

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/29/2021 12:48 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 7/29/2021 Time: 12:48 pm
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 FRANCI SCAN HEALTH HAMMOND (15-0004) 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) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,202,550	557,032	0	0	1.00
2.00 Subprovider - IPF	0	35,769	130		6	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
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	1,238,319	557,162	0	6	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 12:48 pm
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
1.00 Street: 5454 HOHMAN AVENUE		PO Box:		1.00	
2.00 City: HAMMOND		State: IN		2.00	
		Zip Code: 46320			
		County: LAKE			

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCSAN HEALTH HAMMOND	150004	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	FRANCSAN ST. MARGARET HLTH HAMMOND	155004	23844	4	01/01/2002	N	P	P	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. MARGARET HOME CARE	157145	23844		04/11/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2020	12/31/2020	20.00
21.00	Type of Control (see instructions)	1		21.00

	1.00	2.00	3.00
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Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.			Y		N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			Y		Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.			N		N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.			N		N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004			Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 12:48 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	143	26	3,602	245	2,869	93	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural S Date of Geogr			
						1.00 2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning: Ending:			
						1.00 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N Y/N			
						1.00 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00	
						V XVII I XIX			
						1.00 2.00 3.00			
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1		60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1		60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1		60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1		60.06	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	

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			1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)		N		63.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000 64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000 65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	7.22	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

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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		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N	87.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			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

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		V		XIX			
		1.00		2.00			
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		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N	110.00
						1.00	
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	
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					115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2				118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	960,785		477,003			118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 12:48 pm	
		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	
DO NOT USE THIS LINE					
119.00	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	119.00	
120.00	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		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H014	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101	
142.00	Street: 1515 DRAGOON TRAIL	PO Box:			
143.00	City: MISHAWAKA	State: IN	Zip Code: 46546		
			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.			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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 12:48 pm		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus 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)						9.99	169.00
							Beginning	Ending
							1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
							1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, 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: 15-0004		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 12:48 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/20/2021			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/07/2021	Y	04/07/2021		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 12:48 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 relieved 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.	HONG		YANG	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-407-6568		HONG.YANG@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 12:48 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.	DI RECTOR - REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 12:48 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	152	55,632	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)		152	55,632	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	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 NEWBORN INTENSIVE CARE UNIT	35.00	8	2,928	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		180	65,880	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,836		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		226				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 12:48 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	6,781	2,698	19,578			1.00
2.00 HMO and other (see instructions)	5,376	2,869				2.00
3.00 HMO IPF Subprovider	371	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)	6,781	2,698	19,578			7.00
8.00 INTENSIVE CARE UNIT	990	415	3,391			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 NEWBORN INTENSIVE CARE UNIT	0	345	485			12.00
13.00 NURSERY		558	853			13.00
14.00 Total (see instructions)	7,771	4,016	24,307	7.22	811.38	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	660	3,366	7,859	0.00	42.88	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	32,249	3,561	55,546	0.00	69.26	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				7.22	923.52	27.00
28.00 Observation Bed Days		739	6,999			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	93	165			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 12:48 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
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	1,538	1,604	5,070	1.00
2.00 HMO and other (see instructions)				817	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEWBORN INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,538	1,604	5,070	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		104	679	1,642	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

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

Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 12:48 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	83,220,793	0	83,220,793	2,279,351.00	36.51
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FOHC 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)		558,026	0	558,026	11,330.00	49.25
8.00	Home office and/or related organization personnel		10,954,814	0	10,954,814	261,327.00	41.92
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,181,443	-22,348	10,159,095	267,094.00	38.04
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,315,547	0	1,315,547	19,374.00	67.90
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		382,072	0	382,072	3,048.00	125.35
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		11,533,126	0	11,533,126	275,099.00	41.92
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)		17,545,755	0	17,545,755		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,388,287	0	2,388,287		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,403,913	0	3,403,913		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

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

Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 12:48 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
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	1,605,113	0	1,605,113	75,904.00	21.15	26.00
27.00	Administrative & General	16,708,191	0	16,708,191	356,234.00	46.90	27.00
28.00	Administrative & General under contract (see inst.)	723,495	0	723,495	6,041.00	119.76	28.00
29.00	Maintenance & Repairs	837,648	0	837,648	22,495.00	37.24	29.00
30.00	Operation of Plant	1,247,771	0	1,247,771	34,179.00	36.51	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,739,361	0	1,739,361	111,548.00	15.59	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,231,164	-853,080	378,084	20,012.00	18.89	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	853,080	853,080	45,155.00	18.89	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,707,454	0	3,707,454	100,727.00	36.81	38.00
39.00	Central Services and Supply	191,739	0	191,739	8,403.00	22.82	39.00
40.00	Pharmacy	2,874,776	22,348	2,897,124	69,207.00	41.86	40.00
41.00	Medical Records & Medical Records Library	323,660	0	323,660	11,312.00	28.61	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

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

Worksheet S-3
Part III
Date/Time Prepared:
7/29/2021 12:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati 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)	72,431,448	0	72,431,448	2,012,735.00	35.99	1.00
2.00	Excluded area salaries (see instructions)	10,181,443	-22,348	10,159,095	267,094.00	38.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	62,250,005	22,348	62,272,353	1,745,641.00	35.67	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,230,745	0	13,230,745	297,521.00	44.47	4.00
5.00	Subtotal wage-related costs (see inst.)	20,949,668	0	20,949,668	0.00	33.64	5.00
6.00	Total (sum of lines 3 thru 5)	96,430,418	22,348	96,452,766	2,043,162.00	47.21	6.00
7.00	Total overhead cost (see instructions)	31,190,372	22,348	31,212,720	861,217.00	36.24	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/29/2021 12:48 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,007,863 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			4,256,127 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)			6,018,908 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			951,574 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			-36,763 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)			209,325 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			988,781 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			4,139,017 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			10,924 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			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			17,545,756 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 7/29/2021 12:48 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		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0004 Component CCN: 15-7145	Period: From 01/01/2020 To 12/31/2020	Worksheet S-4 Date/Time Prepared: 7/29/2021 12:48 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)	0.00	1,741.00	0.00	0.00	3,099.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00			1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)				1.67	0.00	1.67	4.00
5.00	Other Administrative Personnel				17.77	0.00	17.77	5.00
6.00	Direct Nursing Service				27.75	0.00	27.75	6.00
7.00	Nursing Supervisor				4.77	0.00	4.77	7.00
8.00	Physical Therapy Service				12.48	0.00	12.48	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				2.07	0.00	2.07	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.03	0.00	0.03	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.06	0.00	0.06	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				3.64	0.00	3.64	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).	16974						20.00
20.01		23844						20.01
20.02		33140						20.02
20.03		99915						20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	9,914	4,109	401	55	14,479	21.00	
22.00	Skilled Nursing Visit Charges	3,941,656	1,633,534	159,838	21,830	5,756,858	22.00	
23.00	Physical Therapy Visits	8,831	3,242	198	69	12,340	23.00	
24.00	Physical Therapy Visit Charges	3,641,970	1,340,340	81,876	28,494	5,092,680	24.00	
25.00	Occupational Therapy Visits	552	1,143	9	13	1,717	25.00	
26.00	Occupational Therapy Visit Charges	228,240	473,082	3,726	5,358	710,406	26.00	
27.00	Speech Pathology Visits	184	302	5	5	496	27.00	
28.00	Speech Pathology Visit Charges	75,912	124,788	2,070	2,070	204,840	28.00	
29.00	Medical Social Service Visits	12	8	0	0	20	29.00	
30.00	Medical Social Service Visit Charges	5,760	3,840	0	0	9,600	30.00	
31.00	Home Health Aide Visits	1,930	1,255	7	5	3,197	31.00	
32.00	Home Health Aide Visit Charges	371,170	242,105	1,351	965	615,591	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	21,423	10,059	620	147	32,249	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)	8,264,708	3,817,689	248,861	58,717	12,389,975	35.00	
36.00	Total Number of Episodes (standard/non outlier)	2,308		346	21	2,675	36.00	
37.00	Total Number of Outlier Episodes		491		1	492	37.00	
38.00	Total Non-Routine Medical Supply Charges	117,592	79,519	5,126	1,254	203,491	38.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/29/2021 12:48 pm
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				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)			0.269692	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			29,532,652	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?			N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			21,866,393	5.00	
6.00	Medicaid charges			143,295,387	6.00	
7.00	Medicaid cost (line 1 times line 6)			38,645,620	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			0	9.00	
10.00	Stand-alone CHIP charges			0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated Care (see instructions for each line)						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	29,412,572	2,655,115	32,067,687	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,932,335	2,655,115	10,587,450	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	7,932,335	2,655,115	10,587,450	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			8,228,826	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			956,023	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,470,803	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			6,758,023	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,337,365	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,924,815	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,924,815	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/29/2021 12:48 pm		
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified 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		8,901,790	8,901,790	-2,849,406	6,052,384	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,604,104	4,604,104	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,605,113	945,324	2,550,437	-72,827	2,477,610	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	16,708,191	24,670,972	41,379,163	-5,708,964	35,670,199	5.05
6.00	00600	MAINTENANCE & REPAIRS	837,648	2,135,689	2,973,337	-11	2,973,326	6.00
7.00	00700	OPERATION OF PLANT	1,247,771	7,088,811	8,336,582	-1,238	8,335,344	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	451,982	451,982	0	451,982	8.00
9.00	00900	HOUSEKEEPING	1,739,361	986,651	2,726,012	0	2,726,012	9.00
10.00	01000	DIETARY	1,231,164	1,041,650	2,272,814	-1,574,844	697,970	10.00
11.00	01100	CAFETERIA	0	0	0	1,574,844	1,574,844	11.00
13.00	01300	NURSING ADMINISTRATION	3,707,454	2,321,490	6,028,944	-87,366	5,941,578	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	191,739	339,022	530,761	-96,893	433,868	14.00
15.00	01500	PHARMACY	2,874,776	25,410,438	28,285,214	-23,038,030	5,247,184	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	323,660	117,562	441,222	0	441,222	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	109,574	42,165	151,739	558,026	709,765	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	88,519	40,026	128,545	68,351	196,896	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	64,333	23,049	87,382	-6,826	80,556	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	77,488	22,586	100,074	-23,473	76,601	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	583,448	198,024	781,472	-210,879	570,593	23.04
23.05	02305	PARAMED ED PRGM-EMT	9,299	21,594	30,893	-1,933	28,960	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	68,352	68,352	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,664,975	7,213,045	23,878,020	-3,751,974	20,126,046	30.00
31.00	03100	INTENSIVE CARE UNIT	2,467,607	1,464,768	3,932,375	-460,956	3,471,419	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	872,638	877,023	1,749,661	-22,459	1,727,202	35.00
40.00	04000	SUBPROVIDER - IPF	2,958,935	995,730	3,954,665	-12,020	3,942,645	40.00
43.00	04300	NURSERY	0	0	0	1,664,306	1,664,306	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	856,234	3,927,389	4,783,623	-2,871,664	1,911,959	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	774,819	395,133	1,169,952	-241,944	928,008	50.02
51.00	05100	RECOVERY ROOM	296,785	145,237	442,022	-11,430	430,592	51.00
53.00	05300	ANESTHESIOLOGY	34,735	3,832,612	3,867,347	-139,682	3,727,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,189,752	466,675	1,656,427	-183,291	1,473,136	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	610,588	879,767	1,490,355	-690,249	800,106	54.01
54.02	05402	ULTRASOUND	398,243	256,462	654,705	-9,661	645,044	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	438,532	571,752	1,010,284	-124,879	885,405	55.01
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	8,342,284	8,342,284	-136,905	8,205,379	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	397,013	397,013	-395,697	1,316	63.00
63.01	06301	NUCLEAR MEDICINE	154,861	248,640	403,501	-72,298	331,203	63.01
65.00	06500	RESPIRATORY THERAPY	1,086,248	1,822,979	2,909,227	-37,395	2,871,832	65.00
66.00	06600	PHYSICAL THERAPY	2,637,733	792,972	3,430,705	-430,510	3,000,195	66.00
67.00	06700	OCCUPATIONAL THERAPY	567,128	245,029	812,157	63,231	875,388	67.00
68.00	06800	SPEECH PATHOLOGY	280,477	115,356	395,833	12,155	407,988	68.00
69.00	06900	ELECTROCARDIOLOGY	376,767	607,070	983,837	-8,338	975,499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,898	31,156	51,054	-92	50,962	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,539,618	6,539,618	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,104,055	3,104,055	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,785,270	23,785,270	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	763,873	1,872,409	2,636,282	-1,713,914	922,368	76.02
76.03	03957	CARDIAC REHABILITATION	286,615	103,620	390,235	21,389	411,624	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951	MRI	140,028	121,144	261,172	-8,301	252,871	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	3,350,875	3,350,875	0	3,350,875	76.07
76.08	03953	WOUND CARE	230,786	111,193	341,979	-48,805	293,174	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	819,663	819,663	76.09
76.10	03955	INFUSION	2,139,392	1,817,515	3,956,907	-295,697	3,661,210	76.10
76.11	03956	CARE TRANSITION CENTER	6,237	0	6,237	0	6,237	76.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 15-0004 Period: From 01/01/2020 To 12/31/2020 Worksheet A
 Date/Time Prepared: 7/29/2021 12:48 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.12	03958 ANTI COAGULATION CLINIC	313,772	243,371	557,143	-15,734	541,409	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	121,264	215,416	336,680	-25,924	310,756	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	23,003	27,843	50,846	-2,101	48,745	90.03
91.00	09100 EMERGENCY	8,709,909	3,587,892	12,297,801	-679,519	11,618,282	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,510,443	2,750,965	8,261,408	-147,354	8,114,054	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		217,167	217,167	3,328,119	3,545,286	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	82,331,815	122,806,327	205,138,142	0	205,138,142	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,315	41,773	74,088	0	74,088	190.00
190.01	19001 CONVENT	0	11,802	11,802	0	11,802	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	176,200	176,200	0	176,200	190.03
190.04	19004 WOMEN'S HEALTH CENTER	44,206	13,552	57,758	0	57,758	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	325,641	81,785	407,426	0	407,426	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	49,966	6,389	56,355	0	56,355	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	57,087	-1,814,584	-1,757,497	0	-1,757,497	192.00
192.01	19201 WORKING WELL	379,763	288,986	668,749	0	668,749	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	1,964	1,964	0	1,964	194.01
200.00	TOTAL (SUM OF LINES 118 through 199)	83,220,793	121,614,194	204,834,987	0	204,834,987	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,899,362	8,951,746	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,604,104	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,671,343	5,148,953	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-3,230,367	32,439,832	5.05
6.00	00600	MAINTENANCE & REPAIRS	-4,027	2,969,299	6.00
7.00	00700	OPERATION OF PLANT	0	8,335,344	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	451,982	8.00
9.00	00900	HOUSEKEEPING	0	2,726,012	9.00
10.00	01000	DIETARY	-253,590	444,380	10.00
11.00	01100	CAFETERIA	-500,160	1,074,684	11.00
13.00	01300	NURSING ADMINISTRATION	-228,660	5,712,918	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	470,812	904,680	14.00
15.00	01500	PHARMACY	-184,589	5,062,595	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	863,822	1,305,044	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	306,472	1,016,237	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED PRGM - LAB 4+1	0	196,896	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	80,556	23.02
23.03	02303	PARAMED PRGM - RESP THER	0	76,601	23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	570,593	23.04
23.05	02305	PARAMED PRGM-EMT	0	28,960	23.05
23.06	02306	PARAMED PRGM - LAB 3+1	0	68,352	23.06
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-502,410	19,623,636	30.00
31.00	03100	INTENSIVE CARE UNIT	-98,422	3,372,997	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	1,727,202	35.00
40.00	04000	SUBPROVIDER - I/PF	2,336,478	6,279,123	40.00
43.00	04300	NURSERY	0	1,664,306	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-590,588	1,321,371	50.00
50.01	05001	OPEN HEART SURGERY	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	928,008	50.02
51.00	05100	RECOVERY ROOM	0	430,592	51.00
53.00	05300	ANESTHESIOLOGY	0	3,727,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-132,409	1,340,727	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	800,106	54.01
54.02	05402	ULTRASOUND	-11,626	633,418	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	-184,667	700,738	55.01
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	-2,112,917	6,092,462	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-1,168	148	63.00
63.01	06301	NUCLEAR MEDICINE	-6,592	324,611	63.01
65.00	06500	RESPIRATORY THERAPY	-32,453	2,839,379	65.00
66.00	06600	PHYSICAL THERAPY	-10,343	2,989,852	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,438	873,950	67.00
68.00	06800	SPEECH PATHOLOGY	0	407,988	68.00
69.00	06900	ELECTROCARDIOLOGY	-414,758	560,741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,166	48,796	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,539,618	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,104,055	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,785,270	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	-233,888	688,480	76.02
76.03	03957	CARDIAC REHABILITATION	-2,924	408,700	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	76.04
76.05	03951	MRI	-34,385	218,486	76.05
76.06	03952	BARIATRIC CENTER	0	0	76.06
76.07	03550	PSYCHIATRY THERAPY	-373,184	2,977,691	76.07
76.08	03953	WOUND CARE	-1,991	291,183	76.08
76.09	03954	RENAL DIALYSIS	0	819,663	76.09
76.10	03955	INFUSION	-7,959	3,653,251	76.10
76.11	03956	CARE TRANSITION CENTER	0	6,237	76.11
76.12	03958	ANTI COAGULATION CLINIC	-15,471	525,938	76.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	-1,106	309,650	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	48,745	90.03
91.00	09100 EMERGENCY	-1,293,830	10,324,452	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	-3,856	8,110,198	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-3,545,286	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-4,468,941	200,669,201	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	74,088	190.00
190.01	19001 CONVENT	0	11,802	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	176,200	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	57,758	190.04
190.05	19005 DEVELOPMENT	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	407,426	190.06
190.07	19007 IMAGE RECOVERY	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	190.08
190.09	19009 MDWISE	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	190.10
190.11	19011 CENTER OF HOPE	0	56,355	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINI AS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	-1,757,497	192.00
192.01	19201 WORKING WELL	0	668,749	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	1,964	194.01
200.00	TOTAL (SUM OF LINES 118 through 199)	-4,468,941	200,366,046	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAPITAL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,604,104	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,649,474	2.00	
	TOTALS		0	7,253,578		
B - DIETARY						
1.00	CAFETERIA	11.00	853,080	721,764	1.00	
	TOTALS		853,080	721,764		
C - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,141,767	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	1,141,767		
D - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,060,171	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
	TOTALS		0	9,060,171		
E - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,785,270	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
24.00		0.00	0	0	24.00
TOTALS			0	23,785,270	
F - RADIOLOGY ADMINISTRATION					
1.00	NUCLEAR MEDICINE	63.01	5,357	0	1.00
2.00	ULTRASOUND	54.02	53,731	0	2.00
3.00	NUCLEAR MEDICINE	63.01	90,812	0	3.00
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	7,695	0	4.00
5.00	MRI	76.05	12,313	0	5.00
TOTALS			169,908	0	
G - MEDICAL EDUCATION					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	558,026	1.00
TOTALS			0	558,026	
H - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - LAB 4+1	23.01	0	68,352	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,826	2.00
3.00	RESPIRATORY THERAPY	65.00	0	23,473	3.00
4.00	PHARMACY	15.00	22,348	188,531	4.00
5.00	PARAMED ED PRGM - LAB 3+1	23.06	0	68,352	5.00
TOTALS			22,348	355,534	
I - PROFESSIONAL SUPPORT SERVICES					
1.00	RESPIRATORY THERAPY	65.00	168,578	57,063	1.00
2.00	OCCUPATIONAL THERAPY	67.00	51,173	17,322	2.00
3.00	SPEECH PATHOLOGY	68.00	28,886	9,778	3.00
4.00	CARDIAC REHABILITATION	76.03	22,133	7,492	4.00
TOTALS			270,770	91,655	
J - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	18,000	1.00
TOTALS			0	18,000	
K - NURSERY					
1.00	NURSERY	43.00	1,065,041	599,265	1.00
TOTALS			1,065,041	599,265	
L - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	76.09	457,340	362,323	1.00
TOTALS			457,340	362,323	
M - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,104,055	1.00
2.00		0.00	0	0	2.00
TOTALS			0	3,104,055	
N - SPECIALTY CLINIC					
1.00	SPECIALTY CLINIC	90.03	0	1,238	1.00
TOTALS			0	1,238	
O - INTEREST EXPENSE					
1.00	INTEREST EXPENSE	113.00	0	3,578,670	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	220,598	2.00
TOTALS			0	3,799,268	
P - MISC A&G					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,731	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,560	2.00
TOTALS			0	9,291	
Q - CATH LAB RECOVERY					
1.00	CARDIOVASCULAR SERVICES	76.02	203,290	82,113	1.00
TOTALS			203,290	82,113	
500.00	Grand Total: Increases		3,041,777	50,943,318	500.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,604,104	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,649,474	9		2.00
	TOTALS		0	7,253,578			
B - DIETARY							
1.00	DIETARY	10.00	853,080	721,764	0		1.00
	TOTALS		853,080	721,764			
C - INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,139,105	12		1.00
2.00	INTEREST EXPENSE	113.00	0	2,662	0		2.00
	TOTALS		0	1,141,767			
D - CHARGEABLE SUPPLIES							
1.00	NURSING ADMINISTRATION	13.00	0	87,333	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	96,270	0		2.00
3.00	PHARMACY	15.00	0	56,074	0		3.00
4.00	PARAMED ED PRGM - LAB 4+1	23.01	0	1	0		4.00
5.00	PARAMED ED PRGM-EMT	23.05	0	1,933	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	975,254	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	435,213	0		7.00
8.00	NEWBORN INTENSIVE CARE UNIT	35.00	0	22,342	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	12,020	0		9.00
10.00	OPERATING ROOM	50.00	0	2,817,342	0		10.00
11.00	OUTPATIENT SURGERY	50.02	0	240,781	0		11.00
12.00	RECOVERY ROOM	51.00	0	11,430	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	111,842	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,208	0		14.00
15.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	697,944	0		15.00
16.00	ULTRASOUND	54.02	0	63,392	0		16.00
17.00	COMPUTED TOMOGRAPHY	55.01	0	124,879	0		17.00
18.00	LABORATORY	60.00	0	201	0		18.00
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	395,697	0		19.00
20.00	NUCLEAR MEDICINE	63.01	0	2,553	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	283,523	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	4,204	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	5,264	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	26,509	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	6,769	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	92	0		26.00
27.00	CARDIOVASCULAR SERVICES	76.02	0	1,415,311	0		27.00
28.00	CARDIAC REHABILITATION	76.03	0	8,236	0		28.00
29.00	MRI	76.05	0	20,614	0		29.00
30.00	WOUND CARE	76.08	0	34,032	0		30.00
31.00	INFUSION	76.10	0	254,692	0		31.00
32.00	ANTI COAGULATION CLINIC	76.12	0	15,734	0		32.00
33.00	OCC HEALTH CLINIC	90.01	0	5,865	0		33.00
34.00	EMERGENCY	91.00	0	660,602	0		34.00
35.00	HOME HEALTH AGENCY	101.00	0	146,015	0		35.00
	TOTALS		0	9,060,171			
E - PHARMACY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	72,827	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	68,121	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	11	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	33	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	623	0		5.00
6.00	PHARMACY	15.00	0	23,192,835	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	7,348	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	25,743	0		8.00
9.00	NEWBORN INTENSIVE CARE UNIT	35.00	0	117	0		9.00
10.00	OPERATING ROOM	50.00	0	54,322	0		10.00
11.00	OUTPATIENT SURGERY	50.02	0	1,163	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	27,840	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1	0		13.00
14.00	NUCLEAR MEDICINE	63.01	0	165,914	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	2,986	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	63,881	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	1,569	0		17.00
18.00	CARDIOVASCULAR SERVICES	76.02	0	504	0		18.00
19.00	WOUND CARE	76.08	0	14,773	0		19.00
20.00	INFUSION	76.10	0	41,005	0		20.00
21.00	OCC HEALTH CLINIC	90.01	0	20,059	0		21.00
22.00	SPECIALTY CLINIC	90.03	0	3,339	0		22.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
23.00	EMERGENCY	91.00	0	18,917	0	23.00
24.00	HOME HEALTH AGENCY	101.00	0	1,339	0	24.00
	TOTALS		0	23,785,270		
F - RADIOLOGY ADMINISTRATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	169,908	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	TOTALS		169,908	0		
G - MEDICAL EDUCATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	558,026	0	1.00
	TOTALS		0	558,026		
H - PARAMEDICAL EDUCATION						
1.00	LABORATORY	60.00	0	68,352	0	1.00
2.00	PARAMED PRGM - RADIOLOGY	23.02	0	6,826	0	2.00
3.00	PARAMED PRGM - RESPTHER	23.03	0	23,473	0	3.00
4.00	PARAMED PRGM-PHARMACY	23.04	22,348	188,531	0	4.00
5.00	LABORATORY	60.00	0	68,352	0	5.00
	TOTALS		22,348	355,534		
I - PROFESSIONAL SUPPORT SERVICES						
1.00	PHYSICAL THERAPY	66.00	270,770	91,655	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		270,770	91,655		
J - RENT						
1.00	INTEREST EXPENSE	113.00	0	18,000	10	1.00
	TOTALS		0	18,000		
K - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,065,041	599,265	0	1.00
	TOTALS		1,065,041	599,265		
L - RENAL DIALYSIS						
1.00	ADULTS & PEDIATRICS	30.00	457,340	362,323	0	1.00
	TOTALS		457,340	362,323		
M - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,520,553	0	1.00
2.00	CARDIOVASCULAR SERVICES	76.02	0	583,502	0	2.00
	TOTALS		0	3,104,055		
N - SPECIALTY CLINIC						
1.00	OPERATION OF PLANT	7.00	0	1,238	0	1.00
	TOTALS		0	1,238		
O - INTEREST EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,578,670	0	1.00
2.00	INTEREST EXPENSE	113.00	0	220,598	11	2.00
	TOTALS		0	3,799,268		
P - MISC A&G						
1.00	INTEREST EXPENSE	113.00	0	5,731	11	1.00
2.00	INTEREST EXPENSE	113.00	0	3,560	11	2.00
	TOTALS		0	9,291		
Q - CATH LAB RECOVERY						
1.00	ADULTS & PEDIATRICS	30.00	203,290	82,113	0	1.00
	TOTALS		203,290	82,113		
500.00	Grand Total: Decreases		3,041,777	50,943,318		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,547,620	0	0	0	0	1.00
2.00	Land Improvements	3,655,975	0	0	0	0	2.00
3.00	Buildings and Fixtures	47,864,714	0	0	0	3,456,643	3.00
4.00	Building Improvements	117,879	0	0	0	0	4.00
5.00	Fixed Equipment	161,260,991	6,832,980	0	6,832,980	0	5.00
6.00	Movable Equipment	787,573	0	0	0	123,032	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	219,234,752	6,832,980	0	6,832,980	3,579,675	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	219,234,752	6,832,980	0	6,832,980	3,579,675	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,547,620	0				1.00
2.00	Land Improvements	3,655,975	3,284,014				2.00
3.00	Buildings and Fixtures	44,408,071	11,498,955				3.00
4.00	Building Improvements	117,879	95,213				4.00
5.00	Fixed Equipment	168,093,971	94,244,999				5.00
6.00	Movable Equipment	664,541	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	222,488,057	109,123,181				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	222,488,057	109,123,181				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,901,790	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,901,790	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	8,901,790				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,901,790				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,947,160	18,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,604,104	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,551,264	18,000	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	220,674	-1,139,105	0	2,905,017	8,951,746	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,604,104	2.00
3.00	Total (sum of lines 1-2)	220,674	-1,139,105	0	2,905,017	13,555,850	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-7,185	0	INTEREST EXPENSE	113.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-199,629	0	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-18,720	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,516,246	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-721,413	0			0	12.00
13.00 Laundry and linen service	B	0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-495,472	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines	B	-4,688	0	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0	0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00
33.00 KINDRED MEALS	B	-170,584	0	DIETARY	10.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

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

Worksheet A-8

Date/Time Prepared:
7/29/2021 12:48 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	
33.01 WELLNESS CENTER REVENUE	B	-340	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02 PHYSICIAN APPLICATION FEES	B	-107,050	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.02
33.03 CARDIAC DIETETIC INSTRUCTION	B	-1,050	DIETARY	10.00	0	33.03
33.04 LOBBYING EXPENSE	A	-6,152	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.04
33.05 PROGRAM FEES	B	-8,844	NURSING ADMINISTRATION	13.00	0	33.05
33.06 LIFELINE	B	-3,175	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.06
33.07 UNNECESSARY BORROWING	A	-399,029	INTEREST EXPENSE	113.00	0	33.07
33.08 MISCELLANEOUS INCOME	B	-2,730	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.08
33.09 MISCELLANEOUS INCOME	B	-4,027	MAINTENANCE & REPAIRS	6.00	0	33.09
33.10 GOODWILL	A	-77,133	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.10
33.11 DONATIONS EXPENSE	A	1	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.11
33.12 ADVERTISING EXPENSE	A	-240	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.12
33.13 ADVERTISING EXPENSE	A	-1,794	SUBPROVIDER - IPF	40.00	0	33.13
33.14 MISCELLANEOUS INCOME	B	-1,555	RADIOLOGY-DIAGNOSTIC	54.00	0	33.14
33.15 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	33.15
33.16 HAF ASSESSMENT	A	-2,938,732	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.16
33.17 PENSION COST	A	2,462,737	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18 DISCOUNTS/REBATES	B	-110,727	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.18
33.19 CONTRA BENEFITS	A	211,673	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20 DISCOUNTS/REBATES	B	-81,956	DIETARY	10.00	0	33.20
33.21 DISCOUNTS/REBATES	B	-96,030	PHARMACY	15.00	0	33.21
33.22 DISCOUNTS/REBATES	B	-72,831	OPERATING ROOM	50.00	0	33.22
33.23 DISCOUNTS/REBATES	B	-82,333	RADIOLOGY-DIAGNOSTIC	54.00	0	33.23
33.24 DISCOUNTS/REBATES	B	-23,415	LABORATORY	60.00	0	33.24
33.25 DISCOUNTS/REBATES	B	-9,788	RESPIRATORY THERAPY	65.00	0	33.25
33.26 DISCOUNTS/REBATES	B	-76,229	CARDIOVASCULAR SERVICES	76.02	0	33.26
33.27 ADVERTISING EXPENSE	A	-2,727	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.27
33.28 SALE OF MED RECORDS	B	-3,235	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.28
33.29 PODIATRY RESIDENTS ADD ON	A	306,472	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.29
33.30 ADVERTISING EXPENSE	A	-1,106	OCC HEALTH CLINIC	90.01	0	33.30
33.31 ADVERTISING EXPENSE	A	1	ADULTS & PEDIATRICS	30.00	0	33.31
33.32 ADVERTISING EXPENSE	A	-3,856	HOME HEALTH AGENCY	101.00	0	33.32
33.33 RESEARCH PRIVATE INDUSTRY	B	-87,296	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.33
33.34 MISCELLANEOUS INCOME	B	-38,250	ADULTS & PEDIATRICS	30.00	0	33.34
33.35 ADVERTISING EXPENSE	A	1	PHYSICAL THERAPY	66.00	0	33.35
33.36 MISC OTHER OPERATING	B	-5,655	CAP REL COSTS-BLDG & FIXT	1.00	11	33.36
33.37 MISC OTHER OPERATING	B	-11,089	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.37
33.38 PATIENT INT	B	6,120	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.38
33.39 PROGRAM FEES	B	-29,785	LABORATORY	60.00	0	33.39
33.40 EMERGENCY MED ED	B	-33,850	EMERGENCY	91.00	0	33.40
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,468,941				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0004

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

Worksheet A-8-1

Date/Time Prepared: 7/29/2021 12:48 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,905,017	0
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	DATA PROCESSING	12,241,585	0
3.00	5.05	OTHER ADMINISTRATIVE AND GEN	PURCHASING	81,883	0
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINITTING	2,203,678	0
4.01	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	8,492,288	31,614,011
4.02	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	670,441	0
4.03	15.00	PHARMACY	COEP / PHARMACY	316,214	0
4.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	863,822	0
4.05	113.00	INTEREST EXPENSE	INTEREST	626,812	3,765,884
4.06	5.05	OTHER ADMINISTRATIVE AND GEN	PURCHASED SERVICES OTHER	0	-8,724,368
4.07	15.00	PHARMACY	PHARMACY	202,835	607,608
4.08	31.00	INTENSIVE CARE UNIT	INTENSIVE CARE UNIT	0	77,425
4.10	63.01	NUCLEAR MEDICINE	NUCLEAR MEDICINE	2,494	9,086
4.11	50.00	OPERATING ROOM	SURGERY	624	5,784
4.12	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	7,013	55,534
4.13	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	26,690	211,357
4.14	60.00	LABORATORY	CHEMISTRY	375,094	2,424,463
4.15	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	148	1,316
4.16	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	6,138	25,623
4.17	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	4,771	6,380
4.18	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	58,844	473,602
4.19	76.03	CARDIAC REHABILITATION	CARDIAC REHAB	415	3,339
4.20	76.05	MRI	MRI	4,970	39,355
4.21	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	2,977,691	3,350,875
4.22	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	482	1,920
4.23	91.00	EMERGENCY	EMERGENCY ROOM	248,018	1,416,832
4.24	40.00	SUBPROVIDER - IPF	PSYCH UNIT OVERHEAD	2,338,272	0
4.26	54.02	ULTRASOUND	ULTRASOUND	2,243	13,869
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			34,658,482	35,379,895

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

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

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

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

6.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 12:48 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,905,017	14		1.00
2.00	12,241,585	0		2.00
3.00	81,883	0		3.00
4.00	2,203,678	0		4.00
4.01	-23,121,723	0		4.01
4.02	670,441	0		4.02
4.03	316,214	0		4.03
4.04	863,822	0		4.04
4.05	-3,139,072	0		4.05
4.06	8,724,368	0		4.06
4.07	-404,773	0		4.07
4.08	-77,425	0		4.08
4.10	-6,592	0		4.10
4.11	-5,160	0		4.11
4.12	-48,521	0		4.12
4.13	-184,667	0		4.13
4.14	-2,049,369	0		4.14
4.15	-1,168	0		4.15
4.16	-19,485	0		4.16
4.17	-1,609	0		4.17
4.18	-414,758	0		4.18
4.19	-2,924	0		4.19
4.20	-34,385	0		4.20
4.21	-373,184	0		4.21
4.22	-1,438	0		4.22
4.23	-1,168,814	0		4.23
4.24	2,338,272	0		4.24
4.26	-11,626	0		4.26
5.00	-721,413	0		5.00

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

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

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

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

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

6.00		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT			Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet A-8-2 Date/Time Prepared: 7/29/2021 12:48 pm
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	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	13.00	NURSING ADMINISTRATION	227,412	216,247	11,165	197,500	80	1.00
2.00	30.00	ADULTS & PEDIATRICS	480,398	459,000	21,398	197,500	171	2.00
3.00	31.00	INTENSIVE CARE UNIT	75,025	3,906	71,119	197,500	569	3.00
4.00	50.00	OPERATING ROOM	586,991	508,500	78,491	246,400	628	4.00
5.00	60.00	LABORATORY	40,793	8,730	32,063	246,400	257	5.00
6.00	65.00	RESPIRATORY THERAPY	8,592	1,442	7,150	197,500	57	6.00
7.00	66.00	PHYSICAL THERAPY	31,713	1,525	30,188	197,500	242	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	4,350	1,490	2,860	197,500	23	8.00
9.00	76.02	CARDIOVASCULAR SERVICES	181,207	150,267	30,940	197,500	248	9.00
10.00	76.08	WOUND CARE	4,840	1,100	3,740	197,500	30	10.00
11.00	76.10	INFUSION	26,000	2,200	23,800	197,500	190	11.00
12.00	76.12	ANTI COAGULATION CLINIC	56,110	2,560	53,550	197,500	428	12.00
13.00	91.00	EMERGENCY	103,035	87,427	15,608	197,500	125	13.00
200.00			1,826,466	1,444,394	382,072		3,048	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	13.00	NURSING ADMINISTRATION	7,596	380	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	16,237	812	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	54,028	2,701	0	0	0	3.00
4.00	50.00	OPERATING ROOM	74,394	3,720	0	0	0	4.00
5.00	60.00	LABORATORY	30,445	1,522	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	5,412	271	0	0	0	6.00
7.00	66.00	PHYSICAL THERAPY	22,978	1,149	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	2,184	109	0	0	0	8.00
9.00	76.02	CARDIOVASCULAR SERVICES	23,548	1,177	0	0	0	9.00
10.00	76.08	WOUND CARE	2,849	142	0	0	0	10.00
11.00	76.10	INFUSION	18,041	902	0	0	0	11.00
12.00	76.12	ANTI COAGULATION CLINIC	40,639	2,032	0	0	0	12.00
13.00	91.00	EMERGENCY	11,869	593	0	0	0	13.00
200.00			310,220	15,510	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	13.00	NURSING ADMINISTRATION	0	7,596	3,569	219,816	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	16,237	5,161	464,161	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	54,028	17,091	20,997	3.00
4.00	50.00	OPERATING ROOM	0	74,394	4,097	512,597	4.00
5.00	60.00	LABORATORY	0	30,445	1,618	10,348	5.00
6.00	65.00	RESPIRATORY THERAPY	0	5,412	1,738	3,180	6.00
7.00	66.00	PHYSICAL THERAPY	0	22,978	7,210	8,735	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	2,184	676	2,166	8.00
9.00	76.02	CARDIOVASCULAR SERVICES	0	23,548	7,392	157,659	9.00
10.00	76.08	WOUND CARE	0	2,849	891	1,991	10.00
11.00	76.10	INFUSION	0	18,041	5,759	7,959	11.00
12.00	76.12	ANTI COAGULATION CLINIC	0	40,639	12,911	15,471	12.00
13.00	91.00	EMERGENCY	0	11,869	3,739	91,166	13.00
200.00			0	310,220	71,852	1,516,246	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B Part I Date/Time Prepared: 7/29/2021 12:48 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			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	8,951,746	8,951,746				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	4,604,104		4,604,104			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,148,953	42,996	10,577	5,202,526		4.00
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL	32,439,832	856,068	112,460	1,065,060	34,473,420	5.05
6.00 00600 MAINTENANCE & REPAIRS	2,969,299	641,547	103,820	53,395	3,768,061	6.00
7.00 00700 OPERATION OF PLANT	8,335,344	422,298	7,632	79,538	8,844,812	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	451,982	11,175	90,584	0	553,741	8.00
9.00 00900 HOUSEKEEPING	2,726,012	163,047	30,465	110,874	3,030,398	9.00
10.00 01000 DIETARY	444,380	170,295	31,216	24,101	669,992	10.00
11.00 01100 CAFETERIA	1,074,684	98,857	0	54,379	1,227,920	11.00
13.00 01300 NURSING ADMINISTRATION	5,712,918	109,647	90,993	236,328	6,149,886	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	904,680	158,186	102,948	12,222	1,178,036	14.00
15.00 01500 PHARMACY	5,062,595	94,825	17,794	184,674	5,359,888	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,305,044	280,905	0	20,631	1,606,580	16.00
17.00 01700 SOCIAL SERVICE	0	16,659	0	0	16,659	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	1,016,237	0	0	6,985	1,023,222	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM - LAB 4+1	196,896	0	346	5,643	202,885	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	80,556	0	0	4,101	84,657	23.02
23.03 02303 PARAMED ED PRGM - RESPTHER	76,601	0	0	4,939	81,540	23.03
23.04 02304 PARAMED ED PRGM-PHARMACY	570,593	0	0	35,767	606,360	23.04
23.05 02305 PARAMED ED PRGM-EMT	28,960	69,896	0	593	99,449	23.05
23.06 02306 PARAMED ED PRGM - LAB 3+1	68,352	0	0	0	68,352	23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	19,623,636	1,931,635	638,962	952,291	23,146,524	30.00
31.00 03100 INTENSIVE CARE UNIT	3,372,997	285,277	321,033	157,295	4,136,602	31.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	1,727,202	0	51,825	55,625	1,834,652	35.00
40.00 04000 SUBPROVIDER - IPF	6,279,123	0	0	188,614	6,467,737	40.00
43.00 04300 NURSERY	1,664,306	0	0	67,890	1,732,196	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,321,371	542,275	228,691	54,580	2,146,917	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	928,008	414,221	246,830	49,390	1,638,449	50.02
51.00 05100 RECOVERY ROOM	430,592	0	69,838	18,918	519,348	51.00
53.00 05300 ANESTHESIOLOGY	3,727,665	0	72,686	2,214	3,802,565	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,340,727	250,610	515,723	65,009	2,172,069	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	800,106	60,500	148,968	39,412	1,048,986	54.01
54.02 05402 ULTRASOUND	633,418	30,117	15,739	28,811	708,085	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	700,738	30,813	527,332	27,954	1,286,837	55.01
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	6,092,462	205,717	530	0	6,298,709	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	148	0	0	0	148	63.00
63.01 06301 NUCLEAR MEDICINE	324,611	40,728	77,077	16,002	458,418	63.01
65.00 06500 RESPIRATORY THERAPY	2,839,379	81,724	169,907	79,988	3,170,998	65.00
66.00 06600 PHYSICAL THERAPY	2,989,852	211,438	6,824	150,880	3,358,994	66.00
67.00 06700 OCCUPATIONAL THERAPY	873,950	19,534	1,143	39,413	934,040	67.00
68.00 06800 SPEECH PATHOLOGY	407,988	60,529	12,205	19,720	500,442	68.00
69.00 06900 ELECTROCARDIOLOGY	560,741	34,014	182,443	24,017	801,215	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	48,796	27,627	423	1,268	78,114	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,539,618	0	0	0	6,539,618	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,104,055	0	0	0	3,104,055	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	23,785,270	0	0	0	23,785,270	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	13,710	63	0	13,773	76.01
76.02 03140 CARDIOVASCULAR SERVICES	688,480	120,703	268,813	61,651	1,139,647	76.02
76.03 03957 CARDIAC REHABILITATION	408,700	25,996	51,863	19,681	506,240	76.03
76.04 03190 RADIATION ONCOLOGY	0	270,886	0	0	270,886	76.04
76.05 03951 MRI	218,486	59,314	11,577	9,711	299,088	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	2,977,691	0	0	0	2,977,691	76.07
76.08 03953 WOUND CARE	291,183	96,856	3,142	14,711	405,892	76.08
76.09 03954 RENAL DIALYSIS	819,663	187,057	0	29,153	1,035,873	76.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
76.10 03955 INFUSION	3,653,251	9,841	54,464	136,373	3,853,929	76.10
76.11 03956 CARE TRANSITION CENTER	6,237	0	0	398	6,635	76.11
76.12 03958 ANTI COAGULATION CLINIC	525,938	0	0	20,001	545,939	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	309,650	0	0	7,730	317,380	90.01
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	48,745	0	0	1,466	50,211	90.03
91.00 09100 EMERGENCY	10,324,452	231,106	224,578	555,204	11,335,340	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	8,110,198	174,281	37,292	351,258	8,673,029	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	200,669,201	8,552,910	4,538,806	5,145,858	200,148,399	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	74,088	20,068	285	2,060	96,501	190.00
190.01 19001 CONVENT	11,802	0	0	0	11,802	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	176,200	0	0	0	176,200	190.03
190.04 19004 WOMEN'S HEALTH CENTER	57,758	17,015	0	2,818	77,591	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	407,426	0	0	20,758	428,184	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	56,355	7,455	1,126	3,185	68,121	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINIAS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	-1,757,497	91,861	0	3,639	-1,661,997	192.00
192.01 19201 WORKING WELL	668,749	0	33,941	24,208	726,898	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	1,964	262,437	29,946	0	294,347	194.01
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)	200,366,046	8,951,746	4,604,104	5,202,526	200,366,046	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
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Cost Center Description	OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
	ADMINISTRATIVE	REPAIRS	PLANT	LINEN SERVICE		
	AND GENERAL					
	5.05	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
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	34,473,420				5.05
6.00 00600	MAINTENANCE & REPAIRS	775,256	4,543,317			6.00
7.00 00700	OPERATION OF PLANT	1,819,767	258,885	10,923,464		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	113,929	6,851	17,467	691,988	8.00
9.00 00900	HOUSEKEEPING	623,486	99,954	254,841	0	9.00
10.00 01000	DIETARY	137,847	104,397	266,168	0	10.00
11.00 01100	CAFETERIA	252,637	60,603	154,512	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,265,302	67,218	171,376	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	242,374	96,974	247,242	0	14.00
15.00 01500	PHARMACY	1,102,765	58,132	148,211	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	330,544	172,206	439,050	0	16.00
17.00 01700	SOCIAL SERVICE	3,427	10,213	26,038	0	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	210,522	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM - LAB 4+1	41,742	0	0	0	23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	17,418	0	0	0	23.02
23.03 02303	PARAMED ED PRGM - RESP THER	16,776	0	0	0	23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	124,755	0	0	0	23.04
23.05 02305	PARAMED ED PRGM-EMT	20,461	42,849	109,247	0	23.05
23.06 02306	PARAMED ED PRGM - LAB 3+1	14,063	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,762,258	1,184,168	3,019,121	487,760	30.00
31.00 03100	INTENSIVE CARE UNIT	851,081	174,886	445,884	83,182	31.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	377,469	0	0	11,362	35.00
40.00 04000	SUBPROVIDER - IPF	1,330,698	0	0	0	40.00
43.00 04300	NURSERY	356,389	0	0	20,629	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	441,715	332,436	847,569	0	50.00
50.01 05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02 05002	OUTPATIENT SURGERY	337,101	253,933	647,421	0	50.02
51.00 05100	RECOVERY ROOM	106,853	0	0	0	51.00
53.00 05300	ANESTHESIOLOGY	782,355	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	446,890	153,634	391,701	0	54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	215,823	37,089	94,560	0	54.01
54.02 05402	ULTRASOUND	145,684	18,463	47,072	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	COMPUTED TOMOGRAPHY	264,759	18,890	48,160	0	55.01
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	1,295,922	126,113	321,533	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	30	0	0	0	63.00
63.01 06301	NUCLEAR MEDICINE	94,317	24,968	63,658	0	63.01
65.00 06500	RESPIRATORY THERAPY	652,414	50,100	127,733	0	65.00
66.00 06600	PHYSICAL THERAPY	691,093	129,620	330,475	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	192,173	11,975	30,532	0	67.00
68.00 06800	SPEECH PATHOLOGY	102,963	37,107	94,607	0	68.00
69.00 06900	ELECTROCARDIOLOGY	164,845	20,852	53,164	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	16,071	16,936	43,180	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,345,487	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	638,641	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,893,737	0	0	0	73.00
76.00 03020	PAI N CLINIC	0	0	0	0	76.00
76.01 03950	ORTHOPEDICS	2,834	8,404	21,428	0	76.01
76.02 03140	CARDIOVASCULAR SERVICES	234,476	73,996	188,658	0	76.02
76.03 03957	CARDIAC REHABILITATION	104,156	15,937	40,632	0	76.03
76.04 03190	RADIATION ONCOLOGY	55,733	166,063	423,391	0	76.04
76.05 03951	MRI	61,536	36,362	92,707	0	76.05
76.06 03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07 03550	PSYCH ACTIVITY THERAPY	612,642	0	0	0	76.07
76.08 03953	WOUND CARE	83,510	59,377	151,385	0	76.08
76.09 03954	RENAL DIALYSIS	213,125	114,673	292,368	0	76.09
76.10 03955	INFUSION	792,923	6,033	15,382	0	76.10
76.11 03956	CARE TRANSITION CENTER	1,365	0	0	0	76.11
76.12 03958	ANTI COAGULATION CLINIC	112,324	0	0	0	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	65,299	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	10,331	0	0	0	0	90.03
91.00	09100 EMERGENCY	2,332,178	141,677	361,215	0	135,947	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	1,784,424	106,841	272,400	0	102,521	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	34,086,695	4,298,815	10,300,088	602,933	3,774,065	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,855	12,302	31,366	0	11,805	190.00
190.01	19001 CONVENT	2,428	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	36,252	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	15,964	10,431	26,594	0	10,009	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	88,096	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	14,015	4,570	11,652	0	4,385	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	56,315	143,578	0	54,037	192.00
192.01	19201 WORKING WELL	149,555	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	60,560	160,884	410,186	89,055	154,378	194.01
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)	34,473,420	4,543,317	10,923,464	691,988	4,008,679	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,278,579					10.00
11.00	01100	0	1,753,824				11.00
13.00	01300	0	114,069	7,832,350			13.00
14.00	01400	0	10,529	0	1,868,207		14.00
15.00	01500	0	87,691	0	0	6,812,468	15.00
16.00	01600	0	12,419	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	5,284	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	2,627	0	0	0	23.01
23.02	02302	0	2,588	0	0	0	23.02
23.03	02303	0	2,657	0	0	0	23.03
23.04	02304	0	20,670	0	0	0	23.04
23.05	02305	0	557	0	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,038,678	517,991	3,004,181	0	0	30.00
31.00	03100	177,116	89,299	1,001,829	0	0	31.00
35.00	02040	24,194	24,594	312,162	0	0	35.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	26,767	203,073	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	23,730	259,436	0	0	50.02
51.00	05100	0	8,586	98,805	0	0	51.00
53.00	05300	0	2,518	0	0	0	53.00
54.00	05400	0	66,261	52	0	0	54.00
54.01	05401	0	18,995	101,937	0	0	54.01
54.02	05402	0	13,154	5,116	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	17,081	2,088	0	0	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
63.01	06301	0	4,843	0	0	0	63.01
65.00	06500	0	53,478	0	0	0	65.00
66.00	06600	0	71,170	1,044	0	0	66.00
67.00	06700	0	16,874	0	0	0	67.00
68.00	06800	0	8,175	0	0	0	68.00
69.00	06900	0	15,904	539	0	0	69.00
70.00	07000	0	584	7,935	0	0	70.00
71.00	07100	0	0	0	1,382,473	0	71.00
72.00	07200	0	0	0	485,734	0	72.00
73.00	07300	0	0	0	0	6,812,468	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03140	0	23,630	172,534	0	0	76.02
76.03	03957	0	9,371	52,535	0	0	76.03
76.04	03190	0	0	0	0	0	76.04
76.05	03951	0	4,560	0	0	0	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	0	76.07
76.08	03953	0	8,873	74,008	0	0	76.08
76.09	03954	0	0	0	0	0	76.09
76.10	03955	0	76,095	887	0	0	76.10
76.11	03956	0	0	0	0	0	76.11
76.12	03958	0	10,372	17	0	0	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	8,340	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	519	0	0	0	90.03
91.00	09100	EMERGENCY	0	162,037	1,121,097	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	183,332	1,177,060	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,239,988	1,726,224	7,596,335	1,868,207	6,812,468	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,256	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	2,647	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	2,835	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	1,461	8,005	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,557	191,989	0	0	192.00
192.01	19201	WORKING WELL	0	15,844	36,021	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	38,591	0	0	0	0	194.01
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)	1,278,579	1,753,824	7,832,350	1,868,207	6,812,468	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB 4+1	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,726,040				16.00
17.00	01700	SOCIAL SERVICE	0	66,137			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,239,028		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
23.01	02301	PARAMED PRGM - LAB 4+1	0	0	0	247,254	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	0	0		23.02
23.03	02303	PARAMED PRGM - RESPIRATORY	0	0	0		23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	0	0		23.04
23.05	02305	PARAMED PRGM-EMT	0	0	0		23.05
23.06	02306	PARAMED PRGM - LAB 3+1	0	0	0		23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	194,466	4,743	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	46,983	1,146	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	8,512	208	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	67,024	1,635	0	0	40.00
43.00	04300	NURSERY	8,448	206	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	98,587	2,405	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	14,163	345	0	0	50.02
51.00	05100	RECOVERY ROOM	13,962	341	0	0	51.00
53.00	05300	ANESTHESIOLOGY	37,377	912	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,065	928	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	38,284	934	0	0	54.01
54.02	05402	ULTRASOUND	33,073	807	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	128,748	3,140	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	213,336	5,203	0	202,748	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	4,970	121	0	39,561	63.00
63.01	06301	NUCLEAR MEDICINE	10,664	260	0	4,945	63.01
65.00	06500	RESPIRATORY THERAPY	43,214	1,054	0	0	65.00
66.00	06600	PHYSICAL THERAPY	23,261	567	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,442	425	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,674	236	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	45,783	1,117	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,216	30	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,873	2,070	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,412	449	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	982,339	23,608	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	55,613	1,356	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	7,534	184	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	648	16	0	0	76.04
76.05	03951	MRI	24,501	598	0	0	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	5,760	140	0	0	76.08
76.09	03954	RENAL DIALYSIS	9,603	234	0	0	76.09
76.10	03955	INFUSION	65,116	1,588	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	80	2	0	0	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
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To 12/31/2020

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
76.12	03958 ANTI COAGULATION CLINIC	16.00	17.00	22.00	23.00	23.01	76.12
OUTPATIENT SERVICE COST CENTERS		2,099	51	0	0	0	
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	946	23	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	290,460	7,084	1,239,028	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	80,804	1,971	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,726,040	66,137	1,239,028	0	247,254	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments			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)	2,726,040	66,137	1,239,028	0	247,254	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
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To 12/31/2020

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Cost Center Description			PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
			23.02	23.03	23.04	23.05	23.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1						23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	104,663					23.02
23.03	02303	PARAMED ED PRGM - RESP THER		100,973				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			751,785			23.04
23.05	02305	PARAMED ED PRGM-EMT				313,679		23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1					82,415	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,430	0	0	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,093	0	0	0	0	54.01
54.02	05402	ULTRASOUND	1,047	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,093	0	0	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	100,973	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	751,785	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	0	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	0	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

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

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Part I
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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
		23.02	23.03	23.04	23.05	23.06	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	313,679	82,415	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	104,663	100,973	751,785	313,679	82,415	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
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)	104,663	100,973	751,785	313,679	82,415	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL				5.05
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY				23.02
23.03	02303	PARAMED ED PRGM - RESPTHER				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY				23.04
23.05	02305	PARAMED ED PRGM-EMT				23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1				23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,496,171	0	38,496,171	30.00
31.00	03100	INTENSIVE CARE UNIT	7,175,821	0	7,175,821	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,593,153	0	2,593,153	35.00
40.00	04000	SUBPROVIDER - IPF	7,867,094	0	7,867,094	40.00
43.00	04300	NURSERY	2,117,868	0	2,117,868	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,418,461	0	4,418,461	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	3,418,242	0	3,418,242	50.02
51.00	05100	RECOVERY ROOM	747,895	0	747,895	51.00
53.00	05300	ANESTHESIOLOGY	4,625,727	0	4,625,727	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,516,451	0	3,516,451	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,594,290	0	1,594,290	54.01
54.02	05402	ULTRASOUND	990,217	0	990,217	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,789,922	0	1,789,922	55.01
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	8,584,577	0	8,584,577	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	44,830	0	44,830	63.00
63.01	06301	NUCLEAR MEDICINE	686,031	0	686,031	63.01
65.00	06500	RESPIRATORY THERAPY	4,248,038	0	4,248,038	65.00
66.00	06600	PHYSICAL THERAPY	4,730,602	0	4,730,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,214,952	0	1,214,952	67.00
68.00	06800	SPEECH PATHOLOGY	788,810	0	788,810	68.00
69.00	06900	ELECTROCARDIOLOGY	1,123,428	0	1,123,428	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	180,317	0	180,317	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,354,521	0	9,354,521	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,247,291	0	4,247,291	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,249,207	0	37,249,207	73.00
76.00	03020	PAIN CLINIC	0	0	0	76.00
76.01	03950	ORTHOPEDIC	54,504	0	54,504	76.01
76.02	03140	CARDIOVASCULAR SERVICES	1,960,913	0	1,960,913	76.02
76.03	03957	CARDIAC REHABILITATION	751,881	0	751,881	76.03
76.04	03190	RADIATION ONCOLOGY	1,076,085	0	1,076,085	76.04
76.05	03951	MRI	554,243	0	554,243	76.05
76.06	03952	BARITRIC CENTER	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	3,590,333	0	3,590,333	76.07
76.08	03953	WOUND CARE	845,920	0	845,920	76.08
76.09	03954	RENAL DIALYSIS	1,775,912	0	1,775,912	76.09
76.10	03955	INFUSION	4,817,742	0	4,817,742	76.10
76.11	03956	CARE TRANSITION CENTER	8,082	0	8,082	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.12	03958	ANTI COAGULATION CLINIC	670,802	0	670,802	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	391,988	0	391,988	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	61,061	0	61,061	90.03
91.00	09100	EMERGENCY	17,522,157	-1,239,028	16,283,129	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	12,382,382	0	12,382,382	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	198,267,921	-1,239,028	197,028,893	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	174,085	0	174,085	190.00
190.01	19001	CONVENT	14,230	0	14,230	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	212,452	0	212,452	190.03
190.04	19004	WOMEN'S HEALTH CENTER	143,236	0	143,236	190.04
190.05	19005	DEVELOPMENT	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	519,115	0	519,115	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	190.10
190.11	19011	CENTER OF HOPE	112,209	0	112,209	190.11
190.12	19012	SELECT	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,213,521	0	-1,213,521	192.00
192.01	19201	WORKING WELL	928,318	0	928,318	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.01	07951	REHAB	1,208,001	0	1,208,001	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	200,366,046	-1,239,028	199,127,018	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	42,996	10,577	53,573	4.00
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	0	856,068	112,460	968,528	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	641,547	103,820	745,367	6.00
7.00 00700	OPERATION OF PLANT	0	422,298	7,632	429,930	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	11,175	90,584	101,759	8.00
9.00 00900	HOUSEKEEPING	0	163,047	30,465	193,512	9.00
10.00 01000	DIETARY	0	170,295	31,216	201,511	10.00
11.00 01100	CAFETERIA	0	98,857	0	98,857	11.00
13.00 01300	NURSING ADMINISTRATION	0	109,647	90,993	200,640	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	158,186	102,948	261,134	14.00
15.00 01500	PHARMACY	0	94,825	17,794	112,619	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	280,905	0	280,905	16.00
17.00 01700	SOCIAL SERVICE	0	16,659	0	16,659	17.00
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
23.01 02301	PARAMED ED PRGM - LAB 4+1	0	0	346	346	23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03 02303	PARAMED ED PRGM - RESP THER	0	0	0	0	23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
23.05 02305	PARAMED ED PRGM-EMT	0	69,896	0	69,896	23.05
23.06 02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,931,635	638,962	2,570,597	30.00
31.00 03100	INTENSIVE CARE UNIT	0	285,277	321,033	606,310	31.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	51,825	51,825	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	542,275	228,691	770,966	50.00
50.01 05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02 05002	OUTPATIENT SURGERY	0	414,221	246,830	661,051	50.02
51.00 05100	RECOVERY ROOM	0	0	69,838	69,838	51.00
53.00 05300	ANESTHESIOLOGY	0	0	72,686	72,686	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	250,610	515,723	766,333	54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	60,500	148,968	209,468	54.01
54.02 05402	ULTRASOUND	0	30,117	15,739	45,856	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	30,813	527,332	558,145	55.01
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	205,717	530	206,247	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01 06301	NUCLEAR MEDICINE	0	40,728	77,077	117,805	63.01
65.00 06500	RESPIRATORY THERAPY	0	81,724	169,907	251,631	65.00
66.00 06600	PHYSICAL THERAPY	0	211,438	6,824	218,262	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	19,534	1,143	20,677	67.00
68.00 06800	SPEECH PATHOLOGY	0	60,529	12,205	72,734	68.00
69.00 06900	ELECTROCARDIOLOGY	0	34,014	182,443	216,457	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	27,627	423	28,050	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03020	PAIN CLINIC	0	0	0	0	76.00
76.01 03950	ORTHOPEDICS	0	13,710	63	13,773	76.01
76.02 03140	CARDIOVASCULAR SERVICES	0	120,703	268,813	389,516	76.02
76.03 03957	CARDIAC REHABILITATION	0	25,996	51,863	77,859	76.03
76.04 03190	RADIATION ONCOLOGY	0	270,886	0	270,886	76.04
76.05 03951	MRI	0	59,314	11,577	70,891	76.05
76.06 03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08 03953	WOUND CARE	0	96,856	3,142	99,998	76.08
76.09 03954	RENAL DIALYSIS	0	187,057	0	187,057	76.09
76.10 03955	INFUSION	0	9,841	54,464	64,305	76.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	2.00				2A
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	4	76.11	
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	206	76.12	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	80	90.01	
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02	
90.03 09003 SPECIALTY CLINIC	0	0	0	0	15	90.03	
91.00 09100 EMERGENCY	0	231,106	224,578	455,684	5,714	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0		92.00	
OTHER REIMBURSABLE COST CENTERS							
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
101.00 10100 HOME HEALTH AGENCY	0	174,281	37,292	211,573	3,615	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE	0					113.00	
118.00		8,552,910	4,538,806	13,091,716	52,990	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,068	285	20,353	21	190.00	
190.01 19001 CONVENT	0	0	0	0	0	190.01	
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02	
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03	
190.04 19004 WOMEN'S HEALTH CENTER	0	17,015	0	17,015	29	190.04	
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05	
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	214	190.06	
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07	
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08	
190.09 19009 MDWISE	0	0	0	0	0	190.09	
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10	
190.11 19011 CENTER OF HOPE	0	7,455	1,126	8,581	33	190.11	
190.12 19012 SELECT	0	0	0	0	0	190.12	
190.13 19013 PERCINI AS	0	0	0	0	0	190.13	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	91,861	0	91,861	37	192.00	
192.01 19201 WORKING WELL	0	0	33,941	33,941	249	192.01	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.01 07951 REHAB	0	262,437	29,946	292,383	0	194.01	
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	8,951,746	4,604,104	13,555,850	53,573	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/29/2021 12:48 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.05	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	979,520					5.05
6.00	00600	MAINTENANCE & REPAIRS	22,028	767,944				6.00
7.00	00700	OPERATION OF PLANT	51,707	43,759	526,215			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,237	1,158	841	106,995		8.00
9.00	00900	HOUSEKEEPING	17,716	16,895	12,276	0	241,540	9.00
10.00	01000	DIETARY	3,917	17,646	12,822	0	6,036	10.00
11.00	01100	CAFETERIA	7,178	10,244	7,443	0	3,504	11.00
13.00	01300	NURSING ADMINISTRATION	35,952	11,362	8,256	0	3,886	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,887	16,391	11,910	0	5,607	14.00
15.00	01500	PHARMACY	31,334	9,826	7,140	0	3,361	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,392	29,107	21,150	0	9,957	16.00
17.00	01700	SOCIAL SERVICE	97	1,726	1,254	0	590	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,982	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	1,186	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	495	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	477	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	3,545	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	581	7,243	5,263	0	2,477	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	400	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,315	200,157	145,442	75,416	68,469	30.00
31.00	03100	INTENSIVE CARE UNIT	24,183	29,560	21,480	12,862	10,111	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	10,725	0	0	1,757	0	35.00
40.00	04000	SUBPROVIDER - IPF	37,810	0	0	0	0	40.00
43.00	04300	NURSERY	10,126	0	0	3,190	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,551	56,191	40,830	0	19,221	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	9,578	42,922	31,188	0	14,682	50.02
51.00	05100	RECOVERY ROOM	3,036	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	22,230	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,698	25,968	18,869	0	8,883	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	6,132	6,269	4,555	0	2,144	54.01
54.02	05402	ULTRASOUND	4,139	3,121	2,268	0	1,067	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	7,523	3,193	2,320	0	1,092	55.01
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	36,822	21,316	15,489	0	7,292	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	2,680	4,220	3,067	0	1,444	63.01
65.00	06500	RESPIRATORY THERAPY	18,538	8,468	6,153	0	2,897	65.00
66.00	06600	PHYSICAL THERAPY	19,637	21,909	15,920	0	7,494	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,460	2,024	1,471	0	692	67.00
68.00	06800	SPEECH PATHOLOGY	2,926	6,272	4,557	0	2,145	68.00
69.00	06900	ELECTROCARDIOLOGY	4,684	3,525	2,561	0	1,206	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	457	2,863	2,080	0	979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,231	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,146	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,043	0	0	0	0	73.00
76.00	03020	PAI N CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	81	1,421	1,032	0	486	76.01
76.02	03140	CARDIOVASCULAR SERVICES	6,662	12,507	9,088	0	4,278	76.02
76.03	03957	CARDIAC REHABILITATION	2,959	2,694	1,957	0	921	76.03
76.04	03190	RADIATION ONCOLOGY	1,584	28,069	20,396	0	9,601	76.04
76.05	03951	MRI	1,748	6,146	4,466	0	2,102	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	17,408	0	0	0	0	76.07
76.08	03953	WOUND CARE	2,373	10,036	7,293	0	3,433	76.08
76.09	03954	RENAL DIALYSIS	6,056	19,383	14,084	0	6,630	76.09
76.10	03955	INFUSION	22,530	1,020	741	0	349	76.10
76.11	03956	CARE TRANSITION CENTER	39	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	3,192	0	0	0	0	76.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	1,855	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	294	0	0	0	0	90.03
91.00	09100 EMERGENCY	66,266	23,947	17,401	0	8,191	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	50,703	18,059	13,122	0	6,177	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	968,532	726,617	496,185	93,225	227,404	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	564	2,079	1,511	0	711	190.00
190.01	19001 CONVENT	69	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	1,030	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	454	1,763	1,281	0	603	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	2,503	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	398	772	561	0	264	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	9,519	6,917	0	3,256	192.00
192.01	19201 WORKING WELL	4,249	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	1,721	27,194	19,760	13,770	9,302	194.01
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)	979,520	767,944	526,215	106,995	241,540	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/29/2021 12:48 pm	
Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY			
	10.00	11.00	13.00	14.00	15.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	242,180					10.00
11.00	01100	CAFETERIA	0	127,786				11.00
13.00	01300	NURSING ADMINISTRATION	0	8,311	270,839			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	767	0	302,822		14.00
15.00	01500	PHARMACY	0	6,389	0	0	172,570	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	905	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	385	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	191	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	189	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	194	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	1,506	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	41	0	0	0	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	196,739	37,740	103,882	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33,548	6,506	34,643	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	4,583	1,792	10,794	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,950	7,022	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	1,729	8,971	0	0	50.02
51.00	05100	RECOVERY ROOM	0	626	3,417	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	183	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,828	2	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	1,384	3,525	0	0	54.01
54.02	05402	ULTRASOUND	0	958	177	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	1,245	72	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	353	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	3,897	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,186	36	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,229	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	596	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,159	19	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	43	274	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	224,088	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	78,734	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	172,570	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	1,722	5,966	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	683	1,817	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951	MRI	0	332	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	647	2,559	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	0	5,544	31	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	756	1	0	0	76.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	608	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	38	0	0	0	90.03
91.00	09100	EMERGENCY	0	11,806	38,767	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	13,358	40,702	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	234,870	125,776	262,677	302,822	172,570	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	164	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	193	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	207	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	106	277	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	186	6,639	0	0	192.00
192.01	19201	WORKING WELL	0	1,154	1,246	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	7,310	0	0	0	0	194.01
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)	242,180	127,786	270,839	302,822	172,570	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 12:48 pm
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
			16.00	17.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	351,628					16.00
17.00	01700	SOCIAL SERVICE	0	20,326				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	6,439			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		0		23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	0			1,781	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0				23.02
23.03	02303	PARAMED ED PRGM - RESPIRATORY	0	0				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0				23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0				23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0				23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,071	1,459				30.00
31.00	03100	INTENSIVE CARE UNIT	6,057	353				31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	1,097	64				35.00
40.00	04000	SUBPROVIDER - IPF	8,641	503				40.00
43.00	04300	NURSERY	1,089	63				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
45.00	04500	NURSING FACILITY	0	0				45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,710	740				50.00
50.01	05001	OPEN HEART SURGERY	0	0				50.01
50.02	05002	OUTPATIENT SURGERY	1,826	106				50.02
51.00	05100	RECOVERY ROOM	1,800	105				51.00
53.00	05300	ANESTHESIOLOGY	4,819	281				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,907	286				54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,936	287				54.01
54.02	05402	ULTRASOUND	4,264	248				54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
55.01	05501	COMPUTED TOMOGRAPHY	16,598	966				55.01
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	27,503	1,601				60.00
60.01	06001	BLOOD LABORATORY	0	0				60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	641	37				63.00
63.01	06301	NUCLEAR MEDICINE	1,375	80				63.01
65.00	06500	RESPIRATORY THERAPY	5,571	324				65.00
66.00	06600	PHYSICAL THERAPY	2,999	175				66.00
67.00	06700	OCCUPATIONAL THERAPY	2,249	131				67.00
68.00	06800	SPEECH PATHOLOGY	1,247	73				68.00
69.00	06900	ELECTROCARDIOLOGY	5,902	344				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	157	9				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,942	637				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,374	138				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	126,827	7,239				73.00
76.00	03020	PAIN CLINIC	0	0				76.00
76.01	03950	ORTHOPEDICS	0	0				76.01
76.02	03140	CARDIOVASCULAR SERVICES	7,170	417				76.02
76.03	03957	CARDIAC REHABILITATION	971	57				76.03
76.04	03190	RADIATION ONCOLOGY	84	5				76.04
76.05	03951	MRI	3,159	184				76.05
76.06	03952	BARIATRIC CENTER	0	0				76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0				76.07
76.08	03953	WOUND CARE	743	43				76.08
76.09	03954	RENAL DIALYSIS	1,238	72				76.09
76.10	03955	INFUSION	8,395	489				76.10
76.11	03956	CARE TRANSITION CENTER	10	1				76.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
76.12	03958 ANTI COAGULATION CLINIC	16.00	17.00	22.00	23.00	23.01	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000 CLINIC	0	0				90.00
90.01	09001 OCC HEALTH CLINIC	122	7				90.01
90.02	09002 CARDIOLOGY CLINIC	0	0				90.02
90.03	09003 SPECIALTY CLINIC	0	0				90.03
91.00	09100 EMERGENCY	37,446	2,180				91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0				99.00
99.10	09910 CORF	0	0				99.10
101.00	10100 HOME HEALTH AGENCY	10,417	606				101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	351,628	20,326	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001 CONVENT	0	0				190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0				190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0				190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0				190.04
190.05	19005 DEVELOPMENT	0	0				190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0				190.06
190.07	19007 IMAGE RECOVERY	0	0				190.07
190.08	19008 FAMILY SERVICES	0	0				190.08
190.09	19009 MDWISE	0	0				190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0				190.10
190.11	19011 CENTER OF HOPE	0	0				190.11
190.12	19012 SELECT	0	0				190.12
190.13	19013 PERCINI AS	0	0				190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201 WORKING WELL	0	0				192.01
193.00	19300 NONPAID WORKERS	0	0				193.00
194.01	07951 REHAB	0	0				194.01
200.00	Cross Foot Adjustments			6,439	0	1,781	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	351,628	20,326	6,439	0	1,781	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 12:48 pm
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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
		23.02	23.03	23.04	23.05	23.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1					23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	726				23.02
23.03	02303	PARAMED ED PRGM - RESP THER		722			23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			5,419		23.04
23.05	02305	PARAMED ED PRGM-EMT				85,507	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1				400	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT					35.00
40.00	04000	SUBPROVIDER - IPF					40.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
45.00	04500	NURSING FACILITY					45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
50.01	05001	OPEN HEART SURGERY					50.01
50.02	05002	OUTPATIENT SURGERY					50.02
51.00	05100	RECOVERY ROOM					51.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES					54.01
54.02	05402	ULTRASOUND					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
55.01	05501	COMPUTED TOMOGRAPHY					55.01
57.00	05700	CT SCAN					57.00
58.00	05800	MRI					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	BLOOD LABORATORY					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
63.01	06301	NUCLEAR MEDICINE					63.01
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
76.00	03020	PAIN CLINIC					76.00
76.01	03950	ORTHOPEDICS					76.01
76.02	03140	CARDIOVASCULAR SERVICES					76.02
76.03	03957	CARDIAC REHABILITATION					76.03
76.04	03190	RADIATION ONCOLOGY					76.04
76.05	03951	MRI					76.05
76.06	03952	BARIATRIC CENTER					76.06
76.07	03550	PSYCH ACTIVITY THERAPY					76.07
76.08	03953	WOUND CARE					76.08
76.09	03954	RENAL DIALYSIS					76.09
76.10	03955	INFUSION					76.10
76.11	03956	CARE TRANSITION CENTER					76.11
76.12	03958	ANTI COAGULATION CLINIC					76.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
		23.02	23.03	23.04	23.05	23.06	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC					90.00
90.01	09001	OCC HEALTH CLINIC					90.01
90.02	09002	CARDIOLOGY CLINIC					90.02
90.03	09003	SPECIALTY CLINIC					90.03
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC					99.00
99.10	09910	CORF					99.10
101.00	10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
190.01	19001	CONVENT					190.01
190.02	19002	HOME MEDICAL EQUIPMENT					190.02
190.03	19003	MEDICAL ARTS BUILDING					190.03
190.04	19004	WOMEN'S HEALTH CENTER					190.04
190.05	19005	DEVELOPMENT					190.05
190.06	19006	NEUROSURGERY PROF SERVICES					190.06
190.07	19007	IMAGE RECOVERY					190.07
190.08	19008	FAMILY SERVICES					190.08
190.09	19009	MDWISE					190.09
190.10	19010	CATHERINE MCAULEY CLINIC					190.10
190.11	19011	CENTER OF HOPE					190.11
190.12	19012	SELECT					190.12
190.13	19013	PERCINI AS					190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES					192.00
192.01	19201	WORKING WELL					192.01
193.00	19300	NONPAID WORKERS					193.00
194.01	07951	REHAB					194.01
200.00		Cross Foot Adjustments	726	722	5,419	85,507	400
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	726	722	5,419	85,507	400

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 12:48 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.05	00590				5.05
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
23.04	02304				23.04
23.05	02305				23.05
23.06	02306				23.06
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	3,570,087	0	3,570,087	30.00
31.00	03100	787,232	0	787,232	31.00
35.00	02040	83,209	0	83,209	35.00
40.00	04000	48,895	0	48,895	40.00
43.00	04300	15,167	0	15,167	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	922,743	0	922,743	50.00
50.01	05001	0	0	0	50.01
50.02	05002	772,561	0	772,561	50.02
51.00	05100	79,017	0	79,017	51.00
53.00	05300	100,222	0	100,222	53.00
54.00	05400	843,443	0	843,443	54.00
54.01	05401	239,106	0	239,106	54.01
54.02	05402	62,394	0	62,394	54.02
55.00	05500	0	0	0	55.00
55.01	05501	591,442	0	591,442	55.01
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	316,270	0	316,270	60.00
60.01	06001	0	0	0	60.01
63.00	06300	679	0	679	63.00
63.01	06301	131,189	0	131,189	63.01
65.00	06500	298,302	0	298,302	65.00
66.00	06600	293,171	0	293,171	66.00
67.00	06700	34,339	0	34,339	67.00
68.00	06800	90,753	0	90,753	68.00
69.00	06900	236,104	0	236,104	69.00
70.00	07000	34,925	0	34,925	70.00
71.00	07100	273,898	0	273,898	71.00
72.00	07200	99,392	0	99,392	72.00
73.00	07300	445,679	0	445,679	73.00
76.00	03020	0	0	0	76.00
76.01	03950	16,793	0	16,793	76.01
76.02	03140	437,960	0	437,960	76.02
76.03	03957	90,121	0	90,121	76.03
76.04	03190	330,625	0	330,625	76.04
76.05	03951	89,128	0	89,128	76.05
76.06	03952	0	0	0	76.06
76.07	03550	17,408	0	17,408	76.07
76.08	03953	127,276	0	127,276	76.08
76.09	03954	234,820	0	234,820	76.09
76.10	03955	104,807	0	104,807	76.10
76.11	03956	54	0	54	76.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.12	03958	ANTI COAGULATION CLINIC	4,442	0	4,442	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	2,672	0	2,672	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	347	0	347	90.03
91.00	09100	EMERGENCY	667,402	0	667,402	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	368,332	0	368,332	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,862,406	0	12,862,406	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,403	0	25,403	190.00
190.01	19001	CONVENT	69	0	69	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	1,030	0	1,030	190.03
190.04	19004	WOMEN'S HEALTH CENTER	21,338	0	21,338	190.04
190.05	19005	DEVELOPMENT	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	2,924	0	2,924	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	190.10
190.11	19011	CENTER OF HOPE	10,992	0	10,992	190.11
190.12	19012	SELECT	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	118,415	0	118,415	192.00
192.01	19201	WORKING WELL	40,839	0	40,839	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.01	07951	REHAB	371,440	0	371,440	194.01
200.00		Cross Foot Adjustments	100,994	0	100,994	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,555,850	0	13,555,850	202.00

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT	603,986						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		2,928,138					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,901	6,727	81,615,680				4.00
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL	57,760	71,523	16,708,191	-34,473,420	167,554,623		5.05
6.00 00600 MAINTENANCE & REPAIRS	43,286	66,028	837,648	0	3,768,061		6.00
7.00 00700 OPERATION OF PLANT	28,493	4,854	1,247,771	0	8,844,812		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	754	57,610	0	0	553,741		8.00
9.00 00900 HOUSEKEEPING	11,001	19,375	1,739,361	0	3,030,398		9.00
10.00 01000 DIETARY	11,490	19,853	378,084	0	669,992		10.00
11.00 01100 CAFETERIA	6,670	0	853,080	0	1,227,920		11.00
13.00 01300 NURSING ADMINISTRATION	7,398	57,870	3,707,454	0	6,149,886		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	10,673	65,473	191,739	0	1,178,036		14.00
15.00 01500 PHARMACY	6,398	11,317	2,897,124	0	5,359,888		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	18,953	0	323,660	0	1,606,580		16.00
17.00 01700 SOCIAL SERVICE	1,124	0	0	0	16,659		17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	109,574	0	1,023,222		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM - LAB 4+1	0	220	88,519	0	202,885		23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	0	0	64,333	0	84,657		23.02
23.03 02303 PARAMED ED PRGM - RESPTHER	0	0	77,488	0	81,540		23.03
23.04 02304 PARAMED ED PRGM-PHARMACY	0	0	561,100	0	606,360		23.04
23.05 02305 PARAMED ED PRGM-EMT	4,716	0	9,299	0	99,449		23.05
23.06 02306 PARAMED ED PRGM - LAB 3+1	0	0	0	0	68,352		23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	130,330	406,370	14,939,304	0	23,146,524		30.00
31.00 03100 INTENSIVE CARE UNIT	19,248	204,172	2,467,607	0	4,136,602		31.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	32,960	872,638	0	1,834,652		35.00
40.00 04000 SUBPROVIDER - IPF	0	0	2,958,935	0	6,467,737		40.00
43.00 04300 NURSERY	0	0	1,065,041	0	1,732,196		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	36,588	145,444	856,234	0	2,146,917		50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	27,948	156,980	774,819	0	1,638,449		50.02
51.00 05100 RECOVERY ROOM	0	44,416	296,785	0	519,348		51.00
53.00 05300 ANESTHESIOLOGY	0	46,227	34,735	0	3,802,565		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,909	327,992	1,019,844	0	2,172,069		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	4,082	94,741	618,283	0	1,048,986		54.01
54.02 05402 ULTRASOUND	2,032	10,010	451,974	0	708,085		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	2,079	335,375	438,532	0	1,286,837		55.01
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	13,880	337	0	0	6,298,709		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	148		63.00
63.01 06301 NUCLEAR MEDICINE	2,748	49,020	251,030	0	458,418		63.01
65.00 06500 RESPIRATORY THERAPY	5,514	108,058	1,254,826	0	3,170,998		65.00
66.00 06600 PHYSICAL THERAPY	14,266	4,340	2,366,963	0	3,358,994		66.00
67.00 06700 OCCUPATIONAL THERAPY	1,318	727	618,301	0	934,040		67.00
68.00 06800 SPEECH PATHOLOGY	4,084	7,762	309,363	0	500,442		68.00
69.00 06900 ELECTROCARDIOLOGY	2,295	116,031	376,767	0	801,215		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,864	269	19,898	0	78,114		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,539,618		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,104,055		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	23,785,270		73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0		76.00
76.01 03950 ORTHOPEDICS	925	40	0	0	13,773		76.01
76.02 03140 CARDIOVASCULAR SERVICES	8,144	170,961	967,163	0	1,139,647		76.02
76.03 03957 CARDIAC REHABILITATION	1,754	32,984	308,748	0	506,240		76.03
76.04 03190 RADIATION ONCOLOGY	18,277	0	0	0	270,886		76.04
76.05 03951 MRI	4,002	7,363	152,341	0	299,088		76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0		76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	2,977,691		76.07
76.08 03953 WOUND CARE	6,535	1,998	230,786	0	405,892		76.08
76.09 03954 RENAL DIALYSIS	12,621	0	457,340	0	1,035,873		76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A.05	5.05	
76.10	03955 INFUSION	664	34,638	2,139,392	0	3,853,929	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	6,237	0	6,635	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	313,772	0	545,939	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	121,264	0	317,380	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	23,003	0	50,211	90.03
91.00	09100 EMERGENCY	15,593	142,828	8,709,909	0	11,335,340	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	11,759	23,717	5,510,443	0	8,673,029	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	577,076	2,886,610	80,726,702	-34,473,420	165,674,979	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	181	32,315	0	96,501	190.00
190.01	19001 CONVENT	0	0	0	0	11,802	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	176,200	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	0	44,206	0	77,591	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	325,641	0	428,184	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	503	716	49,966	0	68,121	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCI NI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,198	0	57,087	1,661,997	0	192.00
192.01	19201 WORKING WELL	0	21,586	379,763	0	726,898	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	19,045	0	0	294,347	194.01
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)	8,951,746	4,604,104	5,202,526		34,473,420	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.821115	1.572366	0.063744		0.205744	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			53,573		979,520	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000656		0.005846	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0004		Period: From 01/01/2020 To 12/31/2020		Worksheet B-1	
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	500,039				6.00
7.00	00700	OPERATION OF PLANT	28,493	471,546			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	754	754	431,814		8.00
9.00	00900	HOUSEKEEPING	11,001	11,001	0	459,791	9.00
10.00	01000	DIETARY	11,490	11,490	0	11,490	129,579
11.00	01100	CAFETERIA	6,670	6,670	0	6,670	0
13.00	01300	NURSING ADMINISTRATION	7,398	7,398	0	7,398	0
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	10,673	0	10,673	0
15.00	01500	PHARMACY	6,398	6,398	0	6,398	0
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	18,953	0	18,953	0
17.00	01700	SOCIAL SERVICE	1,124	1,124	0	1,124	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	0	0	0	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
23.05	02305	PARAMED ED PRGM-EMT	4,716	4,716	0	4,716	0
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,330	130,330	304,372	130,330	105,266
31.00	03100	INTENSIVE CARE UNIT	19,248	19,248	51,907	19,248	17,950
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	7,090	0	2,452
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	12,873	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,588	36,588	0	36,588	0
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0
50.02	05002	OUTPATIENT SURGERY	27,948	27,948	0	27,948	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,909	16,909	0	16,909	0
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,082	4,082	0	4,082	0
54.02	05402	ULTRASOUND	2,032	2,032	0	2,032	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	2,079	2,079	0	2,079	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	13,880	13,880	0	13,880	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
63.01	06301	NUCLEAR MEDICINE	2,748	2,748	0	2,748	0
65.00	06500	RESPIRATORY THERAPY	5,514	5,514	0	5,514	0
66.00	06600	PHYSICAL THERAPY	14,266	14,266	0	14,266	0
67.00	06700	OCCUPATIONAL THERAPY	1,318	1,318	0	1,318	0
68.00	06800	SPEECH PATHOLOGY	4,084	4,084	0	4,084	0
69.00	06900	ELECTROCARDIOLOGY	2,295	2,295	0	2,295	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	1,864	0	1,864	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03950	ORTHOPEDI CS	925	925	0	925	0
76.02	03140	CARDIOVASCULAR SERVICES	8,144	8,144	0	8,144	0
76.03	03957	CARDIAC REHABILITATION	1,754	1,754	0	1,754	0
76.04	03190	RADIATION ONCOLOGY	18,277	18,277	0	18,277	0
76.05	03951	MRI	4,002	4,002	0	4,002	0
76.06	03952	BARIATRIC CENTER	0	0	0	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08	03953	WOUND CARE	6,535	6,535	0	6,535	0
76.09	03954	RENAL DIALYSIS	12,621	12,621	0	12,621	0
76.10	03955	INFUSION	664	664	0	664	0
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 12:48 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	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	15,593	15,593	0	15,593	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	11,759	11,759	0	11,759	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	473,129	444,636	376,242	432,881	125,668	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	1,354	0	1,354	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	1,148	0	1,148	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	503	503	0	503	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINIAS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,198	6,198	0	6,198	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	17,707	55,572	17,707	3,911	194.01
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)	4,543,317	10,923,464	691,988	4,008,679	1,278,579	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.085925	23.165214	1.602514	8.718481	9.867178	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	767,944	526,215	106,995	241,540	242,180	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.535768	1.115936	0.247780	0.525326	1.868976	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description		CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,378,211					11.00
13.00	01300	89,639	450,101				13.00
14.00	01400	8,274	0	100			14.00
15.00	01500	68,910	0	0	100		15.00
16.00	01600	9,759	0	0	0	730,570,376	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	4,152	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	2,064	0	0	0	0	23.01
23.02	02302	2,034	0	0	0	0	23.02
23.03	02303	2,088	0	0	0	0	23.03
23.04	02304	16,243	0	0	0	0	23.04
23.05	02305	438	0	0	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	407,053	172,641	0	0	52,121,706	30.00
31.00	03100	70,174	57,572	0	0	12,592,559	31.00
35.00	02040	19,327	17,939	0	0	2,281,313	35.00
40.00	04000	0	0	0	0	17,964,105	40.00
43.00	04300	0	0	0	0	2,264,207	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	21,034	11,670	0	0	26,423,747	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	18,648	14,909	0	0	3,796,152	50.02
51.00	05100	6,747	5,678	0	0	3,742,266	51.00
53.00	05300	1,979	0	0	0	10,017,867	53.00
54.00	05400	52,070	3	0	0	10,202,456	54.00
54.01	05401	14,927	5,858	0	0	10,261,051	54.01
54.02	05402	10,337	294	0	0	8,864,288	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	13,423	120	0	0	34,507,609	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	57,179,313	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	1,332,046	63.00
63.01	06301	3,806	0	0	0	2,858,228	63.01
65.00	06500	42,025	0	0	0	11,582,392	65.00
66.00	06600	55,928	60	0	0	6,234,593	66.00
67.00	06700	13,260	0	0	0	4,674,835	67.00
68.00	06800	6,424	0	0	0	2,592,813	68.00
69.00	06900	12,498	31	0	0	12,270,988	69.00
70.00	07000	459	456	0	0	325,879	70.00
71.00	07100	0	0	74	0	22,748,175	71.00
72.00	07200	0	0	26	0	4,934,890	72.00
73.00	07300	0	0	0	100	263,214,960	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03140	18,569	9,915	0	0	14,905,787	76.02
76.03	03957	7,364	3,019	0	0	2,019,373	76.03
76.04	03190	0	0	0	0	173,775	76.04
76.05	03951	3,583	0	0	0	6,567,000	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	0	76.07
76.08	03953	6,973	4,253	0	0	1,543,828	76.08
76.09	03954	0	0	0	0	2,573,952	76.09
76.10	03955	59,798	51	0	0	17,452,812	76.10
76.11	03956	0	0	0	0	21,362	76.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description		CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
76.12	03958 ANTI COAGULATION CLINIC	8,151	1	0	0	562,704	76.12
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	6,554	0	0	0	253,470	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	408	0	0	0	0	90.03
91.00	09100 EMERGENCY	127,334	64,426	0	0	77,850,355	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	144,068	67,642	0	0	21,657,520	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,356,522	436,538	100	100	730,570,376	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,773	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	2,080	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	2,228	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	1,148	460	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,009	11,033	0	0	0	192.00
192.01	19201 WORKING WELL	12,451	2,070	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
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)	1,753,824	7,832,350	1,868,207	6,812,468	2,726,040	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.272537	17.401317	18,682.070000	68,124.680000	0.003731	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	127,786	270,839	302,822	172,570	351,628	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.092719	0.601729	3,028.220000	1,725.700000	0.000481	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB 4+1 (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	17.00	22.00	23.00	23.01	23.02
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					
2.00 00200 CAP REL COSTS-MVBLE EQUIP					
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL					
6.00 00600 MAINTENANCE & REPAIRS					
7.00 00700 OPERATION OF PLANT					
8.00 00800 LAUNDRY & LINEN SERVICE					
9.00 00900 HOUSEKEEPING					
10.00 01000 DIETARY					
11.00 01100 CAFETERIA					
13.00 01300 NURSING ADMINISTRATION					
14.00 01400 CENTRAL SERVICES & SUPPLY					
15.00 01500 PHARMACY					
16.00 01600 MEDICAL RECORDS & LIBRARY					
17.00 01700 SOCIAL SERVICE	730,570,376				
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	100			
23.00 02300 PARAMED PRGM-(SPECIFY)	0		100		
23.01 02301 PARAMED PRGM - LAB 4+1	0			100	
23.02 02302 PARAMED PRGM - RADIOLOGY	0				100
23.03 02303 PARAMED PRGM - RESPTHER	0				
23.04 02304 PARAMED PRGM-PHARMACY	0				
23.05 02305 PARAMED PRGM-EMT	0				
23.06 02306 PARAMED PRGM - LAB 3+1	0				
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	52,121,706	0	0	0	0
31.00 03100 INTENSIVE CARE UNIT	12,592,559	0	0	0	0
35.00 02040 NEWBORN INTENSIVE CARE UNIT	2,281,313	0	0	0	0
40.00 04000 SUBPROVIDER - I/PF	17,964,105	0	0	0	0
43.00 04300 NURSERY	2,264,207	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500 NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	26,423,747	0	0	0	0
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0
50.02 05002 OUTPATIENT SURGERY	3,796,152	0	0	0	0
51.00 05100 RECOVERY ROOM	3,742,266	0	0	0	0
53.00 05300 ANESTHESIOLOGY	10,017,867	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,202,456	0	0	0	95
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	10,261,051	0	0	0	2
54.02 05402 ULTRASOUND	8,864,288	0	0	0	1
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501 COMPUTED TOMOGRAPHY	34,507,609	0	0	0	2
57.00 05700 CT SCAN	0	0	0	0	0
58.00 05800 MRI	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	57,179,313	0	0	82	0
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,332,046	0	0	16	0
63.01 06301 NUCLEAR MEDICINE	2,858,228	0	0	2	0
65.00 06500 RESPIRATORY THERAPY	11,582,392	0	0	0	0
66.00 06600 PHYSICAL THERAPY	6,234,593	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	4,674,835	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	2,592,813	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	12,270,988	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	325,879	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,748,175	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,934,890	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	263,214,960	0	100	0	0
76.00 03020 PAIN CLINIC	0	0	0	0	0
76.01 03950 ORTHOPEDICS	0	0	0	0	0
76.02 03140 CARDIOVASCULAR SERVICES	14,905,787	0	0	0	0
76.03 03957 CARDIAC REHABILITATION	2,019,373	0	0	0	0
76.04 03190 RADIATION ONCOLOGY	173,775	0	0	0	0
76.05 03951 MRI	6,567,000	0	0	0	0
76.06 03952 BARIATRIC CENTER	0	0	0	0	0
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08 03953 WOUND CARE	1,543,828	0	0	0	0
76.09 03954 RENAL DIALYSIS	2,573,952	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB 4+1 (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	17.00	22.00	23.00	23.01	23.02	
76.10 03955 INFUSION	17,452,812	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	21,362	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	562,704	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	253,470	0	0	0	0	90.01
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	77,850,355	100	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	21,657,520	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	730,570,376	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	0	0	0	0	194.01
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)	66,137	1,239,028	0	247,254	104,663	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000091	12,390.280000	0.000000	2,472.540000	1,046.630000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	20,326	6,439	0	1,781	726	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000028	64.390000	0.000000	17.810000	7.260000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description		PARAMED ED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME)	
		23.03	23.04	23.05	23.06	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.05	00590					5.05
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
22.00	02200					22.00
23.00	02300					23.00
23.01	02301					23.01
23.02	02302					23.02
23.03	02303	100				23.03
23.04	02304		100			23.04
23.05	02305			100		23.05
23.06	02306				100	23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	0	0	0	30.00
31.00	03100	0	0	0	0	31.00
35.00	02040	0	0	0	0	35.00
40.00	04000	0	0	0	0	40.00
43.00	04300	0	0	0	0	43.00
44.00	04400	0	0	0	0	44.00
45.00	04500	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	0	0	0	50.00
50.01	05001	0	0	0	0	50.01
50.02	05002	0	0	0	0	50.02
51.00	05100	0	0	0	0	51.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	0	0	54.00
54.01	05401	0	0	0	0	54.01
54.02	05402	0	0	0	0	54.02
55.00	05500	0	0	0	0	55.00
55.01	05501	0	0	0	0	55.01
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	0	0	60.00
60.01	06001	0	0	0	0	60.01
63.00	06300	0	0	0	0	63.00
63.01	06301	0	0	0	0	63.01
65.00	06500	100	0	0	0	65.00
66.00	06600	0	0	0	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	100	0	0	73.00
76.00	03020	0	0	0	0	76.00
76.01	03950	0	0	0	0	76.01
76.02	03140	0	0	0	0	76.02
76.03	03957	0	0	0	0	76.03
76.04	03190	0	0	0	0	76.04
76.05	03951	0	0	0	0	76.05
76.06	03952	0	0	0	0	76.06
76.07	03550	0	0	0	0	76.07
76.08	03953	0	0	0	0	76.08
76.09	03954	0	0	0	0	76.09
76.10	03955	0	0	0	0	76.10
76.11	03956	0	0	0	0	76.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description		PARAMED ED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME)		
		23.03	23.04	23.05	23.06		
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0		76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000 CLINIC	0	0	0	0		90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0		90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0		90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0		90.03
91.00	09100 EMERGENCY	0	0	100	100		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0		99.00
99.10	09910 CORF	0	0	0	0		99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001 CONVENT	0	0	0	0		190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0		190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0		190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0		190.04
190.05	19005 DEVELOPMENT	0	0	0	0		190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0		190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0		190.07
190.08	19008 FAMILY SERVICES	0	0	0	0		190.08
190.09	19009 MDWISE	0	0	0	0		190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0		190.10
190.11	19011 CENTER OF HOPE	0	0	0	0		190.11
190.12	19012 SELECT	0	0	0	0		190.12
190.13	19013 PERCINI AS	0	0	0	0		190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201 WORKING WELL	0	0	0	0		192.01
193.00	19300 NONPAID WORKERS	0	0	0	0		193.00
194.01	07951 REHAB	0	0	0	0		194.01
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)	100,973	751,785	313,679	82,415		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,009.730000	7,517.850000	3,136.790000	824.150000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	722	5,419	85,507	400		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.220000	54.190000	855.070000	4.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C
Part I
Date/Time Prepared:
7/29/2021 12:48 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	38,496,171	38,496,171	5,161	38,501,332	30.00
31.00	03100	INTENSIVE CARE UNIT	7,175,821	7,175,821	17,091	7,192,912	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,593,153	2,593,153	0	2,593,153	35.00
40.00	04000	SUBPROVIDER - I/PF	7,867,094	7,867,094	0	7,867,094	40.00
43.00	04300	NURSERY	2,117,868	2,117,868	0	2,117,868	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,418,461	4,418,461	4,097	4,422,558	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	3,418,242	3,418,242	0	3,418,242	50.02
51.00	05100	RECOVERY ROOM	747,895	747,895	0	747,895	51.00
53.00	05300	ANESTHESIOLOGY	4,625,727	4,625,727	0	4,625,727	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,516,451	3,516,451	0	3,516,451	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,594,290	1,594,290	0	1,594,290	54.01
54.02	05402	ULTRASOUND	990,217	990,217	0	990,217	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,789,922	1,789,922	0	1,789,922	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	8,584,577	8,584,577	1,618	8,586,195	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	44,830	44,830	0	44,830	63.00
63.01	06301	NUCLEAR MEDICINE	686,031	686,031	0	686,031	63.01
65.00	06500	RESPIRATORY THERAPY	4,248,038	4,248,038	1,738	4,249,776	65.00
66.00	06600	PHYSICAL THERAPY	4,730,602	4,730,602	7,210	4,737,812	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,214,952	1,214,952	0	1,214,952	67.00
68.00	06800	SPEECH PATHOLOGY	788,810	788,810	0	788,810	68.00
69.00	06900	ELECTROCARDIOLOGY	1,123,428	1,123,428	0	1,123,428	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	180,317	180,317	676	180,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,354,521	9,354,521	0	9,354,521	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,247,291	4,247,291	0	4,247,291	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,249,207	37,249,207	0	37,249,207	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	54,504	54,504	0	54,504	76.01
76.02	03140	CARDIOVASCULAR SERVICES	1,960,913	1,960,913	7,392	1,968,305	76.02
76.03	03957	CARDIAC REHABILITATION	751,881	751,881	0	751,881	76.03
76.04	03190	RADIATION ONCOLOGY	1,076,085	1,076,085	0	1,076,085	76.04
76.05	03951	MRI	554,243	554,243	0	554,243	76.05
76.06	03952	BIARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	3,590,333	3,590,333	0	3,590,333	76.07
76.08	03953	WOUND CARE	845,920	845,920	891	846,811	76.08
76.09	03954	RENAL DIALYSIS	1,775,912	1,775,912	0	1,775,912	76.09
76.10	03955	INFUSION	4,817,742	4,817,742	5,759	4,823,501	76.10
76.11	03956	CARE TRANSITION CENTER	8,082	8,082	0	8,082	76.11
76.12	03958	ANTI COAGULATION CLINIC	670,802	670,802	12,911	683,713	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	391,988	391,988	0	391,988	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	61,061	61,061	0	61,061	90.03
91.00	09100	EMERGENCY	16,283,129	16,283,129	3,739	16,286,868	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,139,241	10,139,241	0	10,139,241	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	12,382,382	12,382,382	0	12,382,382	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
200.00		Subtotal (see instructions)	207,168,134	207,168,134	68,283	207,236,417	200.00
201.00		Less Observation Beds	10,139,241	10,139,241	0	10,139,241	201.00
202.00		Total (see instructions)	197,028,893	197,028,893	68,283	197,097,176	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 7/29/2021 12:48 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	40,998,688		40,998,688			30.00
31.00	03100	INTENSIVE CARE UNIT	12,592,559		12,592,559			31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,281,313		2,281,313			35.00
40.00	04000	SUBPROVIDER - IPF	17,964,105		17,964,105			40.00
43.00	04300	NURSERY	2,264,207		2,264,207			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,840,878	17,582,869	26,423,747	0.167216	0.000000	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0.000000	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	1,772,850	2,023,302	3,796,152	0.900449	0.000000	50.02
51.00	05100	RECOVERY ROOM	1,059,491	2,682,775	3,742,266	0.199851	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	3,776,793	6,241,074	10,017,867	0.461748	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,386,383	6,816,073	10,202,456	0.344667	0.000000	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,690,000	5,571,051	10,261,051	0.155373	0.000000	54.01
54.02	05402	ULTRASOUND	3,432,433	5,431,855	8,864,288	0.111709	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	11,477,409	23,030,200	34,507,609	0.051870	0.000000	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	31,170,954	26,008,359	57,179,313	0.150134	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	954,952	377,094	1,332,046	0.033655	0.000000	63.00
63.01	06301	NUCLEAR MEDICINE	983,925	1,874,303	2,858,228	0.240020	0.000000	63.01
65.00	06500	RESPIRATORY THERAPY	10,802,621	779,771	11,582,392	0.366767	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,489,615	1,744,978	6,234,593	0.758767	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,970,058	704,777	4,674,835	0.259892	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,152,300	440,513	2,592,813	0.304229	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,240,119	6,030,869	12,270,988	0.091552	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	325,879	325,879	0.553325	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,106,340	9,641,835	22,748,175	0.411221	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,711,929	2,222,961	4,934,890	0.860666	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,927,682	235,287,278	263,214,960	0.141516	0.000000	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	0.000000	76.00
76.01	03950	ORTHOPEDI CS	0	0	0	0.000000	0.000000	76.01
76.02	03140	CARDIOVASCULAR SERVICES	10,395,391	4,510,396	14,905,787	0.131554	0.000000	76.02
76.03	03957	CARDIAC REHABILITATION	422,873	1,596,500	2,019,373	0.372334	0.000000	76.03
76.04	03190	RADIATION ONCOLOGY	0	173,775	173,775	6.192404	0.000000	76.04
76.05	03951	MRI	2,693,460	3,873,540	6,567,000	0.084398	0.000000	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0.000000	0.000000	76.07
76.08	03953	WOUND CARE	0	1,543,828	1,543,828	0.547937	0.000000	76.08
76.09	03954	RENAL DIALYSIS	2,331,072	242,880	2,573,952	0.689955	0.000000	76.09
76.10	03955	INFUSION	11,462	17,441,350	17,452,812	0.276044	0.000000	76.10
76.11	03956	CARE TRANSITION CENTER	21,362	0	21,362	0.378335	0.000000	76.11
76.12	03958	ANTI COAGULATION CLINIC	434	562,270	562,704	1.192105	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	253,470	253,470	1.546487	0.000000	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0.000000	0.000000	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	21,068,423	56,781,932	77,850,355	0.209159	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,123,018	11,123,018	0.911555	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	21,657,520	21,657,520			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	255,992,081	474,578,295	730,570,376			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	255,992,081	474,578,295	730,570,376			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/29/2021 12:48 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - I/PF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.167371		50.00
50.01	05001	OPEN HEART SURGERY	0.000000		50.01
50.02	05002	OUTPATIENT SURGERY	0.900449		50.02
51.00	05100	RECOVERY ROOM	0.199851		51.00
53.00	05300	ANESTHESIOLOGY	0.461748		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344667		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.155373		54.01
54.02	05402	ULTRASOUND	0.111709		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.051870		55.01
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	0.150163		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.033655		63.00
63.01	06301	NUCLEAR MEDICINE	0.240020		63.01
65.00	06500	RESPIRATORY THERAPY	0.366917		65.00
66.00	06600	PHYSICAL THERAPY	0.759923		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259892		67.00
68.00	06800	SPEECH PATHOLOGY	0.304229		68.00
69.00	06900	ELECTROCARDIOLOGY	0.091552		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.555399		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.411221		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.860666		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141516		73.00
76.00	03020	PAIN CLINIC	0.000000		76.00
76.01	03950	ORTHOPEDI CS	0.000000		76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.132050		76.02
76.03	03957	CARDIAC REHABILITATION	0.372334		76.03
76.04	03190	RADIATION ONCOLOGY	6.192404		76.04
76.05	03951	MRI	0.084398		76.05
76.06	03952	BARIATRIC CENTER	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000		76.07
76.08	03953	WOUND CARE	0.548514		76.08
76.09	03954	RENAL DIALYSIS	0.689955		76.09
76.10	03955	INFUSION	0.276374		76.10
76.11	03956	CARE TRANSITION CENTER	0.378335		76.11
76.12	03958	ANTI COAGULATION CLINIC	1.215049		76.12
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	1.546487		90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000		90.02
90.03	09003	SPECIALTY CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.209207		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.911555		92.00
		OTHER REIMBURSABLE COST CENTERS			
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C Part I Date/Time Prepared: 7/29/2021 12: 48 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		38,496,171	5,161	38,501,332	30.00
31.00	03100	INTENSIVE CARE UNIT		7,175,821	17,091	7,192,912	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		2,593,153	0	2,593,153	35.00
40.00	04000	SUBPROVIDER - I/PF		7,867,094	0	7,867,094	40.00
43.00	04300	NURSERY		2,117,868	0	2,117,868	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		4,418,461	4,097	4,422,558	50.00
50.01	05001	OPEN HEART SURGERY		0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY		3,418,242	0	3,418,242	50.02
51.00	05100	RECOVERY ROOM		747,895	0	747,895	51.00
53.00	05300	ANESTHESIOLOGY		4,625,727	0	4,625,727	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		3,516,451	0	3,516,451	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES		1,594,290	0	1,594,290	54.01
54.02	05402	ULTRASOUND		990,217	0	990,217	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY		1,789,922	0	1,789,922	55.01
57.00	05700	CT SCAN		0	0	0	57.00
58.00	05800	MRI		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		8,584,577	1,618	8,586,195	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		44,830	0	44,830	63.00
63.01	06301	NUCLEAR MEDICINE		686,031	0	686,031	63.01
65.00	06500	RESPIRATORY THERAPY	0	4,248,038	1,738	4,249,776	65.00
66.00	06600	PHYSICAL THERAPY	0	4,730,602	7,210	4,737,812	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,214,952	0	1,214,952	67.00
68.00	06800	SPEECH PATHOLOGY	0	788,810	0	788,810	68.00
69.00	06900	ELECTROCARDIOLOGY		1,123,428	0	1,123,428	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		180,317	676	180,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		9,354,521	0	9,354,521	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		4,247,291	0	4,247,291	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		37,249,207	0	37,249,207	73.00
76.00	03020	PAIN CLINIC		0	0	0	76.00
76.01	03950	ORTHOPEDICS		54,504	0	54,504	76.01
76.02	03140	CARDIOVASCULAR SERVICES		1,960,913	7,392	1,968,305	76.02
76.03	03957	CARDIAC REHABILITATION		751,881	0	751,881	76.03
76.04	03190	RADIATION ONCOLOGY		1,076,085	0	1,076,085	76.04
76.05	03951	MRI		554,243	0	554,243	76.05
76.06	03952	BARITRIC CENTER		0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY		3,590,333	0	3,590,333	76.07
76.08	03953	WOUND CARE		845,920	891	846,811	76.08
76.09	03954	RENAL DIALYSIS		1,775,912	0	1,775,912	76.09
76.10	03955	INFUSION		4,817,742	5,759	4,823,501	76.10
76.11	03956	CARE TRANSITION CENTER		8,082	0	8,082	76.11
76.12	03958	ANTI COAGULATION CLINIC		670,802	12,911	683,713	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	391,988	391,988	0	391,988	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	61,061	61,061	0	61,061	90.03
91.00	09100	EMERGENCY	16,283,129	16,283,129	3,739	16,286,868	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,139,241	10,139,241	0	10,139,241	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	12,382,382	12,382,382	0	12,382,382	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	207,168,134	0	68,283	207,236,417	200.00
201.00		Less Observation Beds	10,139,241	0	0	10,139,241	201.00
202.00		Total (see instructions)	197,028,893	0	68,283	197,097,176	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0004		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 7/29/2021 12:48 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	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,998,688		40,998,688		30.00
31.00	03100	INTENSIVE CARE UNIT	12,592,559		12,592,559		31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,281,313		2,281,313		35.00
40.00	04000	SUBPROVIDER - IPF	17,964,105		17,964,105		40.00
43.00	04300	NURSERY	2,264,207		2,264,207		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,840,878	17,582,869	26,423,747	0.167216	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	1,772,850	2,023,302	3,796,152	0.900449	50.02
51.00	05100	RECOVERY ROOM	1,059,491	2,682,775	3,742,266	0.199851	51.00
53.00	05300	ANESTHESIOLOGY	3,776,793	6,241,074	10,017,867	0.461748	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,386,383	6,816,073	10,202,456	0.344667	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,690,000	5,571,051	10,261,051	0.155373	54.01
54.02	05402	ULTRASOUND	3,432,433	5,431,855	8,864,288	0.111709	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	11,477,409	23,030,200	34,507,609	0.051870	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	31,170,954	26,008,359	57,179,313	0.150134	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	954,952	377,094	1,332,046	0.033655	63.00
63.01	06301	NUCLEAR MEDICINE	983,925	1,874,303	2,858,228	0.240020	63.01
65.00	06500	RESPIRATORY THERAPY	10,802,621	779,771	11,582,392	0.366767	65.00
66.00	06600	PHYSICAL THERAPY	4,489,615	1,744,978	6,234,593	0.758767	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,970,058	704,777	4,674,835	0.259892	67.00
68.00	06800	SPEECH PATHOLOGY	2,152,300	440,513	2,592,813	0.304229	68.00
69.00	06900	ELECTROCARDIOLOGY	6,240,119	6,030,869	12,270,988	0.091552	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	325,879	325,879	0.553325	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,106,340	9,641,835	22,748,175	0.411221	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,711,929	2,222,961	4,934,890	0.860666	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,927,682	235,287,278	263,214,960	0.141516	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDI CS	0	0	0	0.000000	76.01
76.02	03140	CARDIOVASCULAR SERVICES	10,395,391	4,510,396	14,905,787	0.131554	76.02
76.03	03957	CARDIAC REHABILITATION	422,873	1,596,500	2,019,373	0.372334	76.03
76.04	03190	RADIATION ONCOLOGY	0	173,775	173,775	6.192404	76.04
76.05	03951	MRI	2,693,460	3,873,540	6,567,000	0.084398	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	0	1,543,828	1,543,828	0.547937	76.08
76.09	03954	RENAL DIALYSIS	2,331,072	242,880	2,573,952	0.689955	76.09
76.10	03955	INFUSION	11,462	17,441,350	17,452,812	0.276044	76.10
76.11	03956	CARE TRANSITION CENTER	21,362	0	21,362	0.378335	76.11
76.12	03958	ANTI COAGULATION CLINIC	434	562,270	562,704	1.192105	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	253,470	253,470	1.546487	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0.000000	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	21,068,423	56,781,932	77,850,355	0.209159	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,123,018	11,123,018	0.911555	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	21,657,520	21,657,520		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	255,992,081	474,578,295	730,570,376		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	255,992,081	474,578,295	730,570,376		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/29/2021 12:48 pm	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - I/PF				40.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.167371			50.00
50.01	05001	OPEN HEART SURGERY	0.000000			50.01
50.02	05002	OUTPATIENT SURGERY	0.900449			50.02
51.00	05100	RECOVERY ROOM	0.199851			51.00
53.00	05300	ANESTHESIOLOGY	0.461748			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344667			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.155373			54.01
54.02	05402	ULTRASOUND	0.111709			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.051870			55.01
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	0.150163			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.033655			63.00
63.01	06301	NUCLEAR MEDICINE	0.240020			63.01
65.00	06500	RESPIRATORY THERAPY	0.366917			65.00
66.00	06600	PHYSICAL THERAPY	0.759923			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259892			67.00
68.00	06800	SPEECH PATHOLOGY	0.304229			68.00
69.00	06900	ELECTROCARDIOLOGY	0.091552			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.555399			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.411221			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.860666			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141516			73.00
76.00	03020	PAIN CLINIC	0.000000			76.00
76.01	03950	ORTHOPEDI CS	0.000000			76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.132050			76.02
76.03	03957	CARDIAC REHABILITATION	0.372334			76.03
76.04	03190	RADIATION ONCOLOGY	6.192404			76.04
76.05	03951	MRI	0.084398			76.05
76.06	03952	BARIATRIC CENTER	0.000000			76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000			76.07
76.08	03953	WOUND CARE	0.548514			76.08
76.09	03954	RENAL DIALYSIS	0.689955			76.09
76.10	03955	INFUSION	0.276374			76.10
76.11	03956	CARE TRANSITION CENTER	0.378335			76.11
76.12	03958	ANTI COAGULATION CLINIC	1.215049			76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	OCC HEALTH CLINIC	1.546487			90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000			90.02
90.03	09003	SPECIALTY CLINIC	0.000000			90.03
91.00	09100	EMERGENCY	0.209207			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.911555			92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 7/29/2021 12:48 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	3,570,087	0	3,570,087	26,577	134.33	30.00	
31.00	INTENSIVE CARE UNIT	787,232		787,232	3,391	232.15	31.00	
35.00	NEWBORN INTENSIVE CARE UNIT	83,209		83,209	485	171.56	35.00	
40.00	SUBPROVIDER - IPF	48,895	0	48,895	7,859	6.22	40.00	
43.00	NURSERY	15,167		15,167	853	17.78	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	4,504,590		4,504,590	39,165		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	6,781	910,892					30.00
31.00	INTENSIVE CARE UNIT	990	229,829					31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0					35.00
40.00	SUBPROVIDER - IPF	660	4,105					40.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	8,431	1,144,826					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0004		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 7/29/2021 12:48 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	922,743	26,423,747	0.034921	3,118,268	108,893	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0.000000	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	772,561	3,796,152	0.203512	717,760	146,073	50.02
51.00	05100	RECOVERY ROOM	79,017	3,742,266	0.021115	379,505	8,013	51.00
53.00	05300	ANESTHESIOLOGY	100,222	10,017,867	0.010004	1,076,243	10,767	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	843,443	10,202,456	0.082671	1,570,575	129,841	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	239,106	10,261,051	0.023302	1,367,201	31,859	54.01
54.02	05402	ULTRASOUND	62,394	8,864,288	0.007039	1,144,271	8,055	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	591,442	34,507,609	0.017139	4,145,856	71,056	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	316,270	57,179,313	0.005531	10,576,894	58,501	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	679	1,332,046	0.000510	466,860	238	63.00
63.01	06301	NUCLEAR MEDICINE	131,189	2,858,228	0.045899	407,657	18,711	63.01
65.00	06500	RESPIRATORY THERAPY	298,302	11,582,392	0.025755	2,995,247	77,143	65.00
66.00	06600	PHYSICAL THERAPY	293,171	6,234,593	0.047023	904,053	42,511	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,339	4,674,835	0.007345	759,687	5,580	67.00
68.00	06800	SPEECH PATHOLOGY	90,753	2,592,813	0.035002	430,074	15,053	68.00
69.00	06900	ELECTROCARDIOLOGY	236,104	12,270,988	0.019241	2,461,607	47,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,925	325,879	0.107172	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	273,898	22,748,175	0.012040	3,351,197	40,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	99,392	4,934,890	0.020141	1,384,760	27,890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	445,679	263,214,960	0.001693	10,881,250	18,422	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDICS	16,793	0	0.000000	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	437,960	14,905,787	0.029382	2,492,386	73,231	76.02
76.03	03957	CARDIAC REHABILITATION	90,121	2,019,373	0.044628	122,835	5,482	76.03
76.04	03190	RADIATION ONCOLOGY	330,625	173,775	1.902604	0	0	76.04
76.05	03951	MRI	89,128	6,567,000	0.013572	938,940	12,743	76.05
76.06	03952	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	17,408	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	127,276	1,543,828	0.082442	0	0	76.08
76.09	03954	RENAL DIALYSIS	234,820	2,573,952	0.091229	1,027,488	93,737	76.09
76.10	03955	INFUSION	104,807	17,452,812	0.006005	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	54	21,362	0.002528	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	4,442	562,704	0.007894	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	2,672	253,470	0.010542	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0.000000	0	0	90.02
90.03	09003	SPECIALTY CLINIC	347	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	667,402	77,850,355	0.008573	5,316,890	45,582	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	940,171	11,123,018	0.084525	0	0	92.00
200.00		Total (lines 50 through 199)	8,929,655	632,811,984		58,037,504	1,097,093	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/29/2021 12:48 pm
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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	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	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	26,577	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,391	0.00	31.00	
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	485	0.00	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	7,859	0.00	40.00	
43.00	04300	NURSERY	0	0	853	0.00	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	45.00	
200.00		Total (lines 30 through 199)	0	0	39,165	0.00	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
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0					35.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 12:48 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	99,430	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	2,093	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	1,047	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	0	2,093	0	55.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	202,748	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	39,561	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	0	4,945	0	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	100,973	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	751,785	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	0	0	0	76.04
76.05 03951 MRI	0	0	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	0	90.01
90.02 09002 RADIOLOGY CLINIC	0	0	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	396,094	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	1,600,769	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 12: 48 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII		
						Hospital	PPS	
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	26,423,747	0.000000	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	3,796,152	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,742,266	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,017,867	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	99,430	99,430	10,202,456	0.009746	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,093	2,093	10,261,051	0.000204	54.01
54.02	05402	ULTRASOUND	0	1,047	1,047	8,864,288	0.000118	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	2,093	2,093	34,507,609	0.000061	55.01
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	202,748	202,748	57,179,313	0.003546	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	39,561	39,561	1,332,046	0.029699	63.00
63.01	06301	NUCLEAR MEDICINE	0	4,945	4,945	2,858,228	0.001730	63.01
65.00	06500	RESPIRATORY THERAPY	0	100,973	100,973	11,582,392	0.008718	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,234,593	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,674,835	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,592,813	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,270,988	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	325,879	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,748,175	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,934,890	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	751,785	751,785	263,214,960	0.002856	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	0.000000	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	14,905,787	0.000000	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	2,019,373	0.000000	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	173,775	0.000000	76.04
76.05	03951	MRI	0	0	0	6,567,000	0.000000	76.05
76.06	03952	BIOPSY CENTER	0	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	0	0	0	1,543,828	0.000000	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	2,573,952	0.000000	76.09
76.10	03955	INFUSION	0	0	0	17,452,812	0.000000	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	21,362	0.000000	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	562,704	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	253,470	0.000000	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0.000000	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	396,094	396,094	77,850,355	0.005088	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,123,018	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,600,769	1,600,769	632,811,984		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 12:48 pm
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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	3,118,268	0	3,705,307	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.000000	717,760	0	122,682	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	379,505	0	552,381	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,076,243	0	962,423	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.009746	1,570,575	15,307	1,318,705	12,852	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.000204	1,367,201	279	2,268,667	463	54.01
54.02	05402 ULTRASOUND	0.000118	1,144,271	135	649,285	77	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.000061	4,145,856	253	3,649,891	223	55.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.003546	10,576,894	37,506	616,141	2,185	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.029699	466,860	13,865	141,794	4,211	63.00
63.01	06301 NUCLEAR MEDICINE	0.001730	407,657	705	552,946	957	63.01
65.00	06500 RESPIRATORY THERAPY	0.008718	2,995,247	26,113	94,876	827	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	904,053	0	28,069	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	759,687	0	6,879	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	430,074	0	19,987	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,461,607	0	1,445,967	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	325,879	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,351,197	0	1,961,145	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,384,760	0	714,691	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002856	10,881,250	31,077	103,138,491	294,564	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.000000	2,492,386	0	740,678	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.000000	122,835	0	310,203	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.000000	0	0	173,775	0	76.04
76.05	03951 MRI	0.000000	938,940	0	815,877	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953 WOUND CARE	0.000000	0	0	1,418,611	0	76.08
76.09	03954 RENAL DIALYSIS	0.000000	1,027,488	0	0	0	76.09
76.10	03955 INFUSION	0.000000	0	0	2,103,794	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.005088	5,316,890	27,052	5,756,622	29,290	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	1,147,918	0	92.00
200.00	Total (lines 50 through 199)		58,037,504	152,292	134,743,684	345,649	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 12:48 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	0.167216	3,705,307	0	0	619,587
50.01 05001 OPEN HEART SURGERY	0.000000	0	0	0	0
50.02 05002 OUTPATIENT SURGERY	0.900449	122,682	0	0	110,469
51.00 05100 RECOVERY ROOM	0.199851	552,381	0	0	110,394
53.00 05300 ANESTHESIOLOGY	0.461748	962,423	0	0	444,397
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.344667	1,318,705	0	0	454,514
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0.155373	2,268,667	0	0	352,490
54.02 05402 ULTRASOUND	0.111709	649,285	0	0	72,531
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
55.01 05501 COMPUTED TOMOGRAPHY	0.051870	3,649,891	0	0	189,320
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MRI	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.150134	616,141	0	0	92,504
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.033655	141,794	0	0	4,772
63.01 06301 NUCLEAR MEDICINE	0.240020	552,946	0	0	132,718
65.00 06500 RESPIRATORY THERAPY	0.366767	94,876	0	0	34,797
66.00 06600 PHYSICAL THERAPY	0.758767	28,069	0	0	21,298
67.00 06700 OCCUPATIONAL THERAPY	0.259892	6,879	0	0	1,788
68.00 06800 SPEECH PATHOLOGY	0.304229	19,987	0	0	6,081
69.00 06900 ELECTROCARDIOLOGY	0.091552	1,445,967	0	0	132,381
70.00 07000 ELECTROENCEPHALOGRAPHY	0.553325	325,879	0	0	180,317
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.411221	1,961,145	0	0	806,464
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.860666	714,691	0	0	615,110
73.00 07300 DRUGS CHARGED TO PATIENTS	0.141516	103,138,491	0	10,724	14,595,747
76.00 03020 PAIN CLINIC	0.000000	0	0	0	0
76.01 03950 ORTHOPEDICS	0.000000	0	0	0	0
76.02 03140 CARDIOVASCULAR SERVICES	0.131554	740,678	0	0	97,439
76.03 03957 CARDIAC REHABILITATION	0.372334	310,203	0	0	115,499
76.04 03190 RADIATION ONCOLOGY	6.192404	173,775	0	0	1,076,085
76.05 03951 MRI	0.084398	815,877	0	0	68,858
76.06 03952 BARIATRIC CENTER	0.000000	0	0	0	0
76.07 03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0
76.08 03953 WOUND CARE	0.547937	1,418,611	0	0	777,309
76.09 03954 RENAL DIALYSIS	0.689955	0	0	0	0
76.10 03955 INFUSION	0.276044	2,103,794	0	0	580,740
76.11 03956 CARE TRANSITION CENTER	0.378335	0	0	0	0
76.12 03958 ANTICOAGULATION CLINIC	1.192105	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 OCC HEALTH CLINIC	1.546487	0	0	0	0
90.02 09002 RADIOLOGY CLINIC	0.000000	0	0	0	0
90.03 09003 SPECIALTY CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.209159	5,756,622	0	0	1,204,049
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.911555	1,147,918	0	0	1,046,390
200.00 Subtotal (see instructions)		134,743,684	0	10,724	23,944,048
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 - line 201)		134,743,684	0	10,724	23,944,048

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 12:48 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPEN HEART SURGERY	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 NUCLEAR MEDICINE	0	0		63.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,518		73.00
76.00 03020 PAIN CLINIC	0	0		76.00
76.01 03950 ORTHOPEDICS	0	0		76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0		76.02
76.03 03957 CARDIAC REHABILITATION	0	0		76.03
76.04 03190 RADIATION ONCOLOGY	0	0		76.04
76.05 03951 MRI	0	0		76.05
76.06 03952 BARIATRIC CENTER	0	0		76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0		76.07
76.08 03953 WOUND CARE	0	0		76.08
76.09 03954 RENAL DIALYSIS	0	0		76.09
76.10 03955 INFUSION	0	0		76.10
76.11 03956 CARE TRANSITION CENTER	0	0		76.11
76.12 03958 ANTICOAGULATION CLINIC	0	0		76.12
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCC HEALTH CLINIC	0	0		90.01
90.02 09002 RADIOLOGY CLINIC	0	0		90.02
90.03 09003 SPECIALTY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	1,518		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	1,518		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 7/29/2021 12:48 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	922,743	26,423,747	0.034921	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0.000000	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	772,561	3,796,152	0.203512	0	0	50.02
51.00	05100	RECOVERY ROOM	79,017	3,742,266	0.021115	0	0	51.00
53.00	05300	ANESTHESIOLOGY	100,222	10,017,867	0.010004	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	843,443	10,202,456	0.082671	13,025	1,077	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	239,106	10,261,051	0.023302	0	0	54.01
54.02	05402	ULTRASOUND	62,394	8,864,288	0.007039	3,764	26	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	591,442	34,507,609	0.017139	36,570	627	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	316,270	57,179,313	0.005531	166,099	919	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	679	1,332,046	0.000510	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	131,189	2,858,228	0.045899	7,442	342	63.01
65.00	06500	RESPIRATORY THERAPY	298,302	11,582,392	0.025755	1,245	32	65.00
66.00	06600	PHYSICAL THERAPY	293,171	6,234,593	0.047023	1,720	81	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,339	4,674,835	0.007345	681	5	67.00
68.00	06800	SPEECH PATHOLOGY	90,753	2,592,813	0.035002	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	236,104	12,270,988	0.019241	41,340	795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,925	325,879	0.107172	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	273,898	22,748,175	0.012040	11,610	140	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	99,392	4,934,890	0.020141	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	445,679	263,214,960	0.001693	91,297	155	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDI CS	16,793	0	0.000000	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	437,960	14,905,787	0.029382	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	90,121	2,019,373	0.044628	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	330,625	173,775	1.902604	0	0	76.04
76.05	03951	MRI	89,128	6,567,000	0.013572	12,190	165	76.05
76.06	03952	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	17,408	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	127,276	1,543,828	0.082442	0	0	76.08
76.09	03954	RENAL DIALYSIS	234,820	2,573,952	0.091229	0	0	76.09
76.10	03955	INFUSION	104,807	17,452,812	0.006005	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	54	21,362	0.002528	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	4,442	562,704	0.007894	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	2,672	253,470	0.010542	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0.000000	0	0	90.02
90.03	09003	SPECIALTY CLINIC	347	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	667,402	77,850,355	0.008573	168,966	1,449	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,123,018	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	7,989,484	632,811,984		555,949	5,813	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 12:48 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	99,430	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	2,093	54.01
54.02	05402 ULTRASOUND	0	0	0	0	1,047	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	0	0	2,093	55.01
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	202,748	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	39,561	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	0	0	4,945	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	100,973	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	751,785	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951 MRI	0	0	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953 WOUND CARE	0	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955 INFUSION	0	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	396,094	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,600,769	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 12:48 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 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	26,423,747	0.000000	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0.000000	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	3,796,152	0.000000	50.02
51.00 05100 RECOVERY ROOM	0	0	0	3,742,266	0.000000	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	10,017,867	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	99,430	99,430	10,202,456	0.009746	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	2,093	2,093	10,261,051	0.000204	54.01
54.02 05402 ULTRASOUND	0	1,047	1,047	8,864,288	0.000118	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	2,093	2,093	34,507,609	0.000061	55.01
57.00 05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00 05800 MRI	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	202,748	202,748	57,179,313	0.003546	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	39,561	39,561	1,332,046	0.029699	63.00
63.01 06301 NUCLEAR MEDICINE	0	4,945	4,945	2,858,228	0.001730	63.01
65.00 06500 RESPIRATORY THERAPY	0	100,973	100,973	11,582,392	0.008718	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	6,234,593	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,674,835	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,592,813	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	12,270,988	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	325,879	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,748,175	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,934,890	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	751,785	751,785	263,214,960	0.002856	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0.000000	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	14,905,787	0.000000	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	2,019,373	0.000000	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	173,775	0.000000	76.04
76.05 03951 MRI	0	0	0	6,567,000	0.000000	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0.000000	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08 03953 WOUND CARE	0	0	0	1,543,828	0.000000	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	2,573,952	0.000000	76.09
76.10 03955 INFUSION	0	0	0	17,452,812	0.000000	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	21,362	0.000000	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	562,704	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	253,470	0.000000	90.01
90.02 09002 RADIOLOGY CLINIC	0	0	0	0	0.000000	90.02
90.03 09003 SPECIALTY CLINIC	0	0	0	0	0.000000	90.03
91.00 09100 EMERGENCY	0	396,094	396,094	77,850,355	0.005088	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,123,018	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,600,769	1,600,769	632,811,984		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 12:48 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.009746	13,025	127	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.000204	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000118	3,764	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.000061	36,570	2	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.003546	166,099	589	1,420	5	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.029699	0	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.001730	7,442	13	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.008718	1,245	11	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,720	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	681	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	41,340	0	5,854	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,610	0	225	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002856	91,297	261	5,585	16	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.000000	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.000000	0	0	0	0	76.04
76.05	03951 MRI	0.000000	12,190	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953 WOUND CARE	0.000000	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.000000	0	0	0	0	76.09
76.10	03955 INFUSION	0.000000	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.005088	168,966	860	19,183	98	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		555,949	1,863	32,267	119	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 12:48 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.167216	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0.900449	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.199851	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.461748	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.344667	0	0	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0.155373	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0.111709	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0.051870	0	0	0	0	55.01
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MRI	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.150134	1,420	0	0	213	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.033655	0	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0.240020	0	0	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0.366767	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.758767	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.259892	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.304229	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.091552	5,854	0	0	536	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.553325	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.411221	225	0	0	93	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.860666	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.141516	5,585	0	35	790	73.00
76.00 03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0.131554	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0.372334	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	6.192404	0	0	0	0	76.04
76.05 03951 MRI	0.084398	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08 03953 WOUND CARE	0.547937	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0.689955	0	0	0	0	76.09
76.10 03955 INFUSION	0.276044	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0.378335	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	1.192105	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC						88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	1.546487	0	0	0	0	90.01
90.02 09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.209159	19,183	0	0	4,012	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.911555	0	0	0	0	92.00
200.00 Subtotal (see instructions)		32,267	0	35	5,644	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 - line 201)		32,267	0	35	5,644	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 12:48 pm
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPEN HEART SURGERY	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 NUCLEAR MEDICINE	0	0		63.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5		73.00
76.00 03020 PAIN CLINIC	0	0		76.00
76.01 03950 ORTHOPEDICS	0	0		76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0		76.02
76.03 03957 CARDIAC REHABILITATION	0	0		76.03
76.04 03190 RADIATION ONCOLOGY	0	0		76.04
76.05 03951 MRI	0	0		76.05
76.06 03952 BARIATRIC CENTER	0	0		76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0		76.07
76.08 03953 WOUND CARE	0	0		76.08
76.09 03954 RENAL DIALYSIS	0	0		76.09
76.10 03955 INFUSION	0	0		76.10
76.11 03956 CARE TRANSITION CENTER	0	0		76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0		76.12
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCC HEALTH CLINIC	0	0		90.01
90.02 09002 RADIOLOGY CLINIC	0	0		90.02
90.03 09003 SPECIALTY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	5		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	5		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 12:48 pm
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		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	0.167216	4,686,627	0	0	783,679	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.900449	520,860	0	0	469,008	50.02
51.00	05100	RECOVERY ROOM	0.199851	1,062,587	0	0	212,359	51.00
53.00	05300	ANESTHESIOLOGY	0.461748	1,708,916	0	0	789,089	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344667	1,064,405	0	0	366,865	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.155373	406,803	0	0	63,206	54.01
54.02	05402	ULTRASOUND	0.111709	981,870	0	0	109,684	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.051870	3,021,325	0	0	156,716	55.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.150134	4,667,839	0	0	700,801	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.033655	140,520	0	0	4,729	63.00
63.01	06301	NUCLEAR MEDICINE	0.240020	314,172	0	0	75,408	63.01
65.00	06500	RESPIRATORY THERAPY	0.366767	113,834	0	0	41,751	65.00
66.00	06600	PHYSICAL THERAPY	0.758767	234,767	0	0	178,133	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259892	68,676	0	0	17,848	67.00
68.00	06800	SPEECH PATHOLOGY	0.304229	173,649	0	0	52,829	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091552	760,373	0	0	69,614	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.553325	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.411221	983,922	0	0	404,609	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.860666	440,024	0	0	378,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141516	14,298,970	0	0	2,023,533	73.00
76.00	03020	PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.131554	313,536	0	0	41,247	76.02
76.03	03957	CARDIAC REHABILITATION	0.372334	291,878	0	0	108,676	76.03
76.04	03190	RADIATION ONCOLOGY	6.192404	0	0	0	0	76.04
76.05	03951	MRI	0.084398	727,224	0	0	61,376	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953	WOUND CARE	0.547937	125,217	0	0	68,611	76.08
76.09	03954	RENAL DIALYSIS	0.689955	0	0	0	0	76.09
76.10	03955	INFUSION	0.276044	1,568,957	0	0	433,101	76.10
76.11	03956	CARE TRANSITION CENTER	0.378335	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	1.192105	39,436	0	0	47,012	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	1.546487	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.209159	9,123,763	0	0	1,908,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.911555	2,228,040	0	0	2,030,981	92.00
200.00		Subtotal (see instructions)		50,068,190	0	0	11,597,896	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		50,068,190	0	0	11,597,896	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/29/2021 12:48 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.)				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
50.01	05001	OPEN HEART SURGERY	0	0			50.01
50.02	05002	OUTPATIENT SURGERY	0	0			50.02
51.00	05100	RECOVERY ROOM	0	0			51.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0			54.01
54.02	05402	ULTRASOUND	0	0			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0			55.01
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
63.01	06301	NUCLEAR MEDICINE	0	0			63.01
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00	03020	PAIN CLINIC	0	0			76.00
76.01	03950	ORTHOPEDECS	0	0			76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0			76.02
76.03	03957	CARDIAC REHABILITATION	0	0			76.03
76.04	03190	RADIATION ONCOLOGY	0	0			76.04
76.05	03951	MRI	0	0			76.05
76.06	03952	BARIATRIC CENTER	0	0			76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0			76.07
76.08	03953	WOUND CARE	0	0			76.08
76.09	03954	RENAL DIALYSIS	0	0			76.09
76.10	03955	INFUSION	0	0			76.10
76.11	03956	CARE TRANSITION CENTER	0	0			76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0			76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0	0			90.00
90.01	09001	OCC HEALTH CLINIC	0	0			90.01
90.02	09002	CARDIOLOGY CLINIC	0	0			90.02
90.03	09003	SPECIALTY CLINIC	0	0			90.03
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00		Subtotal (see instructions)	0	0			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 7/29/2021 12:48 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	922,743	26,423,747	0.034921	0	0
50.01	05001	OPEN HEART SURGERY	0	0	0.000000	0	0
50.02	05002	OUTPATIENT SURGERY	772,561	3,796,152	0.203512	0	0
51.00	05100	RECOVERY ROOM	79,017	3,742,266	0.021115	0	0
53.00	05300	ANESTHESIOLOGY	100,222	10,017,867	0.010004	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	843,443	10,202,456	0.082671	0	0
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	239,106	10,261,051	0.023302	0	0
54.02	05402	ULTRASOUND	62,394	8,864,288	0.007039	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
55.01	05501	COMPUTED TOMOGRAPHY	591,442	34,507,609	0.017139	0	0
57.00	05700	CT SCAN	0	0	0.000000	0	0
58.00	05800	MRI	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0
60.00	06000	LABORATORY	316,270	57,179,313	0.005531	0	0
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	679	1,332,046	0.000510	0	0
63.01	06301	NUCLEAR MEDICINE	131,189	2,858,228	0.045899	0	0
65.00	06500	RESPIRATORY THERAPY	298,302	11,582,392	0.025755	0	0
66.00	06600	PHYSICAL THERAPY	293,171	6,234,593	0.047023	0	0
67.00	06700	OCCUPATIONAL THERAPY	34,339	4,674,835	0.007345	0	0
68.00	06800	SPEECH PATHOLOGY	90,753	2,592,813	0.035002	0	0
69.00	06900	ELECTROCARDIOLOGY	236,104	12,270,988	0.019241	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	34,925	325,879	0.107172	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	273,898	22,748,175	0.012040	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	99,392	4,934,890	0.020141	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	445,679	263,214,960	0.001693	0	0
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0
76.01	03950	ORTHOPEDI CS	16,793	0	0.000000	0	0
76.02	03140	CARDIOVASCULAR SERVICES	437,960	14,905,787	0.029382	0	0
76.03	03957	CARDIAC REHABILITATION	90,121	2,019,373	0.044628	0	0
76.04	03190	RADIATION ONCOLOGY	330,625	173,775	1.902604	0	0
76.05	03951	MRI	89,128	6,567,000	0.013572	0	0
76.06	03952	BIARIATRIC CENTER	0	0	0.000000	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	17,408	0	0.000000	0	0
76.08	03953	WOUND CARE	127,276	1,543,828	0.082442	0	0
76.09	03954	RENAL DIALYSIS	234,820	2,573,952	0.091229	0	0
76.10	03955	INFUSION	104,807	17,452,812	0.006005	86	1
76.11	03956	CARE TRANSITION CENTER	54	21,362	0.002528	0	0
76.12	03958	ANTI COAGULATION CLINIC	4,442	562,704	0.007894	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	OCC HEALTH CLINIC	2,672	253,470	0.010542	0	0
90.02	09002	CARDIOLOGY CLINIC	0	0	0.000000	0	0
90.03	09003	SPECIALTY CLINIC	347	0	0.000000	0	0
91.00	09100	EMERGENCY	667,402	77,850,355	0.008573	1,189	10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,123,018	0.000000	0	0
200.00		Total (lines 50 through 199)	7,989,484	632,811,984		1,275	11

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 12:48 pm	
Title XIX			Subprovider - IPF	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
	1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	0 50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0 50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0 50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0 51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	99,430 54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	2,093 54.01
54.02 05402 ULTRASOUND	0	0	0	0	1,047 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	0	2,093 55.01
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	202,748 60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	39,561 63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	0	4,945 63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	100,973 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	751,785 73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0 76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0 76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	0	0 76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	0	0 76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	0	0 76.04
76.05 03951 MRI	0	0	0	0	0 76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0 76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07
76.08 03953 WOUND CARE	0	0	0	0	0 76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0 76.09
76.10 03955 INFUSION	0	0	0	0	0 76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0 76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	0 76.12
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	0	0	0	0	0 90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0 90.01
90.02 09002 RADIOLOGY CLINIC	0	0	0	0	0 90.02
90.03 09003 SPECIALTY CLINIC	0	0	0	0	0 90.03
91.00 09100 EMERGENCY	0	0	0	0	396,094 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00 Total (lines 50 through 199)	0	0	0	0	1,600,769 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 12:48 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 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	26,423,747	0.000000	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0.000000	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	3,796,152	0.000000	50.02
51.00 05100 RECOVERY ROOM	0	0	0	3,742,266	0.000000	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	10,017,867	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	99,430	99,430	10,202,456	0.009746	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	2,093	2,093	10,261,051	0.000204	54.01
54.02 05402 ULTRASOUND	0	1,047	1,047	8,864,288	0.000118	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	2,093	2,093	34,507,609	0.000061	55.01
57.00 05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00 05800 MRI	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	202,748	202,748	57,179,313	0.003546	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	39,561	39,561	1,332,046	0.029699	63.00
63.01 06301 NUCLEAR MEDICINE	0	4,945	4,945	2,858,228	0.001730	63.01
65.00 06500 RESPIRATORY THERAPY	0	100,973	100,973	11,582,392	0.008718	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	6,234,593	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,674,835	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,592,813	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	12,270,988	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	325,879	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,748,175	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,934,890	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	751,785	751,785	263,214,960	0.002856	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0.000000	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	14,905,787	0.000000	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	2,019,373	0.000000	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	173,775	0.000000	76.04
76.05 03951 MRI	0	0	0	6,567,000	0.000000	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0.000000	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08 03953 WOUND CARE	0	0	0	1,543,828	0.000000	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	2,573,952	0.000000	76.09
76.10 03955 INFUSION	0	0	0	17,452,812	0.000000	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	21,362	0.000000	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	562,704	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	253,470	0.000000	90.01
90.02 09002 RADIOLOGY CLINIC	0	0	0	0	0.000000	90.02
90.03 09003 SPECIALTY CLINIC	0	0	0	0	0.000000	90.03
91.00 09100 EMERGENCY	0	396,094	396,094	77,850,355	0.005088	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,123,018	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,600,769	1,600,769	632,811,984		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 12:48 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.009746	0	0	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.000204	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000118	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.000061	0	0	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.003546	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.029699	0	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.001730	0	0	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.008718	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002856	0	0	0	0	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.000000	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.000000	0	0	0	0	76.04
76.05	03951 MRI	0.000000	0	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953 WOUND CARE	0.000000	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.000000	0	0	0	0	76.09
76.10	03955 INFUSION	0.000000	86	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.005088	1,189	6	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		1,275	6	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 7/29/2021 12:48 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,577	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,577	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)		19,578	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)		6,781	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)		38,501,332	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)		38,501,332	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)		38,501,332	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)		1,448.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,823,431	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)		9,823,431	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,192,912	3,391	2,121.18	990	2,099,968	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	2,593,153	485	5,346.71	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,264,232	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,187,631	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,140,721	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,249,385	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,390,106	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,797,525	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,999	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,448.67	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,139,241	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 12:48 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,570,087	38,501,332	0.092726	10,139,241	940,171	90.00
91.00	Nursing School cost	0	38,501,332	0.000000	10,139,241	0	91.00
92.00	Allied health cost	0	38,501,332	0.000000	10,139,241	0	92.00
93.00	All other Medical Education	0	38,501,332	0.000000	10,139,241	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 12:48 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,859 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,859 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,859 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			660 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)			7,867,094 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)			7,867,094 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)			7,867,094 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)			1,001.03 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			660,680 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)			660,680 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 12:48 pm			
		Title XVIII		Subprovider - IPF		PPS			
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
		1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00		
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00		
44.00	CORONARY CARE UNIT						44.00		
45.00	BURN INTENSIVE CARE UNIT						45.00		
46.00	SURGICAL INTENSIVE CARE UNIT						46.00		
47.00	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00		
Cost Center Description									
		1.00							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	93,332						48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	754,012						49.00	
PASS THROUGH COST ADJUSTMENTS									
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	4,105						50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	7,676						51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)	11,781						52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	742,231						53.00	
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges	0						54.00	
55.00	Target amount per discharge	0.00						55.00	
56.00	Target amount (line 54 x line 55)	0						56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0						57.00	
58.00	Bonus payment (see instructions)	0						58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00						59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00						60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0						61.00	
62.00	Relief payment (see instructions)	0						62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0						63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0						64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0						65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0						66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0						67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0						68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0						69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00	
72.00	Program routine service cost (line 9 x line 71)							72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00	
77.00	Program capital-related costs (line 9 x line 76)							77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00	
81.00	Inpatient routine service cost per diem limitation							81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00	
83.00	Reasonable inpatient routine service costs (see instructions)							83.00	
84.00	Program inpatient ancillary services (see instructions)							84.00	
85.00	Utilization review - physician compensation (see instructions)							85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 12:48 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	48,895	7,867,094	0.006215	0	0	90.00
91.00	Nursing School cost	0	7,867,094	0.000000	0	0	91.00
92.00	Allied health cost	0	7,867,094	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,867,094	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 12:48 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,859 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,859 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,859 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			3,366 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)			853 15.00
16.00	Nursery days (title V or XIX only)			558 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)			7,867,094 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)			7,867,094 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)			7,867,094 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)			1,001.03 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,369,467 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			3,369,467 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
					Component CCN: 15-S004		Date/Time Prepared: 7/29/2021 12:48 pm
					Title XIX	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						273	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,369,740	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						17	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						17	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,369,723	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 12:48 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	7,867,094	0.000000	0	0	90.00
91.00	Nursing School cost	0	7,867,094	0.000000	0	0	91.00
92.00	Allied health cost	0	7,867,094	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,867,094	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 12:48 pm	
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		12,948,990	30.00
31.00	03100	INTENSIVE CARE UNIT		3,673,930	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.167371	3,118,268	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.900449	717,760	50.02
51.00	05100	RECOVERY ROOM	0.199851	379,505	51.00
53.00	05300	ANESTHESIOLOGY	0.461748	1,076,243	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344667	1,570,575	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.155373	1,367,201	54.01
54.02	05402	ULTRASOUND	0.111709	1,144,271	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.051870	4,145,856	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.150163	10,576,894	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.033655	466,860	63.00
63.01	06301	NUCLEAR MEDICINE	0.240020	407,657	63.01
65.00	06500	RESPIRATORY THERAPY	0.366917	2,995,247	65.00
66.00	06600	PHYSICAL THERAPY	0.759923	904,053	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259892	759,687	67.00
68.00	06800	SPEECH PATHOLOGY	0.304229	430,074	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091552	2,461,607	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.555399	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.411221	3,351,197	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.860666	1,384,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141516	10,881,250	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	0.000000	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.132050	2,492,386	76.02
76.03	03957	CARDIAC REHABILITATION	0.372334	122,835	76.03
76.04	03190	RADIATION ONCOLOGY	6.192404	0	76.04
76.05	03951	MRI	0.084398	938,940	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	0.548514	0	76.08
76.09	03954	RENAL DIALYSIS	0.689955	1,027,488	76.09
76.10	03955	INFUSION	0.276374	0	76.10
76.11	03956	CARE TRANSITION CENTER	0.378335	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	1.215049	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	1.546487	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	90.02
90.03	09003	SPECIALTY CLINIC	0.000000	0	90.03
91.00	09100	EMERGENCY	0.209207	5,316,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.911555	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		58,037,504	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)		58,037,504	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 12:48 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		1,864,470		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.167371	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.900449	0	0	50.02
51.00	05100 RECOVERY ROOM	0.199851	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.461748	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.344667	13,025	4,489	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.155373	0	0	54.01
54.02	05402 ULTRASOUND	0.111709	3,764	420	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.051870	36,570	1,897	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.150163	166,099	24,942	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.033655	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.240020	7,442	1,786	63.01
65.00	06500 RESPIRATORY THERAPY	0.366917	1,245	457	65.00
66.00	06600 PHYSICAL THERAPY	0.759923	1,720	1,307	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.259892	681	177	67.00
68.00	06800 SPEECH PATHOLOGY	0.304229	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.091552	41,340	3,785	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.555399	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.411221	11,610	4,774	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.860666	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.141516	91,297	12,920	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.132050	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.372334	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	6.192404	0	0	76.04
76.05	03951 MRI	0.084398	12,190	1,029	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	76.07
76.08	03953 WOUND CARE	0.548514	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.689955	0	0	76.09
76.10	03955 INFUSION	0.276374	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.378335	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	1.215049	0	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	1.546487	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.209207	168,966	35,349	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.911555	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		555,949	93,332	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		555,949		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 12:48 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,723,439	30.00
31.00	03100	INTENSIVE CARE UNIT		856,270	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		999,190	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.167216	1,444,175	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.900449	82,570	50.02
51.00	05100	RECOVERY ROOM	0.199851	121,037	51.00
53.00	05300	ANESTHESIOLOGY	0.461748	529,596	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344667	192,609	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.155373	209,284	54.01
54.02	05402	ULTRASOUND	0.111709	315,308	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.051870	764,542	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.150134	2,483,909	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.033655	228,145	63.00
63.01	06301	NUCLEAR MEDICINE	0.240020	106,165	63.01
65.00	06500	RESPIRATORY THERAPY	0.366767	669,091	65.00
66.00	06600	PHYSICAL THERAPY	0.758767	316,889	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259892	283,439	67.00
68.00	06800	SPEECH PATHOLOGY	0.304229	168,443	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091552	372,989	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.553325	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.411221	895,484	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.860666	240,052	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.141516	2,588,554	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	0.000000	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.131554	741,278	76.02
76.03	03957	CARDIAC REHABILITATION	0.372334	45,989	76.03
76.04	03190	RADIATION ONCOLOGY	6.192404	0	76.04
76.05	03951	MRI	0.084398	173,160	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	0.547937	0	76.08
76.09	03954	RENAL DIALYSIS	0.689955	0	76.09
76.10	03955	INFUSION	0.276044	2,386	76.10
76.11	03956	CARE TRANSITION CENTER	0.378335	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	1.192105	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	1.546487	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	90.02
90.03	09003	SPECIALTY CLINIC	0.000000	0	90.03
91.00	09100	EMERGENCY	0.209159	1,516,927	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.911555	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		14,492,021	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)		14,492,021	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 12:48 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000 SUBPROVIDER - IPF		8,917,859	40.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.167371	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.900449	0	50.02
51.00	05100 RECOVERY ROOM	0.199851	0	51.00
53.00	05300 ANESTHESIOLOGY	0.461748	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.344667	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.155373	0	54.01
54.02	05402 ULTRASOUND	0.111709	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.051870	0	55.01
57.00	05700 CT SCAN	0.000000	0	57.00
58.00	05800 MRI	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000 LABORATORY	0.150163	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.033655	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.240020	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.366917	0	65.00
66.00	06600 PHYSICAL THERAPY	0.759923	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.259892	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.304229	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.091552	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.555399	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.411221	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.860666	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.141516	0	73.00
76.00	03020 PAIN CLINIC	0.000000	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.132050	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.372334	0	76.03
76.04	03190 RADIATION ONCOLOGY	6.192404	0	76.04
76.05	03951 MRI	0.084398	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953 WOUND CARE	0.548514	0	76.08
76.09	03954 RENAL DIALYSIS	0.689955	0	76.09
76.10	03955 INFUSION	0.276374	86	24 76.10
76.11	03956 CARE TRANSITION CENTER	0.378335	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	1.215049	0	76.12
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000 CLINIC	0.000000	0	90.00
90.01	09001 OCC HEALTH CLINIC	1.546487	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	90.03
91.00	09100 EMERGENCY	0.209207	1,189	249 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.911555	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,275	273 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		1,275	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 12:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		11,248,646	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,065,792	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		297,039	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		24,933	2.04
3.00	Managed Care Simulated Payments		9,164,820	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		160.88	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)		6.11	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)		1.72	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)		4.39	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		4.40	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.83	11.00
12.00	Current year allowable FTE (see instructions)		7.22	12.00
13.00	Total allowable FTE count for the prior year.		7.94	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.		7.10	14.00
15.00	Sum of lines 12 through 14 divided by 3.		7.42	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		7.42	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.046121	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.049372	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.046121	21.00
22.00	IME payment adjustment (see instructions)		381,008	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		228,012	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)		0.01	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		381,008	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		228,012	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.14	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.51	31.00
32.00	Sum of lines 30 and 31		36.65	32.00
33.00	Allowable disproportionate share percentage (see instructions)		19.45	33.00
34.00	Disproportionate share adjustment (see instructions)		744,665	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 12: 48 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000356170	0.000362429	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,974,235	3,004,544	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,226,613	757,310	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,983,923		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)	2,344		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	368		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	368		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	15.70		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	2,834		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	1.100155		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	181,299		46.00
47.00	Subtotal (see instructions)	19,927,305		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		20,155,317	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,364,000	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).		147,256	52.00
53.00	Nursing and Allied Health Managed Care payment		168,515	53.00
54.00	Special add-on payments for new technologies		46,506	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)		152,292	58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,033,886	59.00
60.00	Primary payer payments		58,785	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		21,975,101	61.00
62.00	Deductibles billed to program beneficiaries		1,339,844	62.00
63.00	Coinurance billed to program beneficiaries		177,056	63.00
64.00	Allowable bad debts (see instructions)		886,524	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		576,241	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		519,985	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,034,442	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)		-46,680	70.93
70.94	HRR adjustment amount (see instructions)		-94,524	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 12:48 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
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		1.00	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)			214,246	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			20,678,992	71.00
71.01	Sequestration adjustment (see instructions)			136,481	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			19,339,961	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,202,550	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,138,960	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. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0004

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 12:48 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,248,646	0	11,248,646		11,248,646	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,065,792	0		4,065,792	4,065,792	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	297,039	0	297,039		297,039	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	24,933	0		24,933	24,933	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,164,820	0	6,671,378	2,493,442	9,164,820	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.046121	0.046121	0.046121	0.046121		5.00
6.00	IME payment adjustment (see instructions)	22.00	381,008	0	279,855	101,153	381,008	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	228,012	0	165,978	62,034	228,012	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	381,008	0	279,855	101,153	381,008	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	228,012	0	165,978	62,034	228,012	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1945	0.1945	0.1945	0.1945		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	744,665	0	546,966	197,699	744,665	11.00
11.01	Uncompensated care payments	36.00	2,983,923	0	3,399,919	747,622	4,147,541	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	181,299	0	135,727	45,572	181,299	12.00
13.00	Subtotal (see instructions)	47.00	19,927,305	0	14,744,534	5,182,771	19,927,305	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,155,317	0	14,910,512	5,244,805	20,155,317	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,364,000	0	1,017,229	346,771	1,364,000	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0004

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 12:48 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	46,506	0	0	46,506	46,506	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	15,927,741	5,638,082	21,565,823	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,182,931	0	874,472	308,459	1,182,931	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	51,065	0	46,652	4,413	51,065	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0329	0.0329	0.0329	0.0329		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	38,918	0	28,770	10,148	38,918	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0770	0.0770	0.0770	0.0770		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	91,086	0	67,335	23,751	91,086	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,364,000	0	1,017,229	346,771	1,364,000	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/29/2021 12:48 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,248,646	11,248,646		11,248,646	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,065,792		4,065,792	4,065,792	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	297,039	297,039		297,039	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	24,933		24,933	24,933	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,164,820	6,671,378	2,493,442	9,164,820	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.046121	0.046121	0.046121		5.00
6.00	IME payment adjustment (see instructions)	22.00	381,008	279,855	101,153	381,008	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	228,012	165,978	62,034	228,012	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	381,008	279,855	101,153	381,008	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	228,012	165,978	62,034	228,012	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1945	0.1945	0.1945		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	744,665	546,966	197,699	744,665	11.00
11.01	Uncompensated care payments	36.00	2,983,923	2,226,613	757,310	2,983,923	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	181,299	135,727	45,572	181,299	12.00
13.00	Subtotal (see instructions)	47.00	19,927,305	14,734,846	5,192,459	19,927,305	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,155,317	14,900,824	5,254,493	20,155,317	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,364,000	1,017,229	346,771	1,364,000	16.00
17.00	Special add-on payments for new technologies	54.00	46,506	0	46,506	46,506	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			15,918,053	5,647,770	21,565,823	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/29/2021 12:48 pm
Title XVIII			Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,182,931	874,472	308,459	1,182,931	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	51,065	46,652	4,413	51,065	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0329	0.0329	0.0329		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	38,918	28,770	10,148	38,918	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0770	0.0770	0.0770		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	91,086	67,335	23,751	91,086	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,364,000	1,017,229	346,771	1,364,000	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-46,680	-12,251	-34,429	-46,680	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-94,524	-68,617	-25,907	-94,524	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		158,372	55,874	214,246	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 12:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,518	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,598,399	2.00
3.00	OPPS payments		18,088,326	3.00
4.00	Outlier payment (see instructions)		9,101	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		345,649	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,518	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		10,724	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)		10,724	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 charge basis 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)		10,724	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,206	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		1,518	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)		18,443,076	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,461,178	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)		14,983,416	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		136,243	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)		15,119,659	30.00
31.00	Primary payer payments		1,423	31.00
32.00	Subtotal (line 30 minus line 31)		15,118,236	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)		531,867	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		345,714	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		292,549	36.00
37.00	Subtotal (see instructions)		15,463,950	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-25	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)		15,463,975	40.00
40.01	Sequestration adjustment (see instructions)		102,062	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		14,804,881	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)		557,032	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 12:48 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,525	2.00
3.00	OPPS payments		5,491	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		119	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		35	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)		35	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 charge basis 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)		35	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		30	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)		5	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)		5,610	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)		723	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)		4,892	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)		4,892	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,892	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		4,892	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment 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)		4,892	40.00
40.01	Sequestration adjustment (see instructions)		32	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		4,730	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)		130	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: 15-0004

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

Worksheet E-1
Part I
Date/Time Prepared:
7/29/2021 12:48 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		19,242,161		14,804,881	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	09/14/2020	97,800		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)		97,800		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)		19,339,961		14,804,881	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,202,550		557,032	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		20,542,511		15,361,913	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0004
Component CCN: 15-S004

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

Worksheet E-1
Part I
Date/Time Prepared:
7/29/2021 12:48 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		447,850		4,730	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)		447,850		4,730	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		35,769		130	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		483,619		4,860	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/29/2021 12:48 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 7/29/2021 12:48 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			577,269 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			21.472678 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			577,269 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			577,269 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			577,269 18.00
19.00	Deductibles			95,744 19.00
20.00	Subtotal (line 18 minus line 19)			481,525 20.00
21.00	Coinurance			30,624 21.00
22.00	Subtotal (line 20 minus line 21)			450,901 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			52,412 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			34,068 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			5,291 25.00
26.00	Subtotal (sum of lines 22 and 24)			484,969 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			1,863 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			486,832 31.00
31.01	Sequestration adjustment (see instructions)			3,213 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			447,850 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			35,769 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/29/2021 12:48 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		14,492,021	50,068,190	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		14,492,021	50,068,190	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		14,492,021	50,068,190	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		14,492,021	50,068,190	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/29/2021 12:48 pm	
		Title XIX	Subprovider - IPF	PPS	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		1,275	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,275	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		1,275	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,275	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		6	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		6	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		6	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		6	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		6	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		6	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		6	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		6	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 12:48 pm
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	Title XVIII	Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.11	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.75	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			4.36	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.40	6.00
7.00	Enter the lesser of line 5 or line 6			4.36	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	4.40	4.40	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	4.36	4.36	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.83		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	7.19		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	7.91		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	7.03		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	7.38		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	7.38		17.00
18.00	Per resident amount	92,699.79	87,778.53		18.00
19.00	Approved amount for resident costs	0	647,806	647,806	19.00

				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.04	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			647,806	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	8,431	5,747		26.00
27.00	Total Inpatient Days (see instructions)	31,478	31,478		27.00
28.00	Ratio of inpatient days to total inpatient days	0.267838	0.182572		28.00
29.00	Program direct GME amount	173,507	118,271	291,778	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		8,279	8,279	30.00
31.00	Net Program direct GME amount			283,499	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 12:48 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		25,941,643	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		58,785	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		25,882,858	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		23,951,215	42.00
43.00	Primary payer payments (see instructions)		4,281	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		23,946,934	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		49,829,792	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.519425	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.480575	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		283,499	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		147,256	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		136,243	50.00

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

Provider CCN: 15-0004

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

Worksheet G

Date/Time Prepared:
7/29/2021 12:48 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	-86,284	0	0	0	1.00
2.00	Temporary investments	38,765,735	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	26,650,280	0	0	0	4.00
5.00	Other receivable	19,912,099	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,809,162	0	0	0	6.00
7.00	Inventory	5,269,783	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	83,702,451	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,547,620	0	0	0	12.00
13.00	Land improvements	3,655,975	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,408,071	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	117,879	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	168,758,513	0	0	0	23.00
24.00	Accumulated depreciation	-172,434,451	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)	50,053,607	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,447,432	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,447,432	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	135,203,490	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,391,274	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,672,048	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	48,454,217	0	0	0	43.00
44.00	Other current liabilities	1,446,189	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	72,963,728	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-77,476,742	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-77,476,742	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-4,513,014	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	139,716,504				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)	139,716,504	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	135,203,490	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0004

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

Worksheet G-1

Date/Time Prepared:
7/29/2021 12:48 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		377,285,061		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		79,359,413			2.00
3.00	Total (sum of line 1 and line 2)		456,644,474		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		456,644,474		0	11.00
12.00	EQUITY TRANSFERS	316,927,970		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		316,927,970		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		139,716,504		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	EQUITY TRANSFERS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0004

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/29/2021 12:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	43,262,895		43,262,895	1.00
2.00	SUBPROVIDER - IPF	17,964,105		17,964,105	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	61,227,000		61,227,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,592,559		12,592,559	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	NEWBORN INTENSIVE CARE UNIT	2,281,313		2,281,313	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,873,872		14,873,872	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	76,100,872		76,100,872	17.00
18.00	Ancillary services	173,136,516		173,136,516	18.00
19.00	Outpatient services	0	471,770,855	471,770,855	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		21,900,460	21,900,460	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE COST CENTERS	0	749,457	749,457	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	249,237,388	494,420,772	743,658,160	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		204,834,987		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	ROUNDING	24			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)		24		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		204,834,963		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0004

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

Worksheet G-3

Date/Time Prepared:
7/29/2021 12:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	743,658,160	1.00
2.00	Less contractual allowances and discounts on patients' accounts	483,561,984	2.00
3.00	Net patient revenues (line 1 minus line 2)	260,096,176	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	204,834,963	4.00
5.00	Net income from service to patients (line 3 minus line 4)	55,261,213	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	155,043	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	797,491	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	347,909	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	59,779	20.00
21.00	Rental of vending machines	13,012	21.00
22.00	Rental of hospital space	42,183	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	1,747,086	24.00
24.01	PREMIUM REVENUE	1,983,965	24.01
24.02	TOTAL NON OPERATING REVENUE	1,561,351	24.02
24.50	COVID-19 PHE Funding	17,390,381	24.50
25.00	Total other income (sum of lines 6-24)	24,098,200	25.00
26.00	Total (line 5 plus line 25)	79,359,413	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	79,359,413	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0004

Period: From 01/01/2020

Worksheet H

HHA CCN: 15-7145

To 12/31/2020

Date/Time Prepared: 7/29/2021 12:48 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,946,300	511,740	10,291	84,444	138,874	2,691,649	5.00
HHA REIMBURSABLE SERVICES							
6.00	2,024,441	520,567	139,200	0	103	2,684,311	6.00
7.00	1,330,708	275,268	71,178	853,122	1,265	2,531,541	7.00
8.00	85,227	0	0	0	0	85,227	8.00
9.00	2,284	0	0	0	0	2,284	9.00
10.00	3,490	0	0	0	0	3,490	10.00
11.00	117,993	0	0	0	0	117,993	11.00
12.00	0	0	0	0	144,913	144,913	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	5,510,443	1,307,575	220,669	937,566	285,155	8,261,408	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-147,354	2,544,295	-3,856	2,540,439			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,684,311	0	2,684,311			6.00
7.00	0	2,531,541	0	2,531,541			7.00
8.00	0	85,227	0	85,227			8.00
9.00	0	2,284	0	2,284			9.00
10.00	0	3,490	0	3,490			10.00
11.00	0	117,993	0	117,993			11.00
12.00	0	144,913	0	144,913			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	-147,354	8,114,054	-3,856	8,110,198			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: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet H-1 Part I Date/Time Prepared: 7/29/2021 12:48 pm
		HHA CCN: 15-7145	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
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	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	2,540,439	0	0	0	2,540,439	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,684,311	0	0	0	2,684,311	6.00	
7.00	Physical Therapy	2,531,541	0	0	0	2,531,541	7.00	
8.00	Occupational Therapy	85,227	0	0	0	85,227	8.00	
9.00	Speech Pathology	2,284	0	0	0	2,284	9.00	
10.00	Medical Social Services	3,490	0	0	0	3,490	10.00	
11.00	Home Health Aide	117,993	0	0	0	117,993	11.00	
12.00	Supplies (see instructions)	144,913	0	0	0	144,913	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	8,110,198	0	0	0	8,110,198	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	2,540,439					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,224,348	3,908,659				6.00	
7.00	Physical Therapy	1,154,669	3,686,210				7.00	
8.00	Occupational Therapy	38,873	124,100				8.00	
9.00	Speech Pathology	1,042	3,326				9.00	
10.00	Medical Social Services	1,592	5,082				10.00	
11.00	Home Health Aide	53,818	171,811				11.00	
12.00	Supplies (see instructions)	66,097	211,010				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
23.50	Telemedicine	0	0				23.50	
24.00	Total (sum of lines 1-23)		8,110,198				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0004 HHA CCN: 15-7145		Period: From 01/01/2020 To 12/31/2020		Worksheet H-1 Part II Date/Time Prepared: 7/29/2021 12:48 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
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	-2,540,439	5,569,759
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,684,311
7.00	Physical Therapy	0	0	0	0	0	2,531,541
8.00	Occupational Therapy	0	0	0	0	0	85,227
9.00	Speech Pathology	0	0	0	0	0	2,284
10.00	Medical Social Services	0	0	0	0	0	3,490
11.00	Home Health Aide	0	0	0	0	0	117,993
12.00	Supplies (see instructions)	0	0	0	0	0	144,913
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,540,439	5,569,759
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,540,439
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.456113

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0004

Period: From 01/01/2020

Worksheet H-2 Part I

HHA CCN: 15-7145

To 12/31/2020

Date/Time Prepared: 7/29/2021 12:48 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	174,281	37,292	351,258	562,831	115,799	1.00
2.00 Skilled Nursing Care	3,908,659	0	0	0	3,908,659	804,183	2.00
3.00 Physical Therapy	3,686,210	0	0	0	3,686,210	758,416	3.00
4.00 Occupational Therapy	124,100	0	0	0	124,100	25,533	4.00
5.00 Speech Pathology	3,326	0	0	0	3,326	684	5.00
6.00 Medical Social Services	5,082	0	0	0	5,082	1,046	6.00
7.00 Home Health Aide	171,811	0	0	0	171,811	35,349	7.00
8.00 Supplies (see instructions)	211,010	0	0	0	211,010	43,414	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)	8,110,198	174,281	37,292	351,258	8,673,029	1,784,424	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	106,841	272,400	0	102,521	0	183,332	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)	106,841	272,400	0	102,521	0	183,332	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: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet H-2 Part I Date/Time Prepared: 7/29/2021 12:48 pm
		HHA CCN: 15-7145	Home Health Agency I	PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV		
	13.00	14.00	15.00	16.00	17.00	22.00		
1.00	Administrative and General	1,177,060	0	0	80,804	1,971	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	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,177,060	0	0	80,804	1,971	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	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT		
	23.00	23.01	23.02	23.03	23.04	23.05		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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: 15-0004

Period:

Worksheet H-2

HHA CCN: 15-7145

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

Part I
Date/Time Prepared:
7/29/2021 12:48 pm

Home Health
Agency I

PPS

Cost Center Description	PARAMED ED PRGM - LAB 3+1	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.06	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	2,603,559	0	2,603,559			1.00
2.00 Skilled Nursing Care	0	4,712,842	0	4,712,842	1,254,767	5,967,609	2.00
3.00 Physical Therapy	0	4,444,626	0	4,444,626	1,183,359	5,627,985	3.00
4.00 Occupational Therapy	0	149,633	0	149,633	39,839	189,472	4.00
5.00 Speech Pathology	0	4,010	0	4,010	1,068	5,078	5.00
6.00 Medical Social Services	0	6,128	0	6,128	1,632	7,760	6.00
7.00 Home Health Aide	0	207,160	0	207,160	55,155	262,315	7.00
8.00 Supplies (see instructions)	0	254,424	0	254,424	67,739	322,163	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	12,382,382	0	12,382,382	2,603,559	12,382,382	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.					0.266245		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: 15-0004
HHA CCN: 15-7145

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

Worksheet H-2
Part II
Date/Time Prepared:
7/29/2021 12:48 pm

Home Health Agency I PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	11,759	23,717	5,510,443	0	562,831	11,759	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,908,659	0	2.00
3.00 Physical Therapy	0	0	0	0	3,686,210	0	3.00
4.00 Occupational Therapy	0	0	0	0	124,100	0	4.00
5.00 Speech Pathology	0	0	0	0	3,326	0	5.00
6.00 Medical Social Services	0	0	0	0	5,082	0	6.00
7.00 Home Health Aide	0	0	0	0	171,811	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	211,010	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)	11,759	23,717	5,510,443	0	8,673,029	11,759	20.00
21.00 Total cost to be allocated	174,281	37,292	351,258	0	1,784,424	106,841	21.00
22.00 Unit cost multiplier	14.821073	1.572374	0.063744	0	0.205744	9.085892	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	11,759	0	11,759	0	144,068	67,642	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)	11,759	0	11,759	0	144,068	67,642	20.00
21.00 Total cost to be allocated	272,400	0	102,521	0	183,332	1,177,060	21.00
22.00 Unit cost multiplier	23.165235	0.000000	8.718513	0.000000	1.272538	17.401319	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2020 To 12/31/2020	Worksheet H-2 Part II Date/Time Prepared: 7/29/2021 12:48 pm PPS
			Home Health Agency I	

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (GROSS CHARGES)	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00		22.00	23.00	
1.00	Administrative and General	0	0	21,657,520	21,657,520	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	21,657,520	21,657,520	0	0	20.00
21.00	Total cost to be allocated	0	0	80,804	1,971	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.003731	0.000091	0.000000	0.000000	22.00
Cost Center Description	PARAMED ED PRGM - LAB 4+1 (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME)		
	23.01	23.02	23.03	23.04	23.05	23.06		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2020 To 12/31/2020	Worksheet H-3 Part I Date/Time Prepared: 7/29/2021 12:48 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 (col. 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	5,967,609		5,967,609	24,944	239.24	1.00
2.00	Physical Therapy	3.00	5,627,985	0	5,627,985	22,302	252.35	2.00
3.00	Occupational Therapy	4.00	189,472	0	189,472	3,077	61.58	3.00
4.00	Speech Pathology	5.00	5,078	0	5,078	852	5.96	4.00
5.00	Medical Social Services	6.00	7,760		7,760	33	235.15	5.00
6.00	Home Health Aide	7.00	262,315		262,315	4,338	60.47	6.00
7.00	Total (sum of lines 1-6)		12,060,219	0	12,060,219	55,546		7.00
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		16974	0	23			8.00
8.01	Skilled Nursing Care		23844	0	10,289			8.01
8.02	Skilled Nursing Care		33140	0	4,160			8.02
8.03	Skilled Nursing Care		99915	0	7			8.03
9.00	Physical Therapy		16974	0	7			9.00
9.01	Physical Therapy		23844	0	7,503			9.01
9.02	Physical Therapy		33140	0	4,818			9.02
9.03	Physical Therapy		99915	0	12			9.03
10.00	Occupational Therapy		16974	0	2			10.00
10.01	Occupational Therapy		23844	0	1,090			10.01
10.02	Occupational Therapy		33140	0	625			10.02
10.03	Occupational Therapy		99915	0	0			10.03
11.00	Speech Pathology		16974	0	0			11.00
11.01	Speech Pathology		23844	0	236			11.01
11.02	Speech Pathology		33140	0	260			11.02
11.03	Speech Pathology		99915	0	0			11.03
12.00	Medical Social Services		16974	0	2			12.00
12.01	Medical Social Services		23844	0	18			12.01
12.02	Medical Social Services		33140	0	0			12.02
12.03	Medical Social Services		99915	0	0			12.03
13.00	Home Health Aide		16974	0	6			13.00
13.01	Home Health Aide		23844	0	2,552			13.01
13.02	Home Health Aide		33140	0	639			13.02
13.03	Home Health Aide		99915	0	0			13.03
14.00	Total (sum of lines 8-13)			0	32,249			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 (col. 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	322,163	0	322,163	169,200	1.904037	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0004 HHA CCN: 15-7145		Period: From 01/01/2020 To 12/31/2020		Worksheet H-3 Part I Date/Time Prepared: 7/29/2021 12:48 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Visits			Cost of Services					
	Part A	Part B		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	14,479		0	3,463,956		1.00	
2.00	Physical Therapy	0	12,340		0	3,113,999		2.00	
3.00	Occupational Therapy	0	1,717		0	105,733		3.00	
4.00	Speech Pathology	0	496		0	2,956		4.00	
5.00	Medical Social Services	0	20		0	4,703		5.00	
6.00	Home Health Aide	0	3,197		0	193,323		6.00	
7.00	Total (sum of lines 1-6)	0	32,249		0	6,884,670		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	
Program Covered Charges									
Cost Center Description	Part A	Part B		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	203,491	0	0	387,454	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2020 To 12/31/2020	Worksheet H-3 Part I Date/Time Prepared: 7/29/2021 12:48 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	Total Program Cost (sum of col.s. 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	3,463,956	1.00
2.00	Physical Therapy	3,113,999	2.00
3.00	Occupational Therapy	105,733	3.00
4.00	Speech Pathology	2,956	4.00
5.00	Medical Social Services	4,703	5.00
6.00	Home Health Aide	193,323	6.00
7.00	Total (sum of lines 1-6)	6,884,670	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: 15-0004
HHA CCN: 15-7145

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

Worksheet H-3
Part II
Date/Time Prepared:
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Title XVIII

Home Health Agency I

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	0.758767	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.259892	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.304229	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.411221	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.141516	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2020 To 12/31/2020	Worksheet H-4 Part I-11 Date/Time Prepared: 7/29/2021 12:48 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	2,858	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	-2,858
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,584,638
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	980,833
13.00	Total PPS Reimbursement - LUPA Episodes		0	97,892
14.00	Total PPS Reimbursement - PEP Episodes		0	18,606
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	304,170
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	561
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	5,983,842
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	5,983,842
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	5,983,842
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	5,983,842
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	5,983,842
31.01	Sequestration adjustment (see instructions)		0	40,387
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	5,943,455
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 BENEFICIARIES

Provider CCN: 15-0004
HHA CCN: 15-7145

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

Worksheet H-5
Date/Time Prepared:
7/29/2021 12:48 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		5,943,455	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		5,943,455	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		5,943,455	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/29/2021 12:48 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,182,931	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		51,065	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)		64.53	3.00
4.00	Number of interns & residents (see instructions)		7.42	4.00
5.00	Indirect medical education percentage (see instructions)		3.29	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)		38,918	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.14	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.51	8.00
9.00	Sum of lines 7 and 8		36.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.70	10.00
11.00	Disproportionate share adjustment (see instructions)		91,086	11.00
12.00	Total prospective capital payments (see instructions)		1,364,000	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