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	282,258	22,648,334	22,930,592	0.101058	0.000000	55.00	
57.00	05700	CT SCAN	14,631,375	45,038,174	59,669,549	0.039048	0.000000	57.00	
58.00	05800	MRI	3,093,541	14,641,197	17,734,738	0.075295	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	10,674,039	13,257,628	23,931,667	0.228301	0.000000	59.00	
60.00	06000	LABORATORY	35,664,623	71,082,672	106,747,295	0.133319	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	3,704,418	1,184,026	4,888,444	0.493428	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	2,440,285	9,610,210	12,050,495	0.273941	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	928,401	1,198,550	2,126,951	0.226068	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	374,526	386,657	761,183	0.362180	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	4,441,036	11,081,692	15,522,728	0.038738	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,756,815	62,160,357	111,917,172	0.133065	0.000000	71.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	24,731,173	76,683,742	101,414,915	0.227282	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,470,766	18,952,865	20,423,631	0.359624	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	5,095,446	5,095,446	0.967848	0.000000	75.00	
76.00	03950	OTHER	0	0	0	0.000000	0.000000	76.00	
76.01	03280	SLEEP/EEG	58,680	1,315,319	1,373,999	0.339818	0.000000	76.01	
76.02	03340	GI	2,138,154	19,905,455	22,043,609	0.084482	0.000000	76.02	
76.03	03450	NUCLEAR MED	1,249,552	7,823,381	9,072,933	0.103180	0.000000	76.03	
76.04	03550	PSYCH	0	2,070,673	2,070,673	1.624748	0.000000	76.04	
76.05	03630	ULTRASOUND	1,049,393	8,486,753	9,536,146	0.100950	0.000000	76.05	
76.06	03650	VASCULAR LAB	2,199,135	4,011,868	6,211,003	0.220674	0.000000	76.06	
76.07	03951	MEDICAL OUTPATIENT	0	784,941	784,941	1.034972	0.000000	76.07	
76.97	07697	CARDIAC REHABILITATION	0	557,487	557,487	0.746111	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	58,527	3,791,898	3,850,425	0.110400	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
91.00	09100	EMERGENCY	9,391,044	36,396,900	45,787,944	0.231063	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,536,335	1,536,335	1.035487	0.000000	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,571,678	1,571,678			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	4,270,263	4,270,263			113.00	
116.00	11600	HOSPICE	0	4,270,263	4,270,263			116.00	
200.00		Subtotal (see instructions)	232,739,817	487,624,741	720,364,558			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	232,739,817	487,624,741	720,364,558			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	OTHER	0.000000			76.00
76.01	03280	SLEEP/EEG	0.000000			76.01
76.02	03340	GI	0.000000			76.02
76.03	03450	NUCLEAR MED	0.000000			76.03
76.04	03550	PSYCH	0.000000			76.04
76.05	03630	ULTRASOUND	0.000000			76.05
76.06	03650	VASCULAR LAB	0.000000			76.06
76.07	03951	MEDICAL OUTPATIENT	0.000000			76.07
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
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: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,653,153	0	1,653,153	13,631	121.28	30.00
31.00	INTENSIVE CARE UNIT	439,420		439,420	3,429	128.15	31.00
43.00	NURSERY	9,260		9,260	800	11.58	43.00
200.00	Total (lines 30 through 199)	2,101,833		2,101,833	17,860		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,361	650,182				30.00
31.00	INTENSIVE CARE UNIT	1,341	171,849				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	6,702	822,031				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/27/2021 1:48 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	999,758	31,117,130	0.032129	4,191,865	134,680	50.00
51.00	05100	RECOVERY ROOM	48,447	4,775,033	0.010146	189,602	1,924	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,003	4,285,732	0.005367	16,034	86	52.00
53.00	05300	ANESTHESIOLOGY	39,937	5,545,800	0.007201	638,803	4,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	667,369	16,245,284	0.041081	1,211,201	49,757	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	307,781	22,930,592	0.013422	210,923	2,831	55.00
57.00	05700	CT SCAN	173,777	59,669,549	0.002912	6,430,944	18,727	57.00
58.00	05800	MRI	162,877	17,734,738	0.009184	1,407,918	12,930	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,015,994	23,931,667	0.042454	4,565,871	193,839	59.00
60.00	06000	LABORATORY	804,919	106,747,295	0.007540	14,788,958	111,509	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	205,220	4,888,444	0.041981	1,430,464	60,052	65.00
66.00	06600	PHYSICAL THERAPY	422,055	12,050,495	0.035024	1,099,542	38,510	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,430	2,126,951	0.012896	466,211	6,012	67.00
68.00	06800	SPEECH PATHOLOGY	16,133	761,183	0.021195	195,884	4,152	68.00
69.00	06900	ELECTROCARDIOLOGY	35,300	15,522,728	0.002274	2,061,863	4,689	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	371,221	111,917,172	0.003317	20,968,473	69,552	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672,636	101,414,915	0.006633	9,849,452	65,331	73.00
74.00	07400	RENAL DIALYSIS	396,391	20,423,631	0.019408	695,139	13,491	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,494,466	5,095,446	0.293294	0	0	75.00
76.00	03950	OTHER	0	0	0.000000	0	0	76.00
76.01	03280	SLEEP/EEG	43,208	1,373,999	0.031447	24,102	758	76.01
76.02	03340	GI	284,415	22,043,609	0.012902	915,489	11,812	76.02
76.03	03450	NUCLEAR MED	160,428	9,072,933	0.017682	636,028	11,246	76.03
76.04	03550	PSYCH	203,139	2,070,673	0.098103	0	0	76.04
76.05	03630	ULTRASOUND	74,999	9,536,146	0.007865	400,432	3,149	76.05
76.06	03650	VASCULAR LAB	83,999	6,211,003	0.013524	913,637	12,356	76.06
76.07	03951	MEDICAL OUTPATIENT	46,458	784,941	0.059187	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	47,839	557,487	0.085812	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	10,336	3,850,425	0.002684	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	1,103,711	45,787,944	0.024105	3,981,477	95,974	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	132,922	1,536,335	0.086519	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	10,076,168	670,009,280		77,290,312	927,967	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 52-0100		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/27/2021 1:48 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	13,631	0.00	5,361		30.00
31.00	03100	INTENSIVE CARE UNIT			0	3,429	0.00	1,341		31.00
43.00	04300	NURSERY			0	800	0.00	0		43.00
200.00		Total (lines 30 through 199)			0	17,860		6,702		200.00
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0						30.00
31.00	03100	INTENSIVE CARE UNIT		0						31.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/27/2021 1:48 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER	0	0	0	0	0	76.00
76.01	03280	SLEEP/EEG	0	0	0	0	0	76.01
76.02	03340	GI	0	0	0	0	0	76.02
76.03	03450	NUCLEAR MED	0	0	0	0	0	76.03
76.04	03550	PSYCH	0	0	0	0	0	76.04
76.05	03630	ULTRASOUND	0	0	0	0	0	76.05
76.06	03650	VASCULAR LAB	0	0	0	0	0	76.06
76.07	03951	MEDICAL OUTPATIENT	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 52-0100		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/27/2021 1:48 pm		
					Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
			4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	0	0	31,117,130	0.000000		50.00	
51.00	05100	RECOVERY ROOM	0	0	0	4,775,033	0.000000		51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,285,732	0.000000		52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	5,545,800	0.000000		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,245,284	0.000000		54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	22,930,592	0.000000		55.00	
57.00	05700	CT SCAN	0	0	0	59,669,549	0.000000		57.00	
58.00	05800	MRI	0	0	0	17,734,738	0.000000		58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	23,931,667	0.000000		59.00	
60.00	06000	LABORATORY	0	0	0	106,747,295	0.000000		60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000		62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,888,444	0.000000		65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	12,050,495	0.000000		66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,126,951	0.000000		67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	761,183	0.000000		68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,522,728	0.000000		69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	111,917,172	0.000000		71.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	101,414,915	0.000000		73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	20,423,631	0.000000		74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	5,095,446	0.000000		75.00	
76.00	03950	OTHER	0	0	0	0	0.000000		76.00	
76.01	03280	SLEEP/EEG	0	0	0	1,373,999	0.000000		76.01	
76.02	03340	GI	0	0	0	22,043,609	0.000000		76.02	
76.03	03450	NUCLEAR MED	0	0	0	9,072,933	0.000000		76.03	
76.04	03550	PSYCH	0	0	0	2,070,673	0.000000		76.04	
76.05	03630	ULTRASOUND	0	0	0	9,536,146	0.000000		76.05	
76.06	03650	VASCULAR LAB	0	0	0	6,211,003	0.000000		76.06	
76.07	03951	MEDICAL OUTPATIENT	0	0	0	784,941	0.000000		76.07	
76.97	07697	CARDIAC REHABILITATION	0	0	0	557,487	0.000000		76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000		76.98	
76.99	07699	LITHOTRIPSY	0	0	0	3,850,425	0.000000		76.99	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	0	0	0	0.000000		90.00	
91.00	09100	EMERGENCY	0	0	0	45,787,944	0.000000		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,536,335	0.000000		92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000		93.99	
200.00	Total (lines 50 through 199)		0	0	0	670,009,280			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description			Title XVIII		Hospital	PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	4,191,865	0	7,789,503	0
51.00	05100	RECOVERY ROOM	0.000000	189,602	0	1,105,134	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	16,034	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	638,803	0	894,175	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,211,201	0	3,742,932	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	210,923	0	9,259,327	0
57.00	05700	CT SCAN	0.000000	6,430,944	0	12,919,728	0
58.00	05800	MRI	0.000000	1,407,918	0	3,371,011	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,565,871	0	5,042,619	0
60.00	06000	LABORATORY	0.000000	14,788,958	0	10,975,349	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	1,430,464	0	318,906	0
66.00	06600	PHYSICAL THERAPY	0.000000	1,099,542	0	202,333	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	466,211	0	10,925	0
68.00	06800	SPEECH PATHOLOGY	0.000000	195,884	0	6,258	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,061,863	0	3,646,267	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	20,968,473	0	18,223,817	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	9,849,452	0	25,794,119	0
74.00	07400	RENAL DIALYSIS	0.000000	695,139	0	19,728	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00	03950	OTHER	0.000000	0	0	0	0
76.01	03280	SLEEP/EEG	0.000000	24,102	0	359,147	0
76.02	03340	GI	0.000000	915,489	0	5,281,633	0
76.03	03450	NUCLEAR MED	0.000000	636,028	0	2,875,793	0
76.04	03550	PSYCH	0.000000	0	0	236,881	0
76.05	03630	ULTRASOUND	0.000000	400,432	0	1,649,730	0
76.06	03650	VASCULAR LAB	0.000000	913,637	0	1,265,921	0
76.07	03951	MEDICAL OUTPATIENT	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	244,670	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.000000	3,981,477	0	6,084,463	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	470,521	0
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0
200.00		Total (lines 50 through 199)		77,290,312	0	121,790,890	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 1:48 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.211417	7,789,503	0	0	1,646,833	50.00	
51.00	05100	RECOVERY ROOM	0.152466	1,105,134	0	0	168,495	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.184862	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.125938	894,175	0	0	112,611	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249878	3,742,932	0	0	935,276	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101058	9,259,327	0	0	935,729	55.00	
57.00	05700	CT SCAN	0.039048	12,919,728	0	0	504,490	57.00	
58.00	05800	MRI	0.075295	3,371,011	0	0	253,820	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.228301	5,042,619	0	0	1,151,235	59.00	
60.00	06000	LABORATORY	0.133319	10,975,349	0	0	1,463,223	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.493428	318,906	0	0	157,357	65.00	
66.00	06600	PHYSICAL THERAPY	0.273941	202,333	0	0	55,427	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.226068	10,925	0	0	2,470	67.00	
68.00	06800	SPEECH PATHOLOGY	0.362180	6,258	0	0	2,267	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.038738	3,646,267	0	0	141,249	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.133065	18,223,817	0	0	2,424,952	71.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227282	25,794,119	3,077	236,623	5,862,539	73.00	
74.00	07400	RENAL DIALYSIS	0.359624	19,728	0	0	7,095	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.967848	0	0	0	0	75.00	
76.00	03950	OTHER	0.000000	0	0	0	0	76.00	
76.01	03280	SLEEP/EEG	0.339818	359,147	0	0	122,045	76.01	
76.02	03340	GI	0.084482	5,281,633	0	0	446,203	76.02	
76.03	03450	NUCLEAR MED	0.103180	2,875,793	0	0	296,724	76.03	
76.04	03550	PSYCH	1.624748	236,881	0	0	384,872	76.04	
76.05	03630	ULTRASOUND	0.100950	1,649,730	0	0	166,540	76.05	
76.06	03650	VASCULAR LAB	0.220674	1,265,921	0	0	279,356	76.06	
76.07	03951	MEDICAL OUTPATIENT	1.034972	0	0	0	0	76.07	
76.97	07697	CARDIAC REHABILITATION	0.746111	244,670	0	0	182,551	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.110400	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.231063	6,084,463	0	0	1,405,894	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.035487	470,521	0	0	487,218	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99	
200.00		Subtotal (see instructions)		121,790,890	3,077	236,623	19,596,471	200.00	
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00	
		Only Charges							
202.00		Net Charges (line 200 - line 201)		121,790,890	3,077	236,623	19,596,471	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 1:48 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	699	53,780		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	OTHER	0	0		76.00
76.01	03280	SLEEP/EEG	0	0		76.01
76.02	03340	GI	0	0		76.02
76.03	03450	NUCLEAR MED	0	0		76.03
76.04	03550	PSYCH	0	0		76.04
76.05	03630	ULTRASOUND	0	0		76.05
76.06	03650	VASCULAR LAB	0	0		76.06
76.07	03951	MEDICAL OUTPATIENT	0	0		76.07
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
200.00		Subtotal (see instructions)	699	53,780		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	699	53,780		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 1:48 pm

			Title XIX		Hospital		Cost	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.211417	0	519,374	0	0	50.00	
51.00	05100 RECOVERY ROOM	0.152466	0	79,507	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.184862	0	88,392	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.125938	0	79,761	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.249878	0	389,090	0	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.101058	0	364,397	0	0	55.00	
57.00	05700 CT SCAN	0.039048	0	1,545,792	0	0	57.00	
58.00	05800 MRI	0.075295	0	384,497	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.228301	0	227,514	0	0	59.00	
60.00	06000 LABORATORY	0.133319	0	2,791,143	0	0	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0.493428	0	39,834	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.273941	0	121,771	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.226068	0	32,924	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.362180	0	49,589	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.038738	0	215,266	0	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.133065	0	1,323,281	0	0	71.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.227282	0	2,578,433	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0.359624	0	1,266,715	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.967848	0	0	0	0	75.00	
76.00	03950 OTHER	0.000000	0	0	0	0	76.00	
76.01	03280 SLEEP/EEG	0.339818	0	10,454	0	0	76.01	
76.02	03340 GI	0.084482	0	174,567	0	0	76.02	
76.03	03450 NUCLEAR MED	0.103180	0	87,612	0	0	76.03	
76.04	03550 PSYCH	1.624748	0	68,823	0	0	76.04	
76.05	03630 ULTRASOUND	0.100950	0	477,256	0	0	76.05	
76.06	03650 VASCULAR LAB	0.220674	0	116,568	0	0	76.06	
76.07	03951 MEDICAL OUTPATIENT	1.034972	0	0	0	0	76.07	
76.97	07697 CARDIAC REHABILITATION	0.746111	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LITHOTRIPSY	0.110400	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
91.00	09100 EMERGENCY	0.231063	0	2,360,971	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.035487	0	49,424	0	0	92.00	
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99	
200.00	Subtotal (see instructions)		0	15,442,955	0	0	200.00	
201.00	Less PBP Clinic Lab. Services-Program			0	0		201.00	
	Only Charges							
202.00	Net Charges (line 200 - line 201)		0	15,442,955	0	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 1:48 pm

			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	109,804	0		50.00
51.00	05100	RECOVERY ROOM	12,122	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,340	0		52.00
53.00	05300	ANESTHESIOLOGY	10,045	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,225	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	36,825	0		55.00
57.00	05700	CT SCAN	60,360	0		57.00
58.00	05800	MRI	28,951	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	51,942	0		59.00
60.00	06000	LABORATORY	372,112	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	19,655	0		65.00
66.00	06600	PHYSICAL THERAPY	33,358	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,443	0		67.00
68.00	06800	SPEECH PATHOLOGY	17,960	0		68.00
69.00	06900	ELECTROCARDIOLOGY	8,339	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	176,082	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	586,031	0		73.00
74.00	07400	RENAL DIALYSIS	455,541	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	OTHER	0	0		76.00
76.01	03280	SLEEP/EEG	3,552	0		76.01
76.02	03340	GI	14,748	0		76.02
76.03	03450	NUCLEAR MED	9,040	0		76.03
76.04	03550	PSYCH	111,820	0		76.04
76.05	03630	ULTRASOUND	48,179	0		76.05
76.06	03650	VASCULAR LAB	25,724	0		76.06
76.07	03951	MEDICAL OUTPATIENT	0	0		76.07
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	545,533	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	51,178	0		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
200.00		Subtotal (see instructions)	2,909,909	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,909,909	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 1:48 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,631	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,631	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			12,535	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			5,361	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)			19,785,514	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)			19,785,514	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			19,785,514	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)			1,451.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,781,545	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)			7,781,545	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0100

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

Worksheet D-1

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description		Title XVIII			Hospital	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	6,792,427	3,429	1,980.88	1,341	2,656,360
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,548,872
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,986,777
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					822,031
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					927,967
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,749,998
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,236,779
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					1,096
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,451.51
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,590,855

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0100

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

Worksheet D-1

Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,653,153	19,785,514	0.083554	1,590,855	132,922 90.00
91.00	Nursing School cost	0	19,785,514	0.000000	1,590,855	0 91.00
92.00	Allied health cost	0	19,785,514	0.000000	1,590,855	0 92.00
93.00	All other Medical Education	0	19,785,514	0.000000	1,590,855	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 1:48 pm
Cost Center Description			Title XVIII	Hospital	PPS
			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		10,145,349	30.00
31.00	03100	INTENSIVE CARE UNIT		7,398,007	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.211417	4,191,865	50.00
51.00	05100	RECOVERY ROOM	0.152466	189,602	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.184862	16,034	52.00
53.00	05300	ANESTHESIOLOGY	0.125938	638,803	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249878	1,211,201	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101058	210,923	55.00
57.00	05700	CT SCAN	0.039048	6,430,944	57.00
58.00	05800	MRI	0.075295	1,407,918	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228301	4,565,871	59.00
60.00	06000	LABORATORY	0.133319	14,788,958	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.493428	1,430,464	65.00
66.00	06600	PHYSICAL THERAPY	0.273941	1,099,542	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226068	466,211	67.00
68.00	06800	SPEECH PATHOLOGY	0.362180	195,884	68.00
69.00	06900	ELECTROCARDIOLOGY	0.038738	2,061,863	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.133065	20,968,473	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227282	9,849,452	73.00
74.00	07400	RENAL DIALYSIS	0.359624	695,139	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.967848	0	75.00
76.00	03950	OTHER	0.000000	0	76.00
76.01	03280	SLEEP/EEG	0.339818	24,102	76.01
76.02	03340	GI	0.084482	915,489	76.02
76.03	03450	NUCLEAR MED	0.103180	636,028	76.03
76.04	03550	PSYCH	1.624748	0	76.04
76.05	03630	ULTRASOUND	0.100950	400,432	76.05
76.06	03650	VASCULAR LAB	0.220674	913,637	76.06
76.07	03951	MEDICAL OUTPATIENT	1.034972	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.746111	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.110400	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.231063	3,981,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.035487	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		77,290,312	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)		77,290,312	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 1:48 pm
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,072,984	30.00
31.00	03100	INTENSIVE CARE UNIT		704,952	31.00
43.00	04300	NURSERY		292,845	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.211417	348,911	50.00
51.00	05100	RECOVERY ROOM	0.152466	24,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.184862	334,668	52.00
53.00	05300	ANESTHESIOLOGY	0.125938	52,377	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249878	95,173	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101058	0	55.00
57.00	05700	CT SCAN	0.039048	638,518	57.00
58.00	05800	MRI	0.075295	118,975	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228301	317,963	59.00
60.00	06000	LABORATORY	0.133319	1,606,575	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.493428	137,814	65.00
66.00	06600	PHYSICAL THERAPY	0.273941	83,066	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226068	26,546	67.00
68.00	06800	SPEECH PATHOLOGY	0.362180	6,381	68.00
69.00	06900	ELECTROCARDIOLOGY	0.038738	156,088	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.133065	1,457,149	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227282	1,174,561	73.00
74.00	07400	RENAL DIALYSIS	0.359624	164,279	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.967848	0	75.00
76.00	03950	OTHER	0.000000	0	76.00
76.01	03280	SLEEP/EEG	0.339818	1,421	76.01
76.02	03340	GI	0.084482	72,694	76.02
76.03	03450	NUCLEAR MED	0.103180	40,288	76.03
76.04	03550	PSYCH	1.624748	0	76.04
76.05	03630	ULTRASOUND	0.100950	58,022	76.05
76.06	03650	VASCULAR LAB	0.220674	76,705	76.06
76.07	03951	MEDICAL OUTPATIENT	1.034972	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.746111	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.110400	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.231063	580,608	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.035487	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,573,560	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		7,573,560	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 1:48 pm	
		Title XVIII	Hospital	PPS	
			MDH	Non MDH	
			1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	10,519,169	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,569,070	0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount		0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	864,880	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		193,017	0	2.04
3.00	Managed Care Simulated Payments		0	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		94.01		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.48		30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.45		31.00
32.00	Sum of lines 30 and 31		24.93		32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.78	9.78	33.00
34.00	Disproportionate share adjustment (see instructions)		136,164	257,194	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/27/2021 1:48 pm

		Title XVIII		Hospital	PPS
		MDH Prior to 10/1	Non MDH	On/After 10/1	
		1.00	1.01	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)	8,350,599,096		8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000158566		0.000115949	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,324,121		961,219	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	991,282		242,280	35.03
35.04	Pro rata share of the hospital uncompensated care payment amount (MDH)	7,235	984,047	242,280	35.04
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,233,562			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			40.00
		MDH		Non MDH	
		1.00		1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		6,147,766	12,625,290	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		1,396,179	0	48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			18,773,056	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,254,732	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			20,027,788	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			20,027,788	61.00
62.00	Deductibles billed to program beneficiaries			1,462,384	62.00
63.00	Coinsurance billed to program beneficiaries			17,930	63.00
64.00	Allowable bad debts (see instructions)			327,040	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			212,576	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			225,626	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			18,760,050	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-80,982	70.93
70.94	HRR adjustment amount (see instructions)			-76,130	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 1:48 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		131,720	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,471,218	71.00
71.01	Sequestration adjustment (see instructions)		121,910	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		17,836,843	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		512,465	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	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)	0.9918660821	1.0010905749	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.9942	0.9964	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/27/2021 1:48 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		54,479	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,596,471	2.00
3.00	OPPS payments		25,169,196	3.00
4.00	Outlier payment (see instructions)		103,326	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.872	5.00
6.00	Line 2 times line 5		17,088,123	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		54,479	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		239,700	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)		239,700	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)		239,700	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		185,221	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)		54,479	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)		25,272,522	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,059,845	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)		20,267,156	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		20,267,156	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		20,267,156	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		752,241	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		488,957	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		655,214	36.00
37.00	Subtotal (see instructions)		20,756,113	37.00
38.00	MSP-LCC reconciliation amount from PS&R		746	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)		20,755,367	40.00
40.01	Sequestration adjustment (see instructions)		136,985	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		20,091,606	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)		526,776	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: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/27/2021 1:48 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		17,836,843		20,091,606	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		17,836,843		20,091,606	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		512,465		526,776	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		18,349,308		20,618,382	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: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/27/2021 1:48 pm

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

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

Provider CCN: 52-0100

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

Worksheet G

Date/Time Prepared:
7/27/2021 1:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	61,569,911	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	47,322,657	0	0	0	4.00
5.00	Other receivable	4,069,214	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,205,000	0	0	0	6.00
7.00	Inventory	5,228,151	0	0	0	7.00
8.00	Prepaid expenses	1,027,962	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)	111,012,895	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,100,877	0	0	0	12.00
13.00	Land improvements	7,454,091	0	0	0	13.00
14.00	Accumulated depreciation	-5,046,967	0	0	0	14.00
15.00	Buildings	152,444,073	0	0	0	15.00
16.00	Accumulated depreciation	-68,869,997	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	43,678,860	0	0	0	19.00
20.00	Accumulated depreciation	-30,539,184	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	65,485,051	0	0	0	23.00
24.00	Accumulated depreciation	-52,380,971	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)	120,325,833	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	84,111,949	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	5,404,051	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	89,516,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	320,854,728	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,213,047	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,858,398	0	0	0	38.00
39.00	Payroll taxes payable	193,320	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,398,619	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	44,009,926	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	65,673,310	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	72,082,116	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	30,775,629	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	102,857,745	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	168,531,055	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	152,323,673				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	152,323,673	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	320,854,728	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-0100

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

Worksheet G-1

Date/Time Prepared:
7/27/2021 1:48 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		144,839,029		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		9,209,061				2.00
3.00	Total (sum of line 1 and line 2)		154,048,090		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ASSETS RELEASED FROM RESTRICTIONS	768,299		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)		768,299		0		10.00
11.00	Subtotal (line 3 plus line 10)		154,816,389		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CHANGE IN PENSION OBLIGATION	1,277,784		0		0	13.00
14.00	CHANGE IN SWAP VALUE	1,214,932		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)		2,492,716		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		152,323,673		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	ASSETS RELEASED FROM RESTRICTIONS		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	CHANGE IN PENSION OBLIGATION		0				13.00
14.00	CHANGE IN SWAP VALUE		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: 52-0100

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/27/2021 1:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	25,902,204		25,902,204	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)	25,902,204		25,902,204	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,215,064		18,215,064	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)	18,215,064		18,215,064	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,117,268		44,117,268	17.00
18.00	Ancillary services	189,077,813	703,163,778	892,241,591	18.00
19.00	Outpatient services	0	0	0	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		1,571,678	1,571,678	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	4,270,263	4,270,263	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	233,195,081	709,005,719	942,200,800	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		241,545,253		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)		241,545,253		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-0100

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

Worksheet G-3

Date/Time Prepared:
7/27/2021 1:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	942,200,800	1.00
2.00	Less contractual allowances and discounts on patients' accounts	717,763,923	2.00
3.00	Net patient revenues (line 1 minus line 2)	224,436,877	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	241,545,253	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-17,108,376	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	9,020,598	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	6,661,891	24.00
24.50	COVID-19 PHE Funding	11,193,607	24.50
25.00	Total other income (sum of lines 6-24)	26,876,096	25.00
26.00	Total (line 5 plus line 25)	9,767,720	26.00
27.00	OTHER NON OPERATING EXPENSE	558,659	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	558,659	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	9,209,061	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 52-0100

Period:

Worksheet H

HHA CCN: 52-7075

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 1:48 pm

					Home Health Agency I	PPS	
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Pur- chased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	193,938	79,981	0	0	140,066	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	662,470	273,205	26,885	0	962,560	6.00
7.00	Physical Therapy	347,905	143,477	14,119	0	505,501	7.00
8.00	Occupational Therapy	127,400	52,540	5,170	0	185,110	8.00
9.00	Speech Pathology	7,548	3,113	306	0	10,967	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	5,805	12.00
13.00	Drugs	0	0	0	0	27,003	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,339,261	552,316	46,480	0	172,874	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		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	0	413,985	-1,326	412,659		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	962,560	0	962,560		6.00
7.00	Physical Therapy	0	505,501	0	505,501		7.00
8.00	Occupational Therapy	0	185,110	0	185,110		8.00
9.00	Speech Pathology	0	10,967	0	10,967		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	0	0	0	0		11.00
12.00	Supplies (see instructions)	0	5,805	0	5,805		12.00
13.00	Drugs	0	27,003	0	27,003		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)	0	2,110,931	-1,326	2,109,605		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: 52-0100

Period:

Worksheet H-1

HHA CCN: 52-7075

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

7/27/2021 1:48 pm

Home Health

PPS

Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
			Bldgs & Fixtures	Movable Equipment					
		0	1.00	2.00	3.00	4.00	4A.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00	
2.00	Capital Related - Movable Equipment	0		0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	412,659	0	0	0	0	412,659	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	962,560	0	0	0	0	962,560	6.00	
7.00	Physical Therapy	505,501	0	0	0	0	505,501	7.00	
8.00	Occupational Therapy	185,110	0	0	0	0	185,110	8.00	
9.00	Speech Pathology	10,967	0	0	0	0	10,967	9.00	
10.00	Medical Social Services	0	0	0	0	0	0	10.00	
11.00	Home Health Aide	0	0	0	0	0	0	11.00	
12.00	Supplies (see instructions)	5,805	0	0	0	0	5,805	12.00	
13.00	Drugs	27,003	0	0	0	0	27,003	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)	2,109,605	0	0	0	0	2,109,605	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	412,659						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	234,073	1,196,633					6.00	
7.00	Physical Therapy	122,926	628,427					7.00	
8.00	Occupational Therapy	45,014	230,124					8.00	
9.00	Speech Pathology	2,667	13,634					9.00	
10.00	Medical Social Services	0	0					10.00	
11.00	Home Health Aide	0	0					11.00	
12.00	Supplies (see instructions)	1,412	7,217					12.00	
13.00	Drugs	6,567	33,570					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)		2,109,605					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 52-0100

Period:

Worksheet H-1

HHA CCN: 52-7075

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/27/2021 1:48 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-412,659	1,696,946
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	962,560	6.00
7.00	Physical Therapy	0	0	0	0	505,501	7.00
8.00	Occupational Therapy	0	0	0	0	185,110	8.00
9.00	Speech Pathology	0	0	0	0	10,967	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	5,805	12.00
13.00	Drugs	0	0	0	0	27,003	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-412,659	1,696,946
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		412,659
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.243177

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0100

Period:

Worksheet H-2

HHA CCN: 52-7075

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 1:48 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	27,501	9,833	75,348	112,682	29,488	1.00
2.00	Skilled Nursing Care	1,196,633	0	0	257,379	1,454,012	380,505	2.00
3.00	Physical Therapy	628,427	0	0	135,167	763,594	199,827	3.00
4.00	Occupational Therapy	230,124	0	0	49,497	279,621	73,175	4.00
5.00	Speech Pathology	13,634	0	0	2,933	16,567	4,335	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)	7,217	0	0	0	7,217	1,889	8.00
9.00	Drugs	33,570	0	0	0	33,570	8,785	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)	2,109,605	27,501	9,833	520,324	2,667,263	698,004	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	34,847	0	9,074	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	34,847	0	9,074	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: 52-0100

Period:

Worksheet H-2

HHA CCN: 52-7075

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 1:48 pmHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	6,820	1,468	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	4,629	0	2.00
3.00	Physical Therapy	0	0	0	0	2,735	0	3.00
4.00	Occupational Therapy	0	0	0	0	950	0	4.00
5.00	Speech Pathology	0	0	0	0	123	0	5.00
6.00	Medical Social Services	0	0	0	0	1	0	6.00
7.00	Home Health Aide	0	0	0	0	326	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	6,820	1,468	8,764	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		19.00	20.00	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	23.00	24.00	
1.00	Administrative and General	0	0	0	0	0	194,379	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	1,839,146	2.00
3.00	Physical Therapy	0	0	0	0	0	966,156	3.00
4.00	Occupational Therapy	0	0	0	0	0	353,746	4.00
5.00	Speech Pathology	0	0	0	0	0	21,025	5.00
6.00	Medical Social Services	0	0	0	0	0	1	6.00
7.00	Home Health Aide	0	0	0	0	0	326	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	9,106	8.00
9.00	Drugs	0	0	0	0	0	42,355	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	3,426,240	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: 52-0100

Period:

Worksheet H-2

HHA CCN: 52-7075

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 1:48 pmHome Health
Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	194,379				1.00
2.00	Skilled Nursing Care	0	1,839,146	110,614	1,949,760		2.00
3.00	Physical Therapy	0	966,156	58,109	1,024,265		3.00
4.00	Occupational Therapy	0	353,746	21,276	375,022		4.00
5.00	Speech Pathology	0	21,025	1,265	22,290		5.00
6.00	Medical Social Services	0	1	0	1		6.00
7.00	Home Health Aide	0	326	20	346		7.00
8.00	Supplies (see instructions)	0	9,106	548	9,654		8.00
9.00	Drugs	0	42,355	2,547	44,902		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	0	3,426,240	194,379	3,426,240		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.			0.060145			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: 52-0100

Period:

Worksheet H-2

HHA CCN: 52-7075

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/27/2021 1:48 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	1,500	7,914	193,938	0	112,682	0	1.00
2.00	Skilled Nursing Care	0	0	662,470	0	1,454,012	0	2.00
3.00	Physical Therapy	0	0	347,905	0	763,594	0	3.00
4.00	Occupational Therapy	0	0	127,400	0	279,621	0	4.00
5.00	Speech Pathology	0	0	7,548	0	16,567	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	7,217	0	8.00
9.00	Drugs	0	0	0	0	33,570	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)	1,500	7,914	1,339,261		2,667,263	0	20.00
21.00	Total cost to be allocated	27,501	9,833	520,324		698,004	0	21.00
22.00	Unit cost multiplier	18.334000	1.242482	0.388516		0.261693	0.000000	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	1,500	0	1,500	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)	1,500	0	1,500	0	0	0	20.00
21.00	Total cost to be allocated	34,847	0	9,074	0	0	0	21.00
22.00	Unit cost multiplier	23.231333	0.000000	6.049333	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0100

Period:

Worksheet H-2

HHA CCN: 52-7075

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/27/2021 1:48 pmHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	27,003	5,805	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	830,155	0	0	2.00
3.00	Physical Therapy	0	0	0	490,537	0	0	3.00
4.00	Occupational Therapy	0	0	0	170,320	0	0	4.00
5.00	Speech Pathology	0	0	0	22,055	0	0	5.00
6.00	Medical Social Services	0	0	0	204	0	0	6.00
7.00	Home Health Aide	0	0	0	58,407	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	27,003	5,805	1,571,678	0	0	20.00
21.00	Total cost to be allocated	0	6,820	1,468	8,764	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.252565	0.252885	0.005576	0.000000	0.000000	22.00
Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)			
		20.00	21.00	22.00	23.00			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0100

Period:

Worksheet H-3

HHA CCN: 52-7075

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 1:48 pm

				Title XVIII		Home Health Agency I	PPS		
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
		Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,949,760		1,949,760	4,065	479.65	1.00	
2.00	Physical Therapy	3.00	1,024,265	0	1,024,265	2,402	426.42	2.00	
3.00	Occupational Therapy	4.00	375,022	0	375,022	834	449.67	3.00	
4.00	Speech Pathology	5.00	22,290	0	22,290	108	206.39	4.00	
5.00	Medical Social Services	6.00	1		1	1	1.00	5.00	
6.00	Home Health Aide	7.00	346		346	286	1.21	6.00	
7.00	Total (sum of lines 1-6)		3,371,684	0	3,371,684	7,696		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
					Part B				
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
		Limitation Cost Computation							
8.00	Skilled Nursing Care		27500	0	1,656			8.00	
8.01	Skilled Nursing Care		31540	0	13			8.01	
8.02	Skilled Nursing Care		40420	0	271			8.02	
8.03	Skilled Nursing Care		99952	0	50			8.03	
9.00	Physical Therapy		27500	0	1,049			9.00	
9.01	Physical Therapy		31540	0	4			9.01	
9.02	Physical Therapy		40420	0	169			9.02	
9.03	Physical Therapy		99952	0	30			9.03	
10.00	Occupational Therapy		27500	0	410			10.00	
10.01	Occupational Therapy		31540	0	4			10.01	
10.02	Occupational Therapy		40420	0	47			10.02	
10.03	Occupational Therapy		99952	0	6			10.03	
11.00	Speech Pathology		27500	0	77			11.00	
11.01	Speech Pathology		31540	0	0			11.01	
11.02	Speech Pathology		40420	0	3			11.02	
11.03	Speech Pathology		99952	0	0			11.03	
12.00	Medical Social Services		27500	0	1			12.00	
12.01	Medical Social Services		31540	0	0			12.01	
12.02	Medical Social Services		40420	0	0			12.02	
12.03	Medical Social Services		99952	0	0			12.03	
13.00	Home Health Aide		27500	0	135			13.00	
13.01	Home Health Aide		31540	0	7			13.01	
13.02	Home Health Aide		40420	0	33			13.02	
13.03	Home Health Aide		99952	0	4			13.03	
14.00	Total (sum of lines 8-13)			0	3,969			14.00	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
		Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	9,654	0	9,654	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	44,902	0	44,902	0	0.000000	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0100

Period:

Worksheet H-3

HHA CCN: 52-7075

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 1:48 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Visits			Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00		8.00	9.00	10.00	11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	1,990		0	954,504		1.00	
2.00	Physical Therapy	0	1,252		0	533,878		2.00	
3.00	Occupational Therapy	0	467		0	209,996		3.00	
4.00	Speech Pathology	0	80		0	16,511		4.00	
5.00	Medical Social Services	0	1		0	1		5.00	
6.00	Home Health Aide	0	179		0	217		6.00	
7.00	Total (sum of lines 1-6)	0	3,969		0	1,715,107		7.00	
Cost Center Description									
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
8.03	Skilled Nursing Care							8.03	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
9.03	Physical Therapy							9.03	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
10.03	Occupational Therapy							10.03	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00		8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0100

Period:

Worksheet H-3

HHA CCN: 52-7075

From 01/01/2020
To 12/31/2020Part I
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Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR				
BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	954,504		1.00
2.00	Physical Therapy	533,878		2.00
3.00	Occupational Therapy	209,996		3.00
4.00	Speech Pathology	16,511		4.00
5.00	Medical Social Services	1		5.00
6.00	Home Health Aide	217		6.00
7.00	Total (sum of lines 1-6)	1,715,107		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0100

Period:

Worksheet H-3

HHA CCN: 52-7075

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:

7/27/2021 1:48 pm

Title XVIII

Home Health

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	0.273941	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.226068	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.362180	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.133065	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.227282	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0100 HHA CCN: 52-7075	Period: From 01/01/2020 To 12/31/2020	Worksheet H-4 Part I-II Date/Time Prepared: 7/27/2021 1:48 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	644,671
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	19,656
13.00	Total PPS Reimbursement - LUPA Episodes		0	19,397
14.00	Total PPS Reimbursement - PEP Episodes		0	541
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	63,582
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	747,847
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	747,847
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	747,847
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	747,847
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	747,847
31.01	Sequestration adjustment (see instructions)		0	5,559
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	742,288
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 52-0100
HHA CCN: 52-7075Period:
From 01/01/2020
To 12/31/2020

Worksheet H-5

Date/Time Prepared:
7/27/2021 1:48 pm

		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		742,288	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		742,288	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		742,288	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 52-0100

Period:

Worksheet I-1

Component CCN: 52-2324

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 1:48 pm

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	939,052	HOURS OF SERVICE	20,777.00	9.99 1.00
2.00	LICENSED PRACTICAL NURSES	40,319	HOURS OF SERVICE	1,589.00	0.76 2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00 3.00
4.00	TECHNICIANS	589,436	HOURS OF SERVICE	29,535.00	14.20 4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00 5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00 6.00
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	120,914	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,689,721			9.00
10.00	EMPLOYEE BENEFITS	849,776	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	32,536	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	1,068,781	REQUISITIONS		14.00
15.00	DRUGS	512,123	REQUISITIONS		15.00
16.00	OTHER	159,249	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	4,312,186			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	129,383	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	19,275	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	656,484	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	1,339,169	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	206,634	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	197,637	REQUISITIONS		24.00
25.00	PHARMACY	129,545	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	354,508	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	7,344,821			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER	0	CHARGES	0	30.00
30.01	SLEEP/EEG	0	CHARGES	0	30.01
30.02	GI	0	CHARGES	0	30.02
30.03	NUCLEAR MED	0	CHARGES	0	30.03
30.04	PSYCH	0	CHARGES	0	30.04
30.05	ULTRASOUND	0	CHARGES	0	30.05
30.06	VASCULAR LAB	0	CHARGES	0	30.06
30.07	MEDICAL OUTPATIENT	0	CHARGES	0	30.07
30.97	CARDIAC REHABILITATION	0	CHARGES	0	30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0	30.98
30.99	LITHOTRIPSY	0	CHARGES	0	30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	7,344,821			31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 52-0100

Period:

Worksheet I-2

Component CCN: 52-2324

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 1:48 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	336,017	51,811	939,052	629,755	1,506,260	641,668	1.00
MAINTENANCE								
2.00	Hemodialysis	170,413	26,279	476,238	319,397	763,927	325,434	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	48	3	90	53	142	60	6.00
7.00	CCPD	2,000	307	5,559	3,742	8,951	3,813	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	6,523	1,009	18,305	12,261	29,338	12,498	10.00
11.00	CCPD	144,320	22,253	403,335	270,475	646,931	275,593	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	12,713	1,960	35,525	23,827	56,971	24,270	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	336,017	51,811	939,052	629,755	1,506,260	641,668	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,266,418	0	5,370,981	1,973,840	7,344,821		1.00
MAINTENANCE								
2.00	Hemodialysis	642,286	0	2,723,974	1,001,062	3,725,036		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	120	0	516	190	706		6.00
7.00	CCPD	7,526	0	31,898	11,723	43,621		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	24,667	0	104,601	38,441	143,042		10.00
11.00	CCPD	543,920	0	2,306,827	847,761	3,154,588		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	47,899	0	203,165	74,663	277,828		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	1,266,418	0	5,370,981	1,973,840	7,344,821		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					7,344,821		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

Period:

Worksheet I-3

Component CCN: 52-2324

From 01/01/2020

To 12/31/2020

Date/Time Prepared:

7/27/2021 1:48 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	336,017	51,811	939,052	629,755	1,506,260	1.00
MAINTENANCE							
2.00	Hemodialysis	3,579	7,868.00	10,537.00	17,922.00	856,973	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	1	1.00	2.00	3.00	159	6.00
7.00	CCPD	42	92.00	123.00	210.00	10,041	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	137	302.00	405.00	688.00	32,911	10.00
11.00	CCPD	3,031	6,663.00	8,924.00	15,177.00	725,726	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	802	267	587.00	786.00	1,337.00	63,910
13.00	Method II Home Patient		0	0.00	0.00	0.00	0
14.00	ESAs						
15.00							
16.00	Other		0	0.00	0.00	0.00	0
17.00	Total Statistical Basis	7,057	15,513.00	20,777.00	35,337.00	1,689,720	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	47.614709	3.339844	45.196708	17.821405	0.891426	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	641,668	1,266,418	0	5,370,981	1,973,840	1.00
MAINTENANCE							
2.00	Hemodialysis	259,733	396,855	0			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	48	74	0			6.00
7.00	CCPD	3,043	4,650	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	9,975	15,241	0			10.00
11.00	CCPD	219,954	336,076	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	19,370	29,596	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	512,123	782,492	0		5,370,981	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.252957	1.618442	0.000000		0.367501	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 52-0100

Period:

Worksheet I-4

Component CCN: 52-2324

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 1:48 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	10,754	3,725,036	346.39	7,645	2,648,152
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	2	706	353.00	0	0
6.00	Training - CCPD	126	43,621	346.20	53	18,349
7.00	Home Program - Hemodialysis	413	0	0.00	41	0
8.00	Home Program - Peritoneal Dialysis	9,107	0	0.00	4,065	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	58	143,042	2,466.24	6	14,797
10.00	Home Program - CCPD	1,306	3,154,588	2,415.46	584	1,410,629
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	20,402	7,066,993		11,804	4,091,927
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	24,494				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	1,952,531	255.40			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	17,404	328.38			
7.00	Home Program - Hemodialysis	6,233	152.02			
8.00	Home Program - Peritoneal Dialysis	448,544	110.34			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	2,424,712				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet I-5 Date/Time Prepared: 7/27/2021 1:48 pm	
			1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B					
1.00	Total expenses related to care of program beneficiaries (see instructions)		4,091,927		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)		2,424,712	2,424,712	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)				2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)				2.02
2.03	Total payment due (see instructions)		2,424,712	2,424,712	2.03
2.04	Outlier payments		0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)		198	198	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)				3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)				3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)		198	198	3.03
4.00	Coinsurance billed to Medicare (Part B) patients		484,904	484,904	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)				4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)				4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)		484,904	484,904	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries		0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012				5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013				5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014				5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014		0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)		0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)		0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		0	485,102	8.00
9.00	Program payment (see instructions)		0	1,939,611	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)				10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)		0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE					
12.00	Total allowable expenses (see instructions)		7,066,993		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)		7,066,993		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)		1.000000		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 52-0100

Period:

Worksheet 0

Hospice CCN: 52-1525

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 1:48 pm

				Hospice I		7/27/2022 1:40 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	505,652	505,652	0	505,652	3.00
4.00	ADMINISTRATIVE & GENERAL*	317,689	54,107	371,796	0	371,796	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	176,266	176,266	0	176,266	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	37,843	0	37,843	0	37,843	11.00
12.00	STAFF TRANSPORTATION*	0	54,465	54,465	0	54,465	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	13,845	0	13,845	0	13,845	13.00
14.00	PHARMACY*	0	207,831	207,831	0	207,831	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	108,210	0	108,210	0	108,210	27.00
28.00	REGISTERED NURSE**	924,325	0	924,325	0	924,325	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	128,668	0	128,668	0	128,668	33.00
34.00	SPIRITUAL COUNSELING**	75,922	0	75,922	0	75,922	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	49,496	0	49,496	0	49,496	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	171,773	0	171,773	0	171,773	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	80,822	80,822	0	80,822	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	877,307	877,307	0	877,307	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	164,092	164,092	0	164,092	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
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*	648	0	648	0	648	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	112,207	1,712	113,919	0	113,919	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	19,496	19,496	0	19,496	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
100.00	TOTAL	1,940,626	2,141,750	4,082,376	0	4,082,376	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 52-0100

Period:

Worksheet 0

Hospice CCN: 52-1525

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 1:48 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	505,652	3.00
4.00	ADMINISTRATIVE & GENERAL*	-183,162	188,634	4.00
5.00	PLANT OPERATION & MAINTENANCE*	-93,599	82,667	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	37,843	11.00
12.00	STAFF TRANSPORTATION*	0	54,465	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	13,845	13.00
14.00	PHARMACY*	0	207,831	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	108,210	27.00
28.00	REGISTERED NURSE**	0	924,325	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	128,668	33.00
34.00	SPIRITUAL COUNSELING**	0	75,922	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	49,496	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	171,773	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	80,822	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	877,307	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	164,092	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	648	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	113,919	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	19,496	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	-276,761	3,805,615	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: 52-0100

Period:

Worksheet 0-2

Hospice CCN: 52-1525

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 1:48 pm

				Hospice I			
		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	108,210	0	108,210	0	108,210	27.00
28.00	REGISTERED NURSE	924,325	0	924,325	0	924,325	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	128,668	0	128,668	0	128,668	33.00
34.00	SPIRITUAL COUNSELING	75,922	0	75,922	0	75,922	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	49,496	0	49,496	0	49,496	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	171,773	0	171,773	0	171,773	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	80,822	80,822	0	80,822	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	877,307	877,307	0	877,307	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	164,092	164,092	0	164,092	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 *	1,458,394	1,122,221	2,580,615	0	2,580,615	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	108,210	27.00
28.00	REGISTERED NURSE	0	924,325	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	128,668	33.00
34.00	SPIRITUAL COUNSELING	0	75,922	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	49,496	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	171,773	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	80,822	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	877,307	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	164,092	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	2,580,615	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: 52-0100

Period:

Worksheet 0-5

Hospice CCN: 52-1525

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 1:48 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	45,835	45,835	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,327	14,327	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	505,652	753,964	1,259,616	3.00
4.00	ADMINISTRATIVE & GENERAL	188,634	1,267,032	1,455,666	4.00
5.00	PLANT OPERATION & MAINTENANCE	82,667	0	82,667	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	15,124	15,124	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	928	928	10.00
11.00	MEDICAL RECORDS	37,843	23,811	61,654	11.00
12.00	STAFF TRANSPORTATION	54,465		54,465	12.00
13.00	VOLUNTEER SERVICE COORDINATION	13,845		13,845	13.00
14.00	PHARMACY	207,831	675	208,506	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,580,615		2,580,615	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0		0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	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	648		648	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	113,919		113,919	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	19,496		19,496	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
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	3,805,615	2,121,696	5,927,311	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 1:48 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	45,835	45,835					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,327		14,327				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,259,616	0	0	1,259,616			3.00
4.00	ADMINISTRATIVE & GENERAL	1,455,666	45,835	14,327	198,284		1,714,112	4.00
5.00	PLANT OPERATION & MAINTENANCE	82,667	0	0	0		82,667	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0		0	6.00
7.00	HOUSEKEEPING	15,124	0	0	0		15,124	7.00
8.00	DIETARY	0	0	0	0		0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	928	0	0	0		928	10.00
11.00	MEDICAL RECORDS	61,654	0	0	21,585		83,239	11.00
12.00	STAFF TRANSPORTATION	54,465	0	0	0		54,465	12.00
13.00	VOLUNTEER SERVICE COORDINATION	13,845	0	0	19,953		33,798	13.00
14.00	PHARMACY	208,506	0	0	0		208,506	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0		0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,580,615			926,161		3,506,776	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	648	0	0	1,571		2,219	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	113,919	0	0	91,147		205,066	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	19,496	0	0	915		20,411	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	5,927,311	45,835	14,327	1,259,616		5,927,311	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2020
To 12/31/2020Part I
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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	1,714,112						4.00
5.00	PLANT OPERATION & MAINTENANCE	33,632	116,299					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	6,153	0			21,277		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	378	0			0		10.00
11.00	MEDICAL RECORDS	33,865	0			0		11.00
12.00	STAFF TRANSPORTATION	22,159	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	13,750	0			0		13.00
14.00	PHARMACY	84,829	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	116,299			21,277		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	1,426,709						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	903	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	83,430	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	8,304	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	1,714,112	116,299		0	21,277	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2020
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Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	1,306			10.00
11.00	MEDICAL RECORDS	0		117,104		11.00
12.00	STAFF TRANSPORTATION	0			76,624	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	47,548 13.00
14.00	PHARMACY	0			0	0 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0 15.00
16.00	OTHER GENERAL SERVICE	0			0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	0	1,306	117,104	76,624	47,548 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0 60.00
61.00	VOLUNTEER PROGRAM	0			0	0 61.00
62.00	FUNDRAISING	0			0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0 65.00
66.00	RESIDENTIAL CARE	0			0	0 66.00
67.00	ADVERTISING	0			0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0 68.00
69.00	THRIFT STORE	0			0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	0	1,306	117,104	76,624	47,548 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:

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Hospice CCN: 52-1525

From 01/01/2020
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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	293,335					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		137,576			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	293,335	0	137,576		5,606,978	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		3,122	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		288,496	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		28,715	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	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	293,335	0	137,576	0	5,927,311	100.00

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2020
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Date/Time Prepared:
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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	2,500					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		14,894				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,207,770			3.00
4.00	ADMINISTRATIVE & GENERAL	2,500	14,894	347,538	-1,714,112	4,213,199	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	82,667	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	15,124	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	928	10.00
11.00	MEDICAL RECORDS	0	0	37,833	0	83,239	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	54,465	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	34,972	0	33,798	13.00
14.00	PHARMACY	0	0	0	0	208,506	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,623,313		3,506,776	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	2,754	0	2,219	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	159,757	0	205,066	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	1,603	0	20,411	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)	45,835	14,327	1,259,616		1,714,112	100.00
101.00	UNIT COST MULTIPLIER	18.334000	0.961931	0.570538		0.406843	101.00

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2020
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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	2,500					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		2,500			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	2,500		2,500		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	116,299	0	21,277	0	0	100.00
101.00	UNIT COST MULTIPLIER	46.519600	0.000000	8.510800	0.000000	0.000000	101.00

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2020
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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	21,712						10.00
11.00	MEDICAL RECORDS		21,712					11.00
12.00	STAFF TRANSPORTATION				144,000			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	1,435		13.00
14.00	PHARMACY				0	0	4,299,117	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	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	21,712	21,712	144,000		1,435	4,299,117	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	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)	1,306	117,104	76,624	47,548	293,335		100.00
101.00	UNIT COST MULTIPLIER	0.060151	5.393515	0.532111	33.134495	0.068231		101.00

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
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Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		253,868			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	253,868			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		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	137,576	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.541919	0.000000		101.00

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

Provider CCN: 52-0100

Period:
From 01/01/2020

Worksheet 0-7

Hospice CCN: 52-1525

To 12/31/2020

Date/Time Prepared:
7/27/2021 1:48 pm

			Hospice I		
Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)		
			HCHC	HRHC	HIRC
	0	1.00	2.00	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	66.00	0.273941	0	0	0
2.00 OCCUPATIONAL THERAPY	67.00	0.226068	0	0	0
3.00 SPEECH PATHOLOGY	68.00	0.362180	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.227282	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00				
6.00 LABORATORY	60.00	0.133319	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.133065	0	0	0
8.99 PARTIAL HOSPITALIZATION PROGRAM	93.99	0.000000	0	0	0
9.00 RADIOLOGY-THERAPEUTIC	55.00	0.101058	0	0	0
10.00 OTHER	76.00	0.000000	0	0	0
10.01 SLEEP/EEG	76.01	0.339818	0	0	0
10.02 GI	76.02	0.084482	0	0	0
10.03 NUCLEAR MED	76.03	0.103180	0	0	0
10.04 PSYCH	76.04	1.624748	0	0	0
10.05 ULTRASOUND	76.05	0.100950	0	0	0
10.06 VASCULAR LAB	76.06	0.220674	0	0	0
10.07 MEDICAL OUTPATIENT	76.07	1.034972	0	0	0
10.97 CARDIAC REHABILITATION	76.97	0.746111	0	0	0
10.98 HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0
10.99 LITHOTRIPSY	76.99	0.110400	0	0	0
11.00 Totals (sum of lines 1-11)					
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)
	5.00	6.00	7.00	8.00	9.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	0	0	0	0	0
2.00 OCCUPATIONAL THERAPY	0	0	0	0	0
3.00 SPEECH PATHOLOGY	0	0	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED					
6.00 LABORATORY	0	0	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
8.99 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0
9.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
10.00 OTHER	0	0	0	0	0
10.01 SLEEP/EEG	0	0	0	0	0
10.02 GI	0	0	0	0	0
10.03 NUCLEAR MED	0	0	0	0	0
10.04 PSYCH	0	0	0	0	0
10.05 ULTRASOUND	0	0	0	0	0
10.06 VASCULAR LAB	0	0	0	0	0
10.07 MEDICAL OUTPATIENT	0	0	0	0	0
10.97 CARDIAC REHABILITATION	0	0	0	0	0
10.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
10.99 LITHOTRIPSY	0	0	0	0	0
11.00 Totals (sum of lines 1-11)					

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 52-0100

Period:

Worksheet 0-8

Hospice CCN: 52-1525

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 1:48 pm

		Hospice I		
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			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)			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)			5,606,978 6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			21,712 7.00
8.00	Total average cost per diem (line 6 divided by line 7)			258.24 8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	20,516	297	9.00
10.00	Program cost (line 8 times line 9)	5,298,052	76,697	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)			0 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)			5,606,978 21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			21,712 22.00
23.00	Average cost per diem (line 21 divided by line 22)			258.24 23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 52-0100	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/27/2021 1:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,142,594	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		112,138	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)		43.65	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,254,732	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