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: 15-0026	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/30/2021 9:50 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 7/30/2021 Time: 9:50 am
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 GOSHEN HOSPITAL (15-0026) 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.

[X] 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) BEN BONTRAGER
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

(Dated when report is electronically signed.)
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	703,549	-63,574	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
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		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	703,549	-63,574	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I Date/Time Prepared: 7/30/2021 9:50 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 200 HIGH PARK AVENUE	PO Box:			1.00
2.00	City: GOSHEN	State: IN	Zip Code: 46526	County: ELKHART	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	GOSHEN HOSPITAL	150026	21140	1	07/11/1966	N	P	O	3.00
4.00	Subprovider - IPF									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	CARE AT HOME SERVICES	157174	21140		04/17/1986	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	CARE AT HOME HOSPICE SERVICES	151527	21140		04/17/1986				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
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 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)	2		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	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.	1	N		23.00

		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.	291	0	0	0	3,614	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I | Date/Time Prepared: 7/30/2021 9:50 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	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	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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.	N			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.				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.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		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 adjustement? 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)		23.00	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I | Date/Time Prepared: 7/30/2021 9:50 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I | Date/Time Prepared: 7/30/2021 9:50 am

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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		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.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I Date/Time Prepared: 7/30/2021 9:50 am

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I | Date/Time Prepared: 7/30/2021 9:50 am

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	972,539	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I | Date/Time Prepared: 7/30/2021 9:50 am

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part II | Date/Time Prepared: 7/30/2021 9:50 am

			Y/N	Date	
			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	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	06/28/2021	Y	06/28/2021
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part II Date/Time Prepared: 7/30/2021 9:50 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		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.	JESSICA	FRYE	41.00
42.00	Enter the employer/company name of the cost report preparer.	GOSHEN HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(574) 364-1201	JFRYE@GOSHENHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0026	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/30/2021 9:50 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER		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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part I Date/Time Prepared: 7/30/2021 9:50 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	97	35,502	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)		97	35,502	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		109	39,894	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	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	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
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)		109				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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part I | Date/Time Prepared: 7/30/2021 9:50 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,070	88	16,110			1.00
2.00	HMO and other (see instructions)	4,017	3,614				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,070	88	16,110			7.00
8.00	INTENSIVE CARE UNIT	1,016	17	3,061			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		10	1,879			13.00
14.00	Total (see instructions)	6,086	115	21,050	0.00	1,078.55	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	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			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	4,385	0	11,532	0.00	34.52	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	13.46	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
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)				0.00	1,126.53	27.00
28.00	Observation Bed Days		430	3,016			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	176	346			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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part I | Date/Time Prepared: 7/30/2021 9:50 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,210	132	4,661	1.00
2.00	HMO and other (see instructions)			702	1,480		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,210	132	4,661	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	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	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part II | Date/Time Prepared: 7/30/2021 9:50 am

		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	79,671,969	0	79,671,969	2,343,180.00	34.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		206,603	0	206,603	1,325.00	155.93	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		3,378,346	0	3,378,346	11,827.00	285.65	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		5,091,340	164,721	5,256,061	169,362.00	31.03	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		287,021	0	287,021	2,535.00	113.22	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		730,142	0	730,142	3,594.00	203.16	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		25,207,832	0	25,207,832			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		1,975,893	0	1,975,893			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		15,462	0	15,462			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		137,978	0	137,978			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part II Date/Time Prepared: 7/30/2021 9:50 am

		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	4.00	808,869	0	808,869	22,563.00	35.85	26.00
27.00	Administrative & General	5.00	13,419,519	0	13,419,519	362,239.00	37.05	27.00
28.00	Administrative & General under contract (see inst.)		507,200	0	507,200	3,008.00	168.62	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	804,451	0	804,451	32,084.00	25.07	30.00
31.00	Laundry & Linen Service	8.00	36,204	0	36,204	2,806.00	12.90	31.00
32.00	Housekeeping	9.00	900,786	0	900,786	66,772.00	13.49	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	696,655	-439,199	257,456	19,579.00	13.15	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	439,199	439,199	33,399.00	13.15	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,156,741	-164,721	1,992,020	55,985.00	35.58	38.00
39.00	Central Services and Supply	14.00	277,855	0	277,855	15,275.00	18.19	39.00
40.00	Pharmacy	15.00	1,551,988	0	1,551,988	33,924.00	45.75	40.00
41.00	Medical Records & Medical Records Library	16.00	1,096,962	0	1,096,962	39,747.00	27.60	41.00
42.00	Social Service	17.00	1,003,347	0	1,003,347	32,487.00	30.88	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part III Date/Time Prepared: 7/30/2021 9:50 am

		Worksheet A Line Number	Amount Reported	Reclassification 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)		76,800,823	0	76,800,823	2,334,361.00	32.90	1.00
2.00	Excluded area salaries (see instructions)		5,091,340	164,721	5,256,061	169,362.00	31.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)		71,709,483	-164,721	71,544,762	2,164,999.00	33.05	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,017,163	0	1,017,163	6,129.00	165.96	4.00
5.00	Subtotal wage-related costs (see inst.)		25,223,294	0	25,223,294	0.00	35.26	5.00
6.00	Total (sum of lines 3 thru 5)		97,949,940	-164,721	97,785,219	2,171,128.00	45.04	6.00
7.00	Total overhead cost (see instructions)		23,260,577	-164,721	23,095,856	719,868.00	32.08	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part IV Date/Time Prepared: 7/30/2021 9:50 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	2,568,853	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,355,633	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	15,410,176	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	322,333	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	108,391	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)	273,841	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	605,258	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	5,251,726	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	199,510	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	37,800	22.00
23.00	Tuition Reimbursement	203,645	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,337,166	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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part V | Date/Time Prepared: 7/30/2021 9:50 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	287,021	27,337,166	1.00
2.00	Hospital	287,021	27,337,166	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	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			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 15-0026 | Component CCN: 15-7174 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-4 | Date/Time Prepared: 7/30/2021 9:50 am

Home Health Agency I | PPS

					1.00		
0.00	County				ELKHART		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	264	5	147	416	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	332.00	85.00	435.00	852.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		0.00	4.86	0.00	4.86	3.00
4.00	Director(s) and Assistant Director(s)			1.08	0.00	1.08	4.00
5.00	Other Administrative Personnel			3.91	0.00	3.91	5.00
6.00	Direct Nursing Service			8.57	0.00	8.57	6.00
7.00	Nursing Supervisor			4.16	0.00	4.16	7.00
8.00	Physical Therapy Service			1.77	0.00	1.77	8.00
9.00	Physical Therapy Supervisor			1.00	0.00	1.00	9.00
10.00	Occupational Therapy Service			5.24	0.00	5.24	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			2.26	0.00	2.26	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.68	0.00	1.68	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.18	0.00	2.18	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.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			21140			20.00
20.01				99915			20.01
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	1,982	365	96	5	2,448	21.00
22.00	Skilled Nursing Visit Charges	411,312	75,054	20,095	1,048	507,509	22.00
23.00	Physical Therapy Visits	802	148	24	1	975	23.00
24.00	Physical Therapy Visit Charges	173,407	31,889	5,476	230	211,002	24.00
25.00	Occupational Therapy Visits	349	184	11	1	545	25.00
26.00	Occupational Therapy Visit Charges	76,655	40,560	2,529	230	119,974	26.00
27.00	Speech Pathology Visits	42	14	1	0	57	27.00
28.00	Speech Pathology Visit Charges	10,226	3,409	243	0	13,878	28.00
29.00	Medical Social Service Visits	60	23	3	0	86	29.00
30.00	Medical Social Service Visit Charges	17,415	6,672	872	0	24,959	30.00
31.00	Home Health Aide Visits	248	21	1	4	274	31.00
32.00	Home Health Aide Visit Charges	26,754	2,247	108	433	29,542	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,483	755	136	11	4,385	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)	715,769	159,831	29,323	1,941	906,864	35.00
36.00	Total Number of Episodes (standard/non outlier)	450		73	2	525	36.00
37.00	Total Number of Outlier Episodes		46		0	46	37.00
38.00	Total Non-Routine Medical Supply Charges	260,149	190,086	6,142	163	456,540	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA | Provider CCN: 15-0026 | Hospice CCN: 15-1527 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	16,562	0	2,314	18,876	11.00
12.00	Hospice Inpatient Respite Care	8	0	2	10	12.00
13.00	Hospice General Inpatient Care	191	0	41	232	13.00
14.00	Total Hospice Days	16,761	0	2,357	19,118	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-10 | Date/Time Prepared: 7/30/2021 9:50 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.272930	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	23,363,362	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	84,957,680	6.00
7.00	Medicaid cost (line 1 times line 6)	23,187,500	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)	4,777,651	1,866,181	6,643,832	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,303,964	1,866,181	3,170,145	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)	1,303,964	1,866,181	3,170,145	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)	14,406,631	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	179,766	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	276,563	27.01
28.00	Non-Medicare bad debt expense (see instructions)	14,130,068	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,953,316	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	7,123,461	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,123,461	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A | Date/Time Prepared: 7/30/2021 9:50 am

		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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		14,671,763	14,671,763	-7,968,383	6,703,380	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,777,710	7,777,710	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	808,869	24,667,175	25,476,044	576,999	26,053,043	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	988,276	1,503,646	2,491,922	0	2,491,922	5.01
5.02	00590	OTHER ADMIN & GENERAL	12,431,243	44,130,115	56,561,358	1,948,577	58,509,935	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	804,451	2,936,890	3,741,341	-14	3,741,327	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,204	552,369	588,573	0	588,573	8.00
9.00	00900	HOUSEKEEPING	900,786	466,468	1,367,254	-253	1,367,001	9.00
10.00	01000	DIETARY	696,655	376,655	1,073,310	-676,657	396,653	10.00
11.00	01100	CAFETERIA	0	0	0	676,657	676,657	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,156,741	603,380	2,760,121	-275,531	2,484,590	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	277,855	437,326	715,181	-63,845	651,336	14.00
15.00	01500	PHARMACY	1,551,988	10,496,906	12,048,894	-9,662,974	2,385,920	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,096,962	2,201,441	3,298,403	0	3,298,403	16.00
17.00	01700	SOCIAL SERVICE	1,003,347	48,788	1,052,135	0	1,052,135	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	269,066	269,066	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,384,481	2,676,309	14,060,790	1,111,124	15,171,914	30.00
31.00	03100	INTENSIVE CARE UNIT	2,671,562	621,465	3,293,027	-183,339	3,109,688	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,327,615	526,215	3,853,830	-3,499,220	354,610	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,917,320	10,168,105	14,085,425	-8,383,734	5,701,691	50.00
51.00	05100	RECOVERY ROOM	526,230	51,718	577,948	-31,506	546,442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,900,066	1,900,066	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	2,230,720	2,230,720	0	2,230,720	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,232,600	3,661,548	7,894,148	-903,732	6,990,416	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,932,264	28,357,809	39,290,073	-23,063,445	16,226,628	55.00
56.00	05600	RADIOISOTOPE	390,331	843,972	1,234,303	-652,267	582,036	56.00
56.01	05601	CARDIAC CATH LAB	1,182,229	4,726,593	5,908,822	-3,638,125	2,270,697	56.01
57.00	05700	CT SCAN	580,258	623,757	1,204,015	-88,382	1,115,633	57.00
58.00	05800	MRI	459,978	112,932	572,910	-19,633	553,277	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,039,475	5,325,468	8,364,943	-1,911,024	6,453,919	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	619,694	619,694	-611,537	8,157	63.00
64.00	06400	INTRAVENOUS THERAPY	808	13,697	14,505	-7,021	7,484	64.00
65.00	06500	RESPIRATORY THERAPY	2,075,764	515,795	2,591,559	-64,102	2,527,457	65.00
66.00	06600	PHYSICAL THERAPY	2,786,098	455,560	3,241,658	-1,065,307	2,176,351	66.00
67.00	06700	OCCUPATIONAL THERAPY	97,880	1,928	99,808	672,692	772,500	67.00
68.00	06800	SPEECH PATHOLOGY	0	199	199	387,213	387,412	68.00
69.00	06900	ELECTROCARDIOLOGY	267,920	82,932	350,852	-1,764	349,088	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,560,949	10,560,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,164,669	6,164,669	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	32,435,463	32,435,463	73.00
74.00	07400	RENAL DIALYSIS	20	217,558	217,578	0	217,578	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	237,012	3,084	240,096	-24	240,072	76.00
		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	432,979	186,150	619,129	-68,563	550,566	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A | Date/Time Prepared: 7/30/2021 9:50 am

		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	
90.02	09002	WOUND CLINIC	1,928	1,509,436	1,511,364	-299,808	1,211,556	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,282,500	1,157,966	4,440,466	-186,054	4,254,412	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
101.00	10100	HOME HEALTH AGENCY	2,302,379	427,357	2,729,736	-5,377	2,724,359	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		807,178	807,178	-807,178	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	996,841	1,307,363	2,304,204	-343,183	1,961,021	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	77,879,849	170,325,430	248,205,279	-797	248,204,482	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	783,853	629,924	1,413,777	-63	1,413,714	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	725,624	3,057,651	3,783,275	860	3,784,135	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	14,400	2,225,089	2,239,489	0	2,239,489	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	19	19	0	19	190.08
191.00	19100	RESEARCH	267,945	102,245	370,190	0	370,190	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	298	18	316	0	316	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	79,671,969	176,340,376	256,012,345	0	256,012,345	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,373,032	2,330,348		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,172,262	5,605,448		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,323,102	22,729,941		4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	-3,118	2,488,804		5.01
5.02	00590	OTHER ADMIN & GENERAL	-40,906,517	17,603,418		5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
7.00	00700	OPERATION OF PLANT	-680	3,740,647		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	588,573		8.00
9.00	00900	HOUSEKEEPING	0	1,367,001		9.00
10.00	01000	DIETARY	0	396,653		10.00
11.00	01100	CAFETERIA	-244,075	432,582		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	2,484,590		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	651,336		14.00
15.00	01500	PHARMACY	0	2,385,920		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-189,283	3,109,120		16.00
17.00	01700	SOCIAL SERVICE	0	1,052,135		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22.00
23.00	02300	PARAMED ED PRGM	-172,505	96,561		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	15,171,914		30.00
31.00	03100	INTENSIVE CARE UNIT	-598,681	2,511,007		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	-915	353,695		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-50,000	5,651,691		50.00
51.00	05100	RECOVERY ROOM	0	546,442		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,900,066		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PAIN MANAGEMENT	-2,065,305	165,415		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,709,940	4,280,476		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,945,918	13,280,710		55.00
56.00	05600	RADIOISOTOPE	0	582,036		56.00
56.01	05601	CARDIAC CATH LAB	0	2,270,697		56.01
57.00	05700	CT SCAN	0	1,115,633		57.00
58.00	05800	MRI	0	553,277		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	-381,313	6,072,606		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	8,157		63.00
64.00	06400	INTRAVENOUS THERAPY	0	7,484		64.00
65.00	06500	RESPIRATORY THERAPY	-915,949	1,611,508		65.00
66.00	06600	PHYSICAL THERAPY	-231,097	1,945,254		66.00
67.00	06700	OCCUPATIONAL THERAPY	-127	772,373		67.00
68.00	06800	SPEECH PATHOLOGY	-220	387,192		68.00
69.00	06900	ELECTROCARDIOLOGY	0	349,088		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,560,949		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,164,669		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,435,463		73.00
74.00	07400	RENAL DIALYSIS	0	217,578		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	NUTRITION THERAPY	0	240,072		76.00
		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	-313,975	236,591		90.00
90.02	09002	WOUND CLINIC	0	1,211,556		90.02
90.03	09003	MOBILE CLINIC	0	0		90.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
91.00	09100	EMERGENCY	-92,524	4,161,888		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
99.00	09900	CMHC	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	-13,039	2,711,320		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	0	1,961,021		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-61,703,577	186,500,905		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,413,714		190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0		190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0		190.02
190.03	19003	LIFELINE	0	0		190.03
190.04	19004	COMMUNITY RELATIONS	0	3,784,135		190.04
190.05	19005	PRIVATE DUTY	0	0		190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	2,239,489		190.06
190.07	19007	FOUNDTION	0	0		190.07
190.08	19008	GOSHEN GACC CLINIC	0	19		190.08
191.00	19100	RESEARCH	0	370,190		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	316		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-61,703,577	194,308,768		200.00

RECLASSIFICATIONS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-6 | Date/Time Prepared: 7/30/2021 9:50 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,560,949	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,164,669	2.00
3.00	OTHER ADMIN & GENERAL	5.02	0	520,030	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
	0		0	17,245,648	
	B - PHARMACY				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	32,435,463	1.00
2.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	3	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
	0		0	32,435,466	
	C - DIETARY				
1.00	CAFETERIA	11.00	439,199	237,458	1.00
	0		439,199	237,458	
	D - CAPITAL INSURANCE				
1.00	OTHER ADMIN & GENERAL	5.02	0	102,487	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	606,586	2.00
3.00	OTHER ADMIN & GENERAL	5.02	0	870,052	3.00
4.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,094	4.00
5.00	OTHER ADMIN & GENERAL	5.02	0	524,842	5.00
	0		0	2,115,061	

RECLASSIFICATIONS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-6 | Date/Time Prepared: 7/30/2021 9:50 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	E - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	807,178		1.00
	0		0	807,178		
	F - CAPITAL DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,525,448		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	7,525,448		
	G - CIRCLE OF CARE					
1.00	ADULTS & PEDIATRICS	30.00	1,313,410	156,804		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,697,416	202,650		2.00
	0		3,010,826	359,454		
	H - COMMUNITY HEALTH					
1.00	COMMUNITY RELATIONS	190.04	0	2,626		1.00
	0		0	2,626		
	I - EMT					
1.00	PARAMED ED PRGM	23.00	164,721	104,345		1.00
	0		164,721	104,345		
	J - THERAPY					
1.00	OCCUPATIONAL THERAPY	67.00	614,989	57,805		1.00
2.00	SPEECH PATHOLOGY	68.00	313,549	73,664		2.00
	0		928,538	131,469		
	K - CAPITAL LEASES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	241,168		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	241,168		
500.00	Grand Total: Increases		4,543,284	61,205,321		500.00

RECLASSIFICATIONS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-6 | Date/Time Prepared: 7/30/2021 9:50 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1	0		1.00
2.00	OPERATION OF PLANT	7.00	0	14	0		2.00
3.00	HOUSEKEEPING	9.00	0	191	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	6,315	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	63,845	0		5.00
6.00	PHARMACY	15.00	0	6,821	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	358,971	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	183,281	0		8.00
9.00	NURSERY	43.00	0	128,420	0		9.00
10.00	OPERATING ROOM	50.00	0	8,358,499	0		10.00
11.00	RECOVERY ROOM	51.00	0	31,506	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	635,808	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	201,911	0		13.00
14.00	RADIOISOTOPE	56.00	0	458,615	0		14.00
15.00	CARDIAC CATH LAB	56.01	0	3,488,125	0		15.00
16.00	CT SCAN	57.00	0	86,392	0		16.00
17.00	MRI	58.00	0	17,732	0		17.00
18.00	LABORATORY	60.00	0	1,910,960	0		18.00
19.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	611,537	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	1,432	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	64,022	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	5,249	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	102	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	1,764	0		24.00
25.00	CLINIC	90.00	0	970	0		25.00
26.00	WOUND CLINIC	90.02	0	286,340	0		26.00
27.00	EMERGENCY	91.00	0	183,819	0		27.00
28.00	HOME HEALTH AGENCY	101.00	0	5,112	0		28.00
29.00	HOSPICE	116.00	0	146,062	0		29.00
30.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	66	0		30.00
31.00	COMMUNITY RELATIONS	190.04	0	1,766	0		31.00
	0		0	17,245,648			
	B - PHARMACY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	29,586	0		1.00
2.00	HOUSEKEEPING	9.00	0	62	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	150	0		3.00
4.00	PHARMACY	15.00	0	9,656,153	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	119	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	58	0		6.00
7.00	NURSERY	43.00	0	520	0		7.00
8.00	OPERATING ROOM	50.00	0	275	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,064	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	22,240,446	0		10.00
11.00	RADIOISOTOPE	56.00	0	193,652	0		11.00
12.00	CT SCAN	57.00	0	1,990	0		12.00
13.00	MRI	58.00	0	1,901	0		13.00
14.00	LABORATORY	60.00	0	64	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	5,589	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	80	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	51	0		17.00
18.00	NUTRITION THERAPY	76.00	0	24	0		18.00
19.00	CLINIC	90.00	0	67,593	0		19.00
20.00	WOUND CLINIC	90.02	0	13,468	0		20.00
21.00	EMERGENCY	91.00	0	2,235	0		21.00
22.00	HOME HEALTH AGENCY	101.00	0	265	0		22.00
23.00	HOSPICE	116.00	0	197,121	0		23.00
	0		0	32,435,466			
	C - DIETARY						
1.00	DIETARY	10.00	439,199	237,458	0		1.00
	0		439,199	237,458			
	D - CAPITAL INSURANCE						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,340	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	102,487	0		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,981,234	12		3.00
4.00		0.00	0	0	12		4.00
5.00		0.00	0	0	0		5.00
	0		0	2,115,061			
	E - CAPITAL INTEREST						
1.00	INTEREST EXPENSE	113.00	0	807,178	11		1.00
	0		0	807,178			

RECLASSIFICATIONS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-6 | Date/Time Prepared: 7/30/2021 9:50 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - CAPITAL DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,794,327	9		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	212,520	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	518,601	0		3.00
	0		0	7,525,448			
	G - CIRCLE OF CARE						
1.00	NURSERY	43.00	3,010,826	359,454	0		1.00
2.00		0.00	0	0	0		2.00
	0		3,010,826	359,454			
	H - COMMUNITY HEALTH						
1.00	OTHER ADMIN & GENERAL	5.02	0	2,626	0		1.00
	0		0	2,626			
	I - EMT						
1.00	NURSING ADMINISTRATION	13.00	164,721	104,345	0		1.00
	0		164,721	104,345			
	J - THERAPY						
1.00	PHYSICAL THERAPY	66.00	928,538	131,469	0		1.00
2.00		0.00	0	0	0		2.00
	0		928,538	131,469			
	K - CAPITAL LEASES						
1.00	OTHER ADMIN & GENERAL	5.02	0	66,208	10		1.00
2.00	CARDIAC CATH LAB	56.01	0	150,000	0		2.00
3.00	OPERATING ROOM	50.00	0	24,960	0		3.00
	0		0	241,168			
500.00	Grand Total: Decreases		4,543,284	61,205,321			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-7 Part I | Date/Time Prepared: 7/30/2021 9:50 am

		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	4,848,513	0	0	0	0	1.00
2.00	Land Improvements	4,454,769	393,923	0	393,923	0	2.00
3.00	Buildings and Fixtures	122,661,171	6,583,300	0	6,583,300	4,984,023	3.00
4.00	Building Improvements	36,948	0	0	0	0	4.00
5.00	Fixed Equipment	19,700,558	2,261,966	0	2,261,966	442,190	5.00
6.00	Movable Equipment	123,230,995	7,764,759	0	7,764,759	2,869,930	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	274,932,954	17,003,948	0	17,003,948	8,296,143	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	274,932,954	17,003,948	0	17,003,948	8,296,143	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	4,848,513	0	1.00
2.00	Land Improvements	4,848,692	0	2.00
3.00	Buildings and Fixtures	124,260,448	0	3.00
4.00	Building Improvements	36,948	0	4.00
5.00	Fixed Equipment	21,520,334	0	5.00
6.00	Movable Equipment	128,125,824	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	283,640,759	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	283,640,759	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-7 Part II | Date/Time Prepared: 7/30/2021 9:50 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	12,482,373	0	0	2,189,390	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)	12,482,373	0	0	2,189,390	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	14,671,763	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	14,671,763	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-7 Part III Date/Time Prepared: 7/30/2021 9:50 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	155,514,934	0	155,514,934	0.548281	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	128,125,824	0	128,125,824	0.451719	0	2.00
3.00	Total (sum of lines 1-2)	283,640,758	0	283,640,758	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	4,167,938	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,525,448	241,168	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,693,386	241,168	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	-1,829,438	-8,152	0	0	2,330,348	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-2,172,262	11,094	0	0	5,605,448	2.00
3.00	Total (sum of lines 1-2)	-4,001,700	2,942	0	0	7,935,796	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-8 | Date/Time Prepared: 7/30/2021 9:50 am

	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)	B	-2,636,616	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-2,172,262	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-68,887	OTHER ADMIN & GENERAL	5.02	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-1,670,797	OTHER ADMIN & GENERAL	5.02	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-1,520,108	CAP REL COSTS-BLDG & FIXT	1.00	9	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-15,445,666			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-244,075	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-32,347	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-5,921	OTHER ADMIN & GENERAL	5.02	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	BLDG & FIXT MISC INCOME	B	-216,308	CAP REL COSTS-BLDG & FIXT	1.00	12	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-8 | Date/Time Prepared: 7/30/2021 9:50 am

	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	
33.01	EMT CLASS TUITION	B	-172,505	PARAMED ED PRGM	23.00	0	33.01
33.02	MISC ONCOLOGY REV	B	-125,432	RADIOLOGY-THERAPEUTIC	55.00	0	33.02
33.03	MISC A&G REVENUE	B	-3,542	OTHER ADMIN & GENERAL	5.02	0	33.03
33.04	PERSONAL AUTO USAGE	A	-9,931	OTHER ADMIN & GENERAL	5.02	0	33.04
33.05	ALCOHOLIC BEVERAGE	A	-247	OTHER ADMIN & GENERAL	5.02	0	33.05
33.06	LOBBYING EXPENSE	A	-15,691	OTHER ADMIN & GENERAL	5.02	0	33.06
33.07	SHARED A&G EXPENSE	A	-1,535,677	OTHER ADMIN & GENERAL	5.02	0	33.07
33.08	PRIMECARE ASSESSMENT (PHYSICIANS)	A	-25,824,305	OTHER ADMIN & GENERAL	5.02	0	33.08
33.09	MISC RADIOLOGY REV	B	-10,626	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10	CARDIAC REHAB MISC INCOME	B	0	ELECTROCARDIOLOGY	69.00	0	33.10
33.11	MISC LAB REV	B	-11,927	LABORATORY	60.00	0	33.11
33.12	NUTRITION EDUCATION MISC INCOME	B	0	NUTRITION THERAPY	76.00	0	33.12
33.13	HAF OFFSET	A	-9,549,341	OTHER ADMIN & GENERAL	5.02	0	33.13
33.14	MISC OPERATING ROOM REVENUE	B	0	OPERATING ROOM	50.00	0	33.14
33.15	MISC PLANT OPERATIONS REVENUE	B	0	OPERATION OF PLANT	7.00	0	33.15
33.16	MISC RESPIRATORY THERAPY REVENUE	B	-5,069	RESPIRATORY THERAPY	65.00	0	33.16
33.17	GOSH CCB REVENUE PRENATAL CLASSES	B	-915	NURSERY	43.00	0	33.17
33.18	GOSH REHAB - PEDIATRIC MISC INCOME	B	-218	PHYSICAL THERAPY	66.00	0	33.18
33.19	GOSH REHAB - PEDIATRIC MISC INCOME	B	-127	OCCUPATIONAL THERAPY	67.00	0	33.19
33.20	GOSH REHAB - PEDIATRIC MISC INCOME	B	-220	SPEECH PATHOLOGY	68.00	0	33.20
33.21	ENDOSCOPY MISC INOME	B	0	OPERATING ROOM	50.00	0	33.21
33.22	CATH LAB MISC INOME	B	0	CARDIAC CATH LAB	56.01	0	33.22
33.23	GOSH WC-GEN & ADMIN REV RENTAL INCOM	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.23
33.24	DIABETES EDUCATION MISC INCOME	B	-3,300	CLINIC	90.00	0	33.24
33.25	ADVERTISING COSTS	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25
33.26	ADVERTISING COSTS	A	0	MEDICAL RECORDS & LIBRARY	16.00	0	33.26
33.27	ADVERTISING COSTS	A	0	RADIOLOGY-THERAPEUTIC	55.00	0	33.27
33.28	ADVERTISING COSTS	A	-873	PHYSICAL THERAPY	66.00	0	33.28
33.29	ADVERTISING COSTS	A	-1,551	CLINIC	90.00	0	33.29
33.30	ADVERTISING COSTS	A	0	WOUND CLINIC	90.02	0	33.30
33.31	ADVERTISING COSTS	A	-13,039	HOME HEALTH AGENCY	101.00	0	33.31
33.32	PLANT OPS MISC INCOME	B	-680	OPERATION OF PLANT	7.00	0	33.32
33.33	PFS MISC INCOME	B	-3,118	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	33.33
33.34	OTHER MISC INCOME	B	-257,659	OTHER ADMIN & GENERAL	5.02	0	33.34
33.35	COMMUNITY EDUCATION	B	-82,034	CLINIC	90.00	0	33.35
33.36	PAIN MGMT MISC INCOME	B	-1,278	PAIN MANAGEMENT	53.01	0	33.36
33.37	EMPLOYEE BENEFITS MISC INCOME	B	-61,285	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.37
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-61,703,577				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-8-2 | Date/Time Prepared: 7/30/2021 9:50 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	OTHER ADMIN & GENERAL	1,969,719	1,964,519	5,200	211,500	998	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	167,613	155,613	12,000	211,500	105	2.00
3.00	31.00	INTENSIVE CARE UNIT	598,681	598,681	0	211,500	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	2,389,817	2,327,417	62,400	271,900	732	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	1,724,884	1,674,884	50,000	271,900	705	5.00
6.00	60.00	LABORATORY	369,386	369,386	0	260,300	0	6.00
7.00	65.00	RESPIRATORY THERAPY	921,297	910,880	10,417	211,500	243	7.00
8.00	66.00	PHYSICAL THERAPY	230,006	230,006	0	211,500	0	8.00
9.00	90.00	CLINIC	227,090	227,090	0	211,500	0	9.00
10.00	50.00	OPERATING ROOM	50,000	50,000	0	211,500	0	10.00
11.00	53.01	PAIN MANAGEMENT	2,104,090	1,960,090	144,000	211,500	394	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	439,088	319,339	119,749	271,900	514	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	1,195,668	1,020,708	174,960	271,900	383	13.00
14.00	91.00	EMERGENCY	129,333	36,000	93,333	211,500	362	14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	3,261,817	3,261,817	0	211,500	0	15.00
200.00			15,778,489	15,106,430	672,059		4,436	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.02	OTHER ADMIN & GENERAL	101,479	5,074	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	10,677	534	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	95,688	4,784	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	92,158	4,608	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	24,709	1,235	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	0	0	0	0	0	10.00
11.00	53.01	PAIN MANAGEMENT	40,063	2,003	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	67,191	3,360	0	0	0	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	50,066	2,503	0	0	0	13.00
14.00	91.00	EMERGENCY	36,809	1,840	0	0	0	14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	15.00
200.00			518,840	25,941	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.02	OTHER ADMIN & GENERAL	0	101,479	0	1,964,519		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	10,677	1,323	156,936		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	598,681		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	95,688	0	2,327,417		4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	92,158	0	1,674,884		5.00
6.00	60.00	LABORATORY	0	0	0	369,386		6.00
7.00	65.00	RESPIRATORY THERAPY	0	24,709	0	910,880		7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	230,006		8.00
9.00	90.00	CLINIC	0	0	0	227,090		9.00
10.00	50.00	OPERATING ROOM	0	0	0	50,000		10.00
11.00	53.01	PAIN MANAGEMENT	0	40,063	103,937	2,064,027		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	67,191	52,558	371,897		12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	0	50,066	124,894	1,145,602		13.00
14.00	91.00	EMERGENCY	0	36,809	56,524	92,524		14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	3,261,817		15.00
200.00			0	518,840	339,236	15,445,666		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,330,348	2,330,348				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,605,448		5,605,448			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,729,941	27,964	3,051	22,760,956		4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,488,804	40,192	462	285,230	2,814,688	5.01
5.02	00590	OTHER ADMIN & GENERAL	17,603,418	187,606	1,701,847	3,587,831	0	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,740,647	164,002	100,400	232,176	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	588,573	11,407	0	10,449	0	8.00
9.00	00900	HOUSEKEEPING	1,367,001	2,958	7,444	259,979	0	9.00
10.00	01000	DIETARY	396,653	14,735	4,877	74,305	0	10.00
11.00	01100	CAFETERIA	432,582	25,141	8,321	126,759	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,484,590	7,868	349,512	574,925	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	651,336	15,902	56,720	80,193	0	14.00
15.00	01500	PHARMACY	2,385,920	13,117	73,469	447,925	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,109,120	27,575	55,933	316,599	0	16.00
17.00	01700	SOCIAL SERVICE	1,052,135	6,596	982	289,580	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	96,561	1,495	0	47,541	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,171,914	190,650	138,690	3,664,751	198,837	30.00
31.00	03100	INTENSIVE CARE UNIT	2,511,007	61,510	72,416	771,050	54,707	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	353,695	9,159	11,587	91,430	21,882	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,651,691	368,782	927,281	1,130,593	228,679	50.00
51.00	05100	RECOVERY ROOM	546,442	19,577	17,223	151,877	26,132	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,900,066	49,072	62,086	489,898	35,139	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	165,415	0	0	0	11,306	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,280,476	162,458	669,179	1,221,588	187,452	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,280,710	270,539	265,372	3,155,204	169,038	55.00
56.00	05600	RADIOISOTOPE	582,036	7,386	69,757	112,655	62,343	56.00
56.01	05601	CARDIAC CATH LAB	2,270,697	16,971	529,305	341,208	129,212	56.01
57.00	05700	CT SCAN	1,115,633	4,119	223	167,471	132,542	57.00
58.00	05800	MRI	553,277	9,325	184,505	132,756	33,101	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	6,072,606	35,875	55,495	877,235	176,115	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	8,157	2,557	0	0	11,201	63.00
64.00	06400	INTRAVENOUS THERAPY	7,484	0	696	233	72	64.00
65.00	06500	RESPIRATORY THERAPY	1,611,508	16,125	77,770	599,095	31,881	65.00
66.00	06600	PHYSICAL THERAPY	1,945,254	83,341	12,283	536,118	31,896	66.00
67.00	06700	OCCUPATIONAL THERAPY	772,373	15,334	2,034	205,744	12,146	67.00
68.00	06800	SPEECH PATHOLOGY	387,192	12,796	2,358	90,495	5,967	68.00
69.00	06900	ELECTROCARDIOLOGY	349,088	28,927	8,485	77,325	34,270	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,560,949	0	0	0	126,387	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,164,669	0	0	0	73,048	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,435,463	0	0	0	802,615	73.00
74.00	07400	RENAL DIALYSIS	217,578	0	0	6	1,468	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	240,072	28,470	0	68,405	1,253	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	236,591	13,463	16,450	124,964	4,352	90.00
90.02	09002	WOUND CLINIC	1,211,556	120,883	3,384	556	19,256	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	4,161,888	126,219	73,999	947,375	157,122	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
101.00	10100	HOME HEALTH AGENCY	2,711,320	31,651	22,707	664,499	11,246	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	1,961,021	0	0	287,702	24,023	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	186,500,905	2,231,747	5,586,303	22,243,725	2,814,688	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,413,714	69,273	11,195	226,231	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	3,784,135	18,212	7,950	209,425	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	2,239,489	0	0	4,156	0	190.06
190.07	19007	FOUNDTION	0	11,116	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	19	0	0	0	0	190.08
191.00	19100	RESEARCH	370,190	0	0	77,333	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	316	0	0	86	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	194,308,768	2,330,348	5,605,448	22,760,956	2,814,688	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.01	5.02	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL	23,080,702	23,080,702				5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	4,237,225	571,157	0	4,808,382		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	610,429	82,283	0	28,707	721,419	8.00
9.00	00900	HOUSEKEEPING	1,637,382	220,711	0	7,445	0	9.00
10.00	01000	DIETARY	490,570	66,126	0	37,084	0	10.00
11.00	01100	CAFETERIA	592,803	79,907	0	63,273	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,416,895	460,580	0	19,801	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	804,151	108,396	0	40,022	0	14.00
15.00	01500	PHARMACY	2,920,431	393,659	0	33,012	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,509,227	473,026	0	69,397	0	16.00
17.00	01700	SOCIAL SERVICE	1,349,293	181,878	0	16,599	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	145,597	19,626	0	3,761	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,364,842	2,610,284	0	479,811	164,054	30.00
31.00	03100	INTENSIVE CARE UNIT	3,470,690	467,832	0	154,803	18,429	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	487,753	65,747	0	23,049	1,595	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,307,026	1,119,746	0	928,115	190,172	50.00
51.00	05100	RECOVERY ROOM	761,251	102,613	0	49,270	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,536,261	341,875	0	123,500	8,549	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	176,721	23,821	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,521,153	879,019	0	408,860	46,973	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,140,863	2,310,503	0	680,868	25,905	55.00
56.00	05600	RADIOISOTOPE	834,177	112,443	0	18,589	15,622	56.00
56.01	05601	CARDIAC CATH LAB	3,287,393	443,124	0	42,711	1,825	56.01
57.00	05700	CT SCAN	1,419,988	191,407	0	10,367	33,213	57.00
58.00	05800	MRI	912,964	123,063	0	23,469	8,294	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,217,326	972,859	0	90,286	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	21,915	2,954	0	6,435	0	63.00
64.00	06400	INTRAVENOUS THERAPY	8,485	1,144	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,336,379	314,932	0	40,581	0	65.00
66.00	06600	PHYSICAL THERAPY	2,608,892	351,666	0	209,745	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,007,631	135,824	0	38,592	0	67.00
68.00	06800	SPEECH PATHOLOGY	498,808	67,237	0	32,204	0	68.00
69.00	06900	ELECTROCARDIOLOGY	498,095	67,141	0	72,801	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,687,336	1,440,599	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,237,717	840,813	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,238,078	4,480,339	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	219,052	29,527	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	338,200	45,588	0	71,651	0	76.00
		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	395,820	53,355	0	33,883	0	90.00
90.02	09002	WOUND CLINIC	1,355,635	182,733	0	304,228	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	5,466,603	736,871	0	317,657	206,788	91.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.01	5.02	6.00	7.00	8.00	
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
101.00	10100	HOME HEALTH AGENCY	3,441,423	463,887	0	79,655	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	2,272,746	306,355	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	185,865,928	21,942,650	0	4,560,231	721,419	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,720,413	231,903	0	174,340	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	4,019,722	541,838	0	45,835	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	2,243,645	302,432	0	0	0	190.06
190.07	19007	FOUNDTION	11,116	1,498	0	27,976	0	190.07
190.08	19008	GOSHEN GACC CLINIC	19	3	0	0	0	190.08
191.00	19100	RESEARCH	447,523	60,324	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	402	54	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	194,308,768	23,080,702	0	4,808,382	721,419	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
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	1,865,538					9.00
10.00	01000	DIETARY	14,497	608,277				10.00
11.00	01100	CAFETERIA	24,735	0	760,718			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	7,741	0	10,240	0	3,915,257	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,645	0	22,300	0	0	14.00
15.00	01500	PHARMACY	12,905	0	14,307	0	7,276	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	27,128	0	16,763	0	27,071	16.00
17.00	01700	SOCIAL SERVICE	6,489	0	13,701	0	133,692	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	1,470	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	187,565	510,752	155,913	0	1,495,059	30.00
31.00	03100	INTENSIVE CARE UNIT	60,515	97,525	34,131	0	460,682	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,010	0	4,708	0	50,491	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	362,818	0	53,561	0	449,653	50.00
51.00	05100	RECOVERY ROOM	19,260	0	6,260	0	100,011	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,278	0	25,230	0	270,537	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	159,829	0	53,278	0	84,677	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	266,162	0	81,259	0	253,666	55.00
56.00	05600	RADIOISOTOPE	7,267	0	4,669	0	2,621	56.00
56.01	05601	CARDIAC CATH LAB	16,696	0	12,802	0	101,399	56.01
57.00	05700	CT SCAN	4,053	0	7,119	0	788	57.00
58.00	05800	MRI	9,174	0	6,323	0	12,410	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	35,294	0	36,265	0	6,050	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,515	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	19	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,864	0	24,408	0	7,573	65.00
66.00	06600	PHYSICAL THERAPY	81,993	0	36,968	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,086	0	1,167	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,589	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,459	0	6,441	0	2,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	54	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	28,009	0	3,029	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	13,245	0	5,871	0	23,110	90.00
90.02	09002	WOUND CLINIC	118,927	0	50	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	124,177	0	54,972	0	426,146	91.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
101.00	10100	HOME HEALTH AGENCY	31,138	0	30,283	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	11,809	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,768,533	608,277	733,846	0	3,915,257	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	68,152	0	12,559	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	17,917	0	9,540	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDTION	10,936	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	22	0	0	190.08
191.00	19100	RESEARCH	0	0	4,751	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,865,538	608,277	760,718	0	3,915,257	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	990,514					14.00
15.00	01500	PHARMACY	2,632	3,384,222				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13	0	4,122,625			16.00
17.00	01700	SOCIAL SERVICE	12	0	0	1,701,664		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	73,135	0	291,218	642,648	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,208	0	80,125	85,065	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,085	0	32,049	11,366	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,632	0	334,923	50,966	0	50.00
51.00	05100	RECOVERY ROOM	665	0	38,273	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,812	0	51,464	60,813	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	16,559	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,551	0	274,543	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,637	0	247,574	0	0	55.00
56.00	05600	RADIOISOTOPE	615	0	91,308	0	0	56.00
56.01	05601	CARDIAC CATH LAB	13,862	0	189,244	0	0	56.01
57.00	05700	CT SCAN	7,949	0	194,121	0	0	57.00
58.00	05800	MRI	3,027	0	48,480	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	10,681	0	257,938	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	274	0	16,405	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	19	0	105	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,905	0	46,694	0	0	65.00
66.00	06600	PHYSICAL THERAPY	601	0	46,715	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	220	0	17,788	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	121	0	8,740	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	241	0	50,193	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	465,986	0	185,107	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	272,004	0	106,987	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,384,222	1,175,732	0	0	73.00
74.00	07400	RENAL DIALYSIS	1	0	2,150	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	8	0	1,836	0	0	76.00
		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	284	0	6,374	0	0	90.00
90.02	09002	WOUND CLINIC	2,109	0	28,203	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
91.00	09100	EMERGENCY	29,581	0	230,122	850,806	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
101.00	10100	HOME HEALTH AGENCY	3,728	0	16,471	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	25,508	0	35,184	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	990,106	3,384,222	4,122,625	1,701,664	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	316	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	92	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	990,514	3,384,222	4,122,625	1,701,664	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0			22.00
23.00	02300	PARAMED ED PRGM				170,454		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	25,975,281	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	4,940,005	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	686,853	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	11,821,612	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,077,603	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,472,319	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	217,101	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	8,435,883	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	21,024,437	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,087,311	56.00
56.01	05601	CARDIAC CATH LAB	0	0	0	0	4,109,056	56.01
57.00	05700	CT SCAN	0	0	0	0	1,869,005	57.00
58.00	05800	MRI	0	0	0	0	1,147,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	8,626,699	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	50,498	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	9,772	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,796,336	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,336,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,216,308	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	619,699	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	725,662	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	12,779,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,457,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	42,278,371	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	250,784	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	0	0	0	488,321	76.00
		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	531,942	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
90.02	09002	WOUND CLINIC	0	0	0	0	1,991,885	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	170,454	8,614,177	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
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	4,066,585	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0			0	2,651,602	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	170,454	184,355,440	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	2,207,683	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	4,634,852	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	2,546,077	190.06
190.07	19007	FOUNDTION	0	0	0	0	51,526	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	44	190.08
191.00	19100	RESEARCH	0	0	0	0	512,690	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	456	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	170,454	194,308,768	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02	00590	OTHER ADMIN & GENERAL				5.02
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	25,975,281		30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,940,005		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	686,853		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	11,821,612		50.00
51.00	05100	RECOVERY ROOM	0	1,077,603		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,472,319		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PAIN MANAGEMENT	0	217,101		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,435,883		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,024,437		55.00
56.00	05600	RADIOISOTOPE	0	1,087,311		56.00
56.01	05601	CARDIAC CATH LAB	0	4,109,056		56.01
57.00	05700	CT SCAN	0	1,869,005		57.00
58.00	05800	MRI	0	1,147,204		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	8,626,699		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	50,498		63.00
64.00	06400	INTRAVENOUS THERAPY	0	9,772		64.00
65.00	06500	RESPIRATORY THERAPY	0	2,796,336		65.00
66.00	06600	PHYSICAL THERAPY	0	3,336,580		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,216,308		67.00
68.00	06800	SPEECH PATHOLOGY	0	619,699		68.00
69.00	06900	ELECTROCARDIOLOGY	0	725,662		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,779,028		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,457,521		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,278,371		73.00
74.00	07400	RENAL DIALYSIS	0	250,784		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	NUTRITION THERAPY	0	488,321		76.00
		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	531,942		90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
90.02	09002	WOUND CLINIC	0	1,991,885		90.02
90.03	09003	MOBILE CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	8,614,177		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
99.00	09900	CMHC	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	4,066,585		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	0	2,651,602		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	184,355,440		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	2,207,683		190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0		190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0		190.02
190.03	19003	LIFELINE	0	0		190.03
190.04	19004	COMMUNITY RELATIONS	0	4,634,852		190.04
190.05	19005	PRIVATE DUTY	0	0		190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	2,546,077		190.06
190.07	19007	FOUNDTION	0	51,526		190.07
190.08	19008	GOSHEN GACC CLINIC	0	44		190.08
191.00	19100	RESEARCH	0	512,690		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	456		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	194,308,768		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	27,964	3,051	31,015	31,015	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	40,192	462	40,654	388	5.01
5.02	00590	OTHER ADMIN & GENERAL	0	187,606	1,701,847	1,889,453	4,885	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	164,002	100,400	264,402	316	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11,407	0	11,407	14	8.00
9.00	00900	HOUSEKEEPING	0	2,958	7,444	10,402	354	9.00
10.00	01000	DIETARY	0	14,735	4,877	19,612	101	10.00
11.00	01100	CAFETERIA	0	25,141	8,321	33,462	173	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	7,868	349,512	357,380	783	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,902	56,720	72,622	109	14.00
15.00	01500	PHARMACY	0	13,117	73,469	86,586	610	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	27,575	55,933	83,508	431	16.00
17.00	01700	SOCIAL SERVICE	0	6,596	982	7,578	394	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	1,495	0	1,495	65	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	190,650	138,690	329,340	5,014	30.00
31.00	03100	INTENSIVE CARE UNIT	0	61,510	72,416	133,926	1,050	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	9,159	11,587	20,746	124	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	368,782	927,281	1,296,063	1,540	50.00
51.00	05100	RECOVERY ROOM	0	19,577	17,223	36,800	207	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,072	62,086	111,158	667	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	162,458	669,179	831,637	1,663	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	270,539	265,372	535,911	4,296	55.00
56.00	05600	RADIOISOTOPE	0	7,386	69,757	77,143	153	56.00
56.01	05601	CARDIAC CATH LAB	0	16,971	529,305	546,276	465	56.01
57.00	05700	CT SCAN	0	4,119	223	4,342	228	57.00
58.00	05800	MRI	0	9,325	184,505	193,830	181	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	35,875	55,495	91,370	1,195	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,557	0	2,557	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	696	696	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,125	77,770	93,895	816	65.00
66.00	06600	PHYSICAL THERAPY	0	83,341	12,283	95,624	730	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,334	2,034	17,368	280	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,796	2,358	15,154	123	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,927	8,485	37,412	105	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	28,470	0	28,470	93	76.00
		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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
90.00	09000	CLINIC	0	13,463	16,450	29,913	170	90.00
90.02	09002	WOUND CLINIC	0	120,883	3,384	124,267	1	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	126,219	73,999	200,218	1,290	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
101.00	10100	HOME HEALTH AGENCY	0	31,651	22,707	54,358	905	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	392	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,231,747	5,586,303	7,818,050	30,311	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	69,273	11,195	80,468	308	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	18,212	7,950	26,162	285	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	6	190.06
190.07	19007	FOUNDTION	0	11,116	0	11,116	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	0	0	105	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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	2,330,348	5,605,448	7,935,796	31,015	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	41,042					5.01
5.02	00590	OTHER ADMIN & GENERAL	0	1,894,338				5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	0	46,876	0	311,594		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,753	0	1,860	20,034	8.00
9.00	00900	HOUSEKEEPING	0	18,114	0	482	0	9.00
10.00	01000	DIETARY	0	5,427	0	2,403	0	10.00
11.00	01100	CAFETERIA	0	6,558	0	4,100	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	37,801	0	1,283	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,896	0	2,594	0	14.00
15.00	01500	PHARMACY	0	32,309	0	2,139	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	38,823	0	4,497	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,927	0	1,076	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	1,611	0	244	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,911	214,233	0	31,093	4,556	30.00
31.00	03100	INTENSIVE CARE UNIT	801	38,396	0	10,032	512	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	320	5,396	0	1,494	44	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,348	91,901	0	60,140	5,281	50.00
51.00	05100	RECOVERY ROOM	383	8,422	0	3,193	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	514	28,059	0	8,003	237	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	166	1,955	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,744	72,144	0	26,495	1,304	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,475	189,629	0	44,122	719	55.00
56.00	05600	RADIOISOTOPE	913	9,229	0	1,205	434	56.00
56.01	05601	CARDIAC CATH LAB	1,892	36,368	0	2,768	51	56.01
57.00	05700	CT SCAN	1,940	15,709	0	672	922	57.00
58.00	05800	MRI	485	10,100	0	1,521	230	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,578	79,845	0	5,851	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	164	242	0	417	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1	94	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	467	25,847	0	2,630	0	65.00
66.00	06600	PHYSICAL THERAPY	467	28,862	0	13,592	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	178	11,147	0	2,501	0	67.00
68.00	06800	SPEECH PATHOLOGY	87	5,518	0	2,087	0	68.00
69.00	06900	ELECTROCARDIOLOGY	502	5,510	0	4,718	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,850	118,234	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,069	69,008	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,585	367,760	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	21	2,423	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	18	3,742	0	4,643	0	76.00
		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	64	4,379	0	2,196	0	90.00
90.02	09002	WOUND CLINIC	282	14,997	0	19,715	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	6.00	7.00	8.00	
91.00	09100	EMERGENCY	2,300	60,477	0	20,585	5,744	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
101.00	10100	HOME HEALTH AGENCY	165	38,072	0	5,162	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	352	25,143	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,042	1,800,936	0	295,513	20,034	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	19,033	0	11,298	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	44,470	0	2,970	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	24,821	0	0	0	190.06
190.07	19007	FOUNDTION	0	123	0	1,813	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	4,951	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	4	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	41,042	1,894,338	0	311,594	20,034	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
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	29,352					9.00
10.00	01000	DIETARY	228	27,771				10.00
11.00	01100	CAFETERIA	389	0	44,682			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	122	0	601	0	397,970	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	246	0	1,310	0	0	14.00
15.00	01500	PHARMACY	203	0	840	0	740	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	427	0	985	0	2,752	16.00
17.00	01700	SOCIAL SERVICE	102	0	805	0	13,589	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	23	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,951	23,318	9,157	0	151,968	30.00
31.00	03100	INTENSIVE CARE UNIT	952	4,453	2,005	0	46,826	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	142	0	277	0	5,132	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,708	0	3,146	0	45,705	50.00
51.00	05100	RECOVERY ROOM	303	0	368	0	10,166	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	760	0	1,482	0	27,499	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,515	0	3,129	0	8,607	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,188	0	4,773	0	25,784	55.00
56.00	05600	RADIOISOTOPE	114	0	274	0	266	56.00
56.01	05601	CARDIAC CATH LAB	263	0	752	0	10,307	56.01
57.00	05700	CT SCAN	64	0	418	0	80	57.00
58.00	05800	MRI	144	0	371	0	1,261	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	555	0	2,130	0	615	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	40	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	250	0	1,434	0	770	65.00
66.00	06600	PHYSICAL THERAPY	1,290	0	2,171	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	237	0	69	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	198	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	448	0	378	0	233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	5	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	441	0	178	0	0	76.00
		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	208	0	345	0	2,349	90.00
90.02	09002	WOUND CLINIC	1,871	0	3	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	1,954	0	3,229	0	43,316	91.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
101.00	10100	HOME HEALTH AGENCY	490	0	1,779	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	694	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,826	27,771	43,104	0	397,970	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,072	0	738	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	282	0	560	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDTION	172	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	1	0	0	190.08
191.00	19100	RESEARCH	0	0	279	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	29,352	27,771	44,682	0	397,970	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	85,777					14.00
15.00	01500	PHARMACY	228	123,655				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	131,424			16.00
17.00	01700	SOCIAL SERVICE	1	0	0	38,472		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,333	0	9,305	14,529		30.00
31.00	03100	INTENSIVE CARE UNIT	884	0	2,560	1,923		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	94	0	1,024	257		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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,133	0	10,701	1,152		50.00
51.00	05100	RECOVERY ROOM	58	0	1,223	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	503	0	1,644	1,375		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
53.01	05301	PAIN MANAGEMENT	0	0	529	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	654	0	8,772	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,527	0	7,910	0		55.00
56.00	05600	RADIOISOTOPE	53	0	2,917	0		56.00
56.01	05601	CARDIAC CATH LAB	1,200	0	6,047	0		56.01
57.00	05700	CT SCAN	688	0	6,202	0		57.00
58.00	05800	MRI	262	0	1,549	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	925	0	8,242	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	24	0	524	0		63.00
64.00	06400	INTRAVENOUS THERAPY	2	0	3	0		64.00
65.00	06500	RESPIRATORY THERAPY	858	0	1,492	0		65.00
66.00	06600	PHYSICAL THERAPY	52	0	1,493	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	19	0	568	0		67.00
68.00	06800	SPEECH PATHOLOGY	11	0	279	0		68.00
69.00	06900	ELECTROCARDIOLOGY	21	0	1,604	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,353	0	5,914	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,555	0	3,418	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	123,655	37,268	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	69	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00	03950	NUTRITION THERAPY	1	0	59	0		76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	25	0	204	0		90.00
90.02	09002	WOUND CLINIC	183	0	901	0		90.02
90.03	09003	MOBILE CLINIC	0	0	0	0		90.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
91.00	09100	EMERGENCY	2,562	0	7,353	19,236		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
101.00	10100	HOME HEALTH AGENCY	323	0	526	0		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	2,209	0	1,124	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,742	123,655	131,424	38,472	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	27	0	0	0		190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0		190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0		190.02
190.03	19003	LIFELINE	0	0	0	0		190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0		190.04
190.05	19005	PRIVATE DUTY	0	0	0	0		190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0		190.06
190.07	19007	FOUNDTION	0	0	0	0		190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0		190.08
191.00	19100	RESEARCH	8	0	0	0		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	85,777	123,655	131,424	38,472	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0			22.00
23.00	02300	PARAMED ED PRGM				3,438		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS					804,708	30.00
31.00	03100	INTENSIVE CARE UNIT					244,320	31.00
32.00	03200	CORONARY CARE UNIT					0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - IPF					0	40.00
41.00	04100	SUBPROVIDER - IRF					0	41.00
42.00	04200	SUBPROVIDER					0	42.00
43.00	04300	NURSERY					35,050	43.00
44.00	04400	SKILLED NURSING FACILITY					0	44.00
45.00	04500	NURSING FACILITY					0	45.00
46.00	04600	OTHER LONG TERM CARE					0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM					1,526,818	50.00
51.00	05100	RECOVERY ROOM					61,123	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					181,901	52.00
53.00	05300	ANESTHESIOLOGY					0	53.00
53.01	05301	PAIN MANAGEMENT					2,650	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC					959,664	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					821,334	55.00
56.00	05600	RADIOISOTOPE					92,701	56.00
56.01	05601	CARDIAC CATH LAB					606,389	56.01
57.00	05700	CT SCAN					31,265	57.00
58.00	05800	MRI					209,934	58.00
59.00	05900	CARDIAC CATHETERIZATION					0	59.00
60.00	06000	LABORATORY					193,306	60.00
60.01	06001	BLOOD LABORATORY					0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.					3,968	63.00
64.00	06400	INTRAVENOUS THERAPY					797	64.00
65.00	06500	RESPIRATORY THERAPY					128,459	65.00
66.00	06600	PHYSICAL THERAPY					144,281	66.00
67.00	06700	OCCUPATIONAL THERAPY					32,367	67.00
68.00	06800	SPEECH PATHOLOGY					23,457	68.00
69.00	06900	ELECTROCARDIOLOGY					50,931	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					166,351	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					97,050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					540,268	73.00
74.00	07400	RENAL DIALYSIS					2,518	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
76.00	03950	NUTRITION THERAPY					37,645	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC					0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					39,853	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
90.02	09002	WOUND CLINIC					162,220	90.02
90.03	09003	MOBILE CLINIC					0	90.03
91.00	09100	EMERGENCY					368,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC					0	99.00
101.00	10100	HOME HEALTH AGENCY					101,780	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	11600	HOSPICE					29,914	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	7,701,286	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN					112,944	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED					0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE					0	190.02
190.03	19003	LIFELINE					0	190.03
190.04	19004	COMMUNITY RELATIONS					74,729	190.04
190.05	19005	PRIVATE DUTY					0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT					24,827	190.06
190.07	19007	FOUNDTION					13,224	190.07
190.08	19008	GOSHEN GACC CLINIC					1	190.08
191.00	19100	RESEARCH					5,343	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES					4	192.00
193.00	19300	NONPAID WORKERS					0	193.00
200.00		Cross Foot Adjustments	0	0	0	3,438	3,438	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	3,438	7,935,796	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02	00590	OTHER ADMIN & GENERAL				5.02
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	804,708		30.00
31.00	03100	INTENSIVE CARE UNIT	0	244,320		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	35,050		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,526,818		50.00
51.00	05100	RECOVERY ROOM	0	61,123		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	181,901		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PAIN MANAGEMENT	0	2,650		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	959,664		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	821,334		55.00
56.00	05600	RADIOISOTOPE	0	92,701		56.00
56.01	05601	CARDIAC CATH LAB	0	606,389		56.01
57.00	05700	CT SCAN	0	31,265		57.00
58.00	05800	MRI	0	209,934		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	193,306		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	3,968		63.00
64.00	06400	INTRAVENOUS THERAPY	0	797		64.00
65.00	06500	RESPIRATORY THERAPY	0	128,459		65.00
66.00	06600	PHYSICAL THERAPY	0	144,281		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	32,367		67.00
68.00	06800	SPEECH PATHOLOGY	0	23,457		68.00
69.00	06900	ELECTROCARDIOLOGY	0	50,931		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	166,351		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	97,050		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	540,268		73.00
74.00	07400	RENAL DIALYSIS	0	2,518		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	NUTRITION THERAPY	0	37,645		76.00
		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	39,853		90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
90.02	09002	WOUND CLINIC	0	162,220		90.02
90.03	09003	MOBILE CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	368,264		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
99.00	09900	CMHC	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	101,780		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	0	29,914		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,701,286		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	112,944		190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0		190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0		190.02
190.03	19003	LIFELINE	0	0		190.03
190.04	19004	COMMUNITY RELATIONS	0	74,729		190.04
190.05	19005	PRIVATE DUTY	0	0		190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	24,827		190.06
190.07	19007	FOUNDTION	0	13,224		190.07
190.08	19008	GOSHEN GACC CLINIC	0	1		190.08
191.00	19100	RESEARCH	0	5,343		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	4		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
200.00		Cross Foot Adjustments	0	3,438		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,935,796		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			1.00	2.00	4.00	5.01	5A.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	377,341					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,785,175				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,528	4,237	78,863,100			4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,508	641	988,276	675,467,528		5.01
5.02	00590	OTHER ADMIN & GENERAL	30,378	2,363,630	12,431,243	0	-23,080,702	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	26,556	139,441	804,451	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,847	0	36,204	0	0	8.00
9.00	00900	HOUSEKEEPING	479	10,338	900,786	0	0	9.00
10.00	01000	DIETARY	2,386	6,774	257,456	0	0	10.00
11.00	01100	CAFETERIA	4,071	11,556	439,199	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,274	485,423	1,992,020	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,575	78,776	277,855	0	0	14.00
15.00	01500	PHARMACY	2,124	102,038	1,551,988	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,465	77,683	1,096,962	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,068	1,364	1,003,347	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	242	0	164,721	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,871	192,621	12,697,891	47,717,177	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,960	100,576	2,671,562	13,128,724	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,483	16,093	316,789	5,251,321	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	59,715	1,287,861	3,917,320	54,878,457	0	50.00
51.00	05100	RECOVERY ROOM	3,170	23,920	526,230	6,271,097	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,946	86,229	1,697,416	8,432,632	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	2,713,241	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,306	929,394	4,232,600	44,984,906	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	43,807	368,564	10,932,264	40,565,879	0	55.00
56.00	05600	RADIOISOTOPE	1,196	96,882	390,331	14,961,143	0	56.00
56.01	05601	CARDIAC CATH LAB	2,748	735,129	1,182,229	31,008,350	0	56.01
57.00	05700	CT SCAN	667	310	580,258	31,807,440	0	57.00
58.00	05800	MRI	1,510	256,251	459,978	7,943,588	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	5,809	77,075	3,039,475	42,264,200	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	414	0	0	2,687,979	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	967	808	17,179	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,611	108,011	2,075,764	7,650,935	0	65.00
66.00	06600	PHYSICAL THERAPY	13,495	17,059	1,857,560	7,654,418	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,483	2,825	712,869	2,914,710	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,072	3,275	313,549	1,432,027	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,684	11,785	267,920	8,224,261	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	30,330,483	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,530,197	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	192,608,252	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	20	352,365	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	4,610	0	237,012	300,796	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			1.00	2.00	4.00	5.01	5A.02	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,180	22,847	432,979	1,044,363	0	90.00
90.02	09002	WOUND CLINIC	19,574	4,700	1,928	4,621,167	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	20,438	102,774	3,282,500	37,706,350	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
101.00	10100	HOME HEALTH AGENCY	5,125	31,537	2,302,379	2,698,859	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	996,841	5,765,032	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	361,375	7,758,586	77,070,980	675,467,528	-23,080,702	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	11,217	15,548	783,853	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	2,949	11,041	725,624	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	14,400	0	0	190.06
190.07	19007	FOUNDTION	1,800	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	267,945	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	298	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,330,348	5,605,448	22,760,956	2,814,688		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.175708	0.720016	0.288614	0.004167		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			31,015	41,042		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000393	0.000061		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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.02	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL	171,228,066					5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	4,237,225	0	309,371			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	610,429	0	1,847	625,458		8.00
9.00	00900	HOUSEKEEPING	1,637,382	0	479	0	307,045	9.00
10.00	01000	DIETARY	490,570	0	2,386	0	2,386	10.00
11.00	01100	CAFETERIA	592,803	0	4,071	0	4,071	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,416,895	0	1,274	0	1,274	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	804,151	0	2,575	0	2,575	14.00
15.00	01500	PHARMACY	2,920,431	0	2,124	0	2,124	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,509,227	0	4,465	0	4,465	16.00
17.00	01700	SOCIAL SERVICE	1,349,293	0	1,068	0	1,068	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	145,597	0	242	0	242	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,364,842	0	30,871	142,232	30,871	30.00
31.00	03100	INTENSIVE CARE UNIT	3,470,690	0	9,960	15,978	9,960	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	487,753	0	1,483	1,383	1,483	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,307,026	0	59,715	164,876	59,715	50.00
51.00	05100	RECOVERY ROOM	761,251	0	3,170	0	3,170	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,536,261	0	7,946	7,412	7,946	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	176,721	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,521,153	0	26,306	40,725	26,306	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,140,863	0	43,807	22,459	43,807	55.00
56.00	05600	RADIOISOTOPE	834,177	0	1,196	13,544	1,196	56.00
56.01	05601	CARDIAC CATH LAB	3,287,393	0	2,748	1,582	2,748	56.01
57.00	05700	CT SCAN	1,419,988	0	667	28,795	667	57.00
58.00	05800	MRI	912,964	0	1,510	7,191	1,510	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,217,326	0	5,809	0	5,809	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	21,915	0	414	0	414	63.00
64.00	06400	INTRAVENOUS THERAPY	8,485	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,336,379	0	2,611	0	2,611	65.00
66.00	06600	PHYSICAL THERAPY	2,608,892	0	13,495	0	13,495	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,007,631	0	2,483	0	2,483	67.00
68.00	06800	SPEECH PATHOLOGY	498,808	0	2,072	0	2,072	68.00
69.00	06900	ELECTROCARDIOLOGY	498,095	0	4,684	0	4,684	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,687,336	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,237,717	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,238,078	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	219,052	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	338,200	0	4,610	0	4,610	76.00
		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	395,820	0	2,180	0	2,180	90.00
90.02	09002	WOUND CLINIC	1,355,635	0	19,574	0	19,574	90.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.02	6.00	7.00	8.00	9.00	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	5,466,603	0	20,438	179,281	20,438	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
101.00	10100	HOME HEALTH AGENCY	3,441,423	0	5,125	0	5,125	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	2,272,746	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	162,785,226	0	293,405	625,458	291,079	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,720,413	0	11,217	0	11,217	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	4,019,722	0	2,949	0	2,949	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	2,243,645	0	0	0	0	190.06
190.07	19007	FOUNDTION	11,116	0	1,800	0	1,800	190.07
190.08	19008	GOSHEN GACC CLINIC	19	0	0	0	0	190.08
191.00	19100	RESEARCH	447,523	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	402	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	23,080,702	0	4,808,382	721,419	1,865,538	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.134795	0.000000	15.542446	1.153425	6.075780	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,894,338	0	311,594	20,034	29,352	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.011063	0.000000	1.007186	0.032031	0.095595	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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
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	64,386					10.00
11.00	01100	CAFETERIA	0	1,803,727				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	24,279	0	581,116		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	52,874	0	0	22,448,745	14.00
15.00	01500	PHARMACY	0	33,924	0	1,080	59,656	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	39,747	0	4,018	302	16.00
17.00	01700	SOCIAL SERVICE	0	32,487	0	19,843	281	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	54,063	369,679	0	221,902	1,657,516	30.00
31.00	03100	INTENSIVE CARE UNIT	10,323	80,928	0	68,376	231,356	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	11,164	0	7,494	24,583	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	126,998	0	66,739	558,259	50.00
51.00	05100	RECOVERY ROOM	0	14,844	0	14,844	15,064	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	59,822	0	40,154	131,723	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	126,327	0	12,568	171,129	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	192,672	0	37,650	399,715	55.00
56.00	05600	RADIOISOTOPE	0	11,070	0	389	13,948	56.00
56.01	05601	CARDIAC CATH LAB	0	30,355	0	15,050	314,158	56.01
57.00	05700	CT SCAN	0	16,880	0	117	180,165	57.00
58.00	05800	MRI	0	14,992	0	1,842	68,594	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	85,987	0	898	242,077	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	6,202	63.00
64.00	06400	INTRAVENOUS THERAPY	0	44	0	0	431	64.00
65.00	06500	RESPIRATORY THERAPY	0	57,874	0	1,124	224,497	65.00
66.00	06600	PHYSICAL THERAPY	0	87,655	0	0	13,611	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,768	0	0	4,981	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,752	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,271	0	340	5,452	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	10,560,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,164,669	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8	12	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	7,183	0	0	180	76.00
		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	13,920	0	3,430	6,433	90.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CLINIC	0	118	0	0	47,798	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	130,343	0	63,250	670,410	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
101.00	10100	HOME HEALTH AGENCY	0	71,804	0	0	84,492	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	28,000	0	0	578,102	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,386	1,740,009	0	581,116	22,439,497	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	29,779	0	0	7,168	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	22,620	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	53	0	0	0	190.08
191.00	19100	RESEARCH	0	11,266	0	0	2,080	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	608,277	760,718	0	3,915,257	990,514	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.447349	0.421748	0.000000	6.737479	0.044123	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	27,771	44,682	0	397,970	85,777	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.431320	0.024772	0.000000	0.684837	0.003821	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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	32,435,466					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	675,467,528				16.00
17.00	01700	SOCIAL SERVICE	0	0	32,487			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM	0	0	0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	47,717,177	12,269	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,128,724	1,624	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	5,251,321	217	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
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	54,878,457	973	0	0	50.00
51.00	05100	RECOVERY ROOM	0	6,271,097	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,432,632	1,161	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	2,713,241	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,984,906	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	40,565,879	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	14,961,143	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	31,008,350	0	0	0	56.01
57.00	05700	CT SCAN	0	31,807,440	0	0	0	57.00
58.00	05800	MRI	0	7,943,588	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	42,264,200	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,687,979	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	17,179	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,650,935	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,654,418	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,914,710	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,432,027	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,224,261	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	30,330,483	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,530,197	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,435,463	192,608,252	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	352,365	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	300,796	0	0	0	76.00
		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	1,044,363	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
90.02	09002	WOUND CLINIC	0	4,621,167	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	37,706,350	16,243	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
101.00	10100	HOME HEALTH AGENCY	0	2,698,859	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	5,765,032	0		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,435,463	675,467,528	32,487	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	3	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,384,222	4,122,625	1,701,664	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.104337	0.006103	52.379844	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	123,655	131,424	38,472	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003812	0.000195	1.184228	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	INTERNS & RESIDENTS				
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
			21.00	22.00	23.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00590	OTHER ADMIN & GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00	02300	PARAMED ED PRGM			100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	05301	PAIN MANAGEMENT	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	05601	CARDIAC CATH LAB	0	0	0		56.01
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	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03950	NUTRITION THERAPY	0	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 7/30/2021 9:50 am

		Cost Center Description	INTERNS & RESIDENTS				
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
			21.00	22.00	23.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.02	09002	WOUND CLINIC	0	0	0		90.02
90.03	09003	MOBILE CLINIC	0	0	0		90.03
91.00	09100	EMERGENCY	0	0	100		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
		OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE			0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0		190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0		190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0		190.02
190.03	19003	LIFELINE	0	0	0		190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0		190.04
190.05	19005	PRIVATE DUTY	0	0	0		190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0		190.06
190.07	19007	FOUNDTION	0	0	0		190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0		190.08
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	170,454		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	1,704.540000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	3,438		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	34.380000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I Date/Time Prepared: 7/30/2021 9:50 am

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	25,975,281		25,975,281	0	25,975,281	30.00
31.00	03100	INTENSIVE CARE UNIT	4,940,005		4,940,005	0	4,940,005	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	686,853		686,853	0	686,853	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
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,821,612		11,821,612	0	11,821,612	50.00
51.00	05100	RECOVERY ROOM	1,077,603		1,077,603	0	1,077,603	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,472,319		3,472,319	0	3,472,319	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	217,101		217,101	103,937	321,038	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,435,883		8,435,883	52,558	8,488,441	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,024,437		21,024,437	124,894	21,149,331	55.00
56.00	05600	RADIOISOTOPE	1,087,311		1,087,311	0	1,087,311	56.00
56.01	05601	CARDIAC CATH LAB	4,109,056		4,109,056	0	4,109,056	56.01
57.00	05700	CT SCAN	1,869,005		1,869,005	0	1,869,005	57.00
58.00	05800	MRI	1,147,204		1,147,204	0	1,147,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	8,626,699		8,626,699	0	8,626,699	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	50,498		50,498	0	50,498	63.00
64.00	06400	INTRAVENOUS THERAPY	9,772		9,772	0	9,772	64.00
65.00	06500	RESPIRATORY THERAPY	2,796,336	0	2,796,336	0	2,796,336	65.00
66.00	06600	PHYSICAL THERAPY	3,336,580	0	3,336,580	0	3,336,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,216,308	0	1,216,308	0	1,216,308	67.00
68.00	06800	SPEECH PATHOLOGY	619,699	0	619,699	0	619,699	68.00
69.00	06900	ELECTROCARDIOLOGY	725,662		725,662	0	725,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,779,028		12,779,028	0	12,779,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,457,521		7,457,521	0	7,457,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,278,371		42,278,371	0	42,278,371	73.00
74.00	07400	RENAL DIALYSIS	250,784		250,784	0	250,784	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	NUTRITION THERAPY	488,321		488,321	0	488,321	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	531,942		531,942	0	531,942	90.00
90.02	09002	WOUND CLINIC	1,991,885		1,991,885	0	1,991,885	90.02
90.03	09003	MOBILE CLINIC	0		0	0	0	90.03
91.00	09100	EMERGENCY	8,614,177		8,614,177	56,524	8,670,701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,096,060		4,096,060		4,096,060	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0		0		0	99.00
101.00	10100	HOME HEALTH AGENCY	4,066,585		4,066,585		4,066,585	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	2,651,602		2,651,602		2,651,602	116.00
200.00		Subtotal (see instructions)	188,451,500	0	188,451,500	337,913	188,789,413	200.00
201.00		Less Observation Beds	4,096,060		4,096,060		4,096,060	201.00
202.00		Total (see instructions)	184,355,440	0	184,355,440	337,913	184,693,353	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,311,996		39,311,996			30.00
31.00	03100	INTENSIVE CARE UNIT	13,128,724		13,128,724			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	5,251,321		5,251,321			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,206,836	39,671,621	54,878,457	0.215414	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,074,941	4,196,156	6,271,097	0.171836	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,665,899	766,733	8,432,632	0.411772	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	614,691	2,098,550	2,713,241	0.080015	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,728,900	37,256,006	44,984,906	0.187527	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	550,454	40,015,425	40,565,879	0.518279	0.000000	55.00
56.00	05600	RADIOISOTOPE	918,304	14,042,839	14,961,143	0.072676	0.000000	56.00
56.01	05601	CARDIAC CATH LAB	12,158,694	18,849,656	31,008,350	0.132515	0.000000	56.01
57.00	05700	CT SCAN	6,564,299	25,243,141	31,807,440	0.058760	0.000000	57.00
58.00	05800	MRI	600,018	7,343,570	7,943,588	0.144419	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	14,415,300	27,848,900	42,264,200	0.204114	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,895,603	792,376	2,687,979	0.018787	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	17,179	17,179	0.568834	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	5,516,764	2,134,171	7,650,935	0.365489	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,319,403	6,335,015	7,654,418	0.435903	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,195,250	1,719,460	2,914,710	0.417300	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	161,967	1,270,060	1,432,027	0.432743	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,630,108	3,594,153	8,224,261	0.088234	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,400,934	15,929,549	30,330,483	0.421326	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,582,273	10,947,924	17,530,197	0.425410	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,513,225	162,095,027	192,608,252	0.219504	0.000000	73.00
74.00	07400	RENAL DIALYSIS	352,365	0	352,365	0.711717	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	NUTRITION THERAPY	222,398	78,398	300,796	1.623429	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	1,044,363	1,044,363	0.509346	0.000000	90.00
90.02	09002	WOUND CLINIC	62,340	4,558,827	4,621,167	0.431035	0.000000	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	6,626,524	31,079,826	37,706,350	0.228454	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	848,944	7,556,237	8,405,181	0.487326	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	2,698,859	2,698,859			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	5,765,032	5,765,032			116.00
200.00		Subtotal (see instructions)	200,518,475	474,949,053	675,467,528			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	200,518,475	474,949,053	675,467,528			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
46.00	04600	OTHER LONG TERM CARE		46.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.215414	50.00
51.00	05100	RECOVERY ROOM	0.171836	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.411772	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	0.118323	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188695	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.521358	55.00
56.00	05600	RADIOISOTOPE	0.072676	56.00
56.01	05601	CARDIAC CATH LAB	0.132515	56.01
57.00	05700	CT SCAN	0.058760	57.00
58.00	05800	MRI	0.144419	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.204114	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.018787	63.00
64.00	06400	INTRAVENOUS THERAPY	0.568834	64.00
65.00	06500	RESPIRATORY THERAPY	0.365489	65.00
66.00	06600	PHYSICAL THERAPY	0.435903	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.417300	67.00
68.00	06800	SPEECH PATHOLOGY	0.432743	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.421326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425410	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219504	73.00
74.00	07400	RENAL DIALYSIS	0.711717	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
76.00	03950	NUTRITION THERAPY	1.623429	76.00
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.00	09000	CLINIC	0.509346	90.00
90.02	09002	WOUND CLINIC	0.431035	90.02
90.03	09003	MOBILE CLINIC	0.000000	90.03
91.00	09100	EMERGENCY	0.229953	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.487326	92.00
		OTHER REIMBURSABLE COST CENTERS		
99.00	09900	CMHC		99.00
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I Date/Time Prepared: 7/30/2021 9:50 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,975,281		25,975,281	0	25,975,281	30.00
31.00	03100	INTENSIVE CARE UNIT	4,940,005		4,940,005	0	4,940,005	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	686,853		686,853	0	686,853	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
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,821,612		11,821,612	0	11,821,612	50.00
51.00	05100	RECOVERY ROOM	1,077,603		1,077,603	0	1,077,603	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,472,319		3,472,319	0	3,472,319	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	217,101		217,101	103,937	321,038	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,435,883		8,435,883	52,558	8,488,441	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,024,437		21,024,437	124,894	21,149,331	55.00
56.00	05600	RADIOISOTOPE	1,087,311		1,087,311	0	1,087,311	56.00
56.01	05601	CARDIAC CATH LAB	4,109,056		4,109,056	0	4,109,056	56.01
57.00	05700	CT SCAN	1,869,005		1,869,005	0	1,869,005	57.00
58.00	05800	MRI	1,147,204		1,147,204	0	1,147,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	8,626,699		8,626,699	0	8,626,699	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	50,498		50,498	0	50,498	63.00
64.00	06400	INTRAVENOUS THERAPY	9,772		9,772	0	9,772	64.00
65.00	06500	RESPIRATORY THERAPY	2,796,336	0	2,796,336	0	2,796,336	65.00
66.00	06600	PHYSICAL THERAPY	3,336,580	0	3,336,580	0	3,336,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,216,308	0	1,216,308	0	1,216,308	67.00
68.00	06800	SPEECH PATHOLOGY	619,699	0	619,699	0	619,699	68.00
69.00	06900	ELECTROCARDIOLOGY	725,662		725,662	0	725,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,779,028		12,779,028	0	12,779,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,457,521		7,457,521	0	7,457,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,278,371		42,278,371	0	42,278,371	73.00
74.00	07400	RENAL DIALYSIS	250,784		250,784	0	250,784	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	NUTRITION THERAPY	488,321		488,321	0	488,321	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	531,942		531,942	0	531,942	90.00
90.02	09002	WOUND CLINIC	1,991,885		1,991,885	0	1,991,885	90.02
90.03	09003	MOBILE CLINIC	0		0	0	0	90.03
91.00	09100	EMERGENCY	8,614,177		8,614,177	56,524	8,670,701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,096,060		4,096,060		4,096,060	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0		0		0	99.00
101.00	10100	HOME HEALTH AGENCY	4,066,585		4,066,585		4,066,585	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	2,651,602		2,651,602		2,651,602	116.00
200.00		Subtotal (see instructions)	188,451,500	0	188,451,500	337,913	188,789,413	200.00
201.00		Less Observation Beds	4,096,060		4,096,060		4,096,060	201.00
202.00		Total (see instructions)	184,355,440	0	184,355,440	337,913	184,693,353	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I Date/Time Prepared: 7/30/2021 9:50 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,311,996		39,311,996			30.00
31.00	03100	INTENSIVE CARE UNIT	13,128,724		13,128,724			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	5,251,321		5,251,321			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,206,836	39,671,621	54,878,457	0.215414	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,074,941	4,196,156	6,271,097	0.171836	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,665,899	766,733	8,432,632	0.411772	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	614,691	2,098,550	2,713,241	0.080015	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,728,900	37,256,006	44,984,906	0.187527	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	550,454	40,015,425	40,565,879	0.518279	0.000000	55.00
56.00	05600	RADIOISOTOPE	918,304	14,042,839	14,961,143	0.072676	0.000000	56.00
56.01	05601	CARDIAC CATH LAB	12,158,694	18,849,656	31,008,350	0.132515	0.000000	56.01
57.00	05700	CT SCAN	6,564,299	25,243,141	31,807,440	0.058760	0.000000	57.00
58.00	05800	MRI	600,018	7,343,570	7,943,588	0.144419	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	14,415,300	27,848,900	42,264,200	0.204114	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,895,603	792,376	2,687,979	0.018787	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	17,179	17,179	0.568834	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	5,516,764	2,134,171	7,650,935	0.365489	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,319,403	6,335,015	7,654,418	0.435903	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,195,250	1,719,460	2,914,710	0.417300	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	161,967	1,270,060	1,432,027	0.432743	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,630,108	3,594,153	8,224,261	0.088234	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,400,934	15,929,549	30,330,483	0.421326	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,582,273	10,947,924	17,530,197	0.425410	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,513,225	162,095,027	192,608,252	0.219504	0.000000	73.00
74.00	07400	RENAL DIALYSIS	352,365	0	352,365	0.711717	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	NUTRITION THERAPY	222,398	78,398	300,796	1.623429	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	1,044,363	1,044,363	0.509346	0.000000	90.00
90.02	09002	WOUND CLINIC	62,340	4,558,827	4,621,167	0.431035	0.000000	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	6,626,524	31,079,826	37,706,350	0.228454	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	848,944	7,556,237	8,405,181	0.487326	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	2,698,859	2,698,859			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	5,765,032	5,765,032			116.00
200.00		Subtotal (see instructions)	200,518,475	474,949,053	675,467,528			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	200,518,475	474,949,053	675,467,528			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I | Date/Time Prepared: 7/30/2021 9:50 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
53.01	05301	PAIN MANAGEMENT	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	05601	CARDIAC CATH LAB	0.000000		56.01
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	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	NUTRITION THERAPY	0.000000		76.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.02	09002	WOUND CLINIC	0.000000		90.02
90.03	09003	MOBILE CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part I Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	804,708	0	804,708	19,126	42.07	30.00
31.00	INTENSIVE CARE UNIT	244,320		244,320	3,061	79.82	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	35,050		35,050	1,879	18.65	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)	1,084,078		1,084,078	24,066		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	5,070	213,295	30.00
31.00	INTENSIVE CARE UNIT	1,016	81,097	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
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)	6,086	294,392	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part II Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,526,818	54,878,457	0.027822	4,408,367	122,650	50.00
51.00	05100	RECOVERY ROOM	61,123	6,271,097	0.009747	642,458	6,262	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	181,901	8,432,632	0.021571	10,136	219	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
53.01	05301	PAIN MANAGEMENT	2,650	2,713,241	0.000977	189,379	185	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	959,664	44,984,906	0.021333	2,906,788	62,011	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	821,334	40,565,879	0.020247	395,796	8,014	55.00
56.00	05600	RADIOISOTOPE	92,701	14,961,143	0.006196	414,205	2,566	56.00
56.01	05601	CARDIAC CATH LAB	606,389	31,008,350	0.019556	2,841,800	55,574	56.01
57.00	05700	CT SCAN	31,265	31,807,440	0.000983	2,330,661	2,291	57.00
58.00	05800	MRI	209,934	7,943,588	0.026428	202,449	5,350	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	193,306	42,264,200	0.004574	4,789,360	21,907	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,968	2,687,979	0.001476	569,529	841	63.00
64.00	06400	INTRAVENOUS THERAPY	797	17,179	0.046394	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	128,459	7,650,935	0.016790	1,721,551	28,905	65.00
66.00	06600	PHYSICAL THERAPY	144,281	7,654,418	0.018849	537,186	10,125	66.00
67.00	06700	OCCUPATIONAL THERAPY	32,367	2,914,710	0.011105	506,193	5,621	67.00
68.00	06800	SPEECH PATHOLOGY	23,457	1,432,027	0.016380	80,568	1,320	68.00
69.00	06900	ELECTROCARDIOLOGY	50,931	8,224,261	0.006193	2,978,237	18,444	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	166,351	30,330,483	0.005485	4,393,282	24,097	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	97,050	17,530,197	0.005536	2,250,166	12,457	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	540,268	192,608,252	0.002805	9,367,408	26,276	73.00
74.00	07400	RENAL DIALYSIS	2,518	352,365	0.007146	132,032	944	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	NUTRITION THERAPY	37,645	300,796	0.125151	86,796	10,863	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	39,853	1,044,363	0.038160	0	0	90.00
90.02	09002	WOUND CLINIC	162,220	4,621,167	0.035104	51,782	1,818	90.02
90.03	09003	MOBILE CLINIC	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	368,264	37,706,350	0.009767	2,430,072	23,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	126,896	8,405,181	0.015097	257,750	3,891	92.00
200.00		Total (lines 50 through 199)	6,612,410	609,311,596		44,493,951	456,366	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part III Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	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	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	19,126	0.00	5,070	30.00
31.00	03100	INTENSIVE CARE UNIT		0	3,061	0.00	1,016	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	1,879	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)		0	24,066		6,086	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part IV Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	0	0	0	0	56.01
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
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	0	0	0	0	76.00
		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
90.02	09002	WOUND CLINIC	0	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	170,454	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	170,454	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part IV Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	54,878,457	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,271,097	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	8,432,632	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	2,713,241	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,984,906	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	40,565,879	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	14,961,143	0.000000	56.00
56.01	05601	CARDIAC CATH LAB	0	0	0	31,008,350	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	31,807,440	0.000000	57.00
58.00	05800	MRI	0	0	0	7,943,588	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	42,264,200	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	2,687,979	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	17,179	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,650,935	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,654,418	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,914,710	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,432,027	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,224,261	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,330,483	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,530,197	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	192,608,252	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	352,365	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	NUTRITION THERAPY	0	0	0	300,796	0.000000	76.00
		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	1,044,363	0.000000	90.00
90.02	09002	WOUND CLINIC	0	0	0	4,621,167	0.000000	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	170,454	170,454	37,706,350	0.004521	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,405,181	0.000000	92.00
200.00		Total (lines 50 through 199)	0	170,454	170,454	609,311,596		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part IV Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	4,408,367	0	8,225,590	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	642,458	0	1,648,066	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	10,136	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0.000000	189,379	0	469,258	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,906,788	0	8,368,739	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	395,796	0	12,557,810	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	414,205	0	3,605,206	0	56.00
56.01	05601	CARDIAC CATH LAB	0.000000	2,841,800	0	4,040,855	0	56.01
57.00	05700	CT SCAN	0.000000	2,330,661	0	5,872,069	0	57.00
58.00	05800	MRI	0.000000	202,449	0	1,672,079	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	4,789,360	0	4,610,235	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	569,529	0	194,363	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,721,551	0	786,343	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	537,186	0	57,383	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	506,193	0	33,960	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	80,568	0	5,498	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,978,237	0	2,663,727	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	4,393,282	0	3,576,978	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,250,166	0	2,927,433	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	9,367,408	0	48,357,560	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	132,032	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0.000000	86,796	0	676	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	205,552	0	90.00
90.02	09002	WOUND CLINIC	0.000000	51,782	0	1,639,106	0	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.004521	2,430,072	10,986	4,233,422	19,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	257,750	0	2,292,116	0	92.00
200.00		Total (lines 50 through 199)		44,493,951	10,986	118,044,024	19,139	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part V Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.215414	8,225,590	13,020	0	1,771,907	50.00
51.00	05100	RECOVERY ROOM	0.171836	1,648,066	0	0	283,197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.411772	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0.080015	469,258	0	0	37,548	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187527	8,368,739	143	0	1,569,365	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.518279	12,557,810	16	374	6,508,449	55.00
56.00	05600	RADIOISOTOPE	0.072676	3,605,206	0	0	262,012	56.00
56.01	05601	CARDIAC CATH LAB	0.132515	4,040,855	266	0	535,474	56.01
57.00	05700	CT SCAN	0.058760	5,872,069	0	0	345,043	57.00
58.00	05800	MRI	0.144419	1,672,079	0	0	241,480	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.204114	4,610,235	21,040	0	941,014	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.018787	194,363	0	0	3,651	63.00
64.00	06400	INTRAVENOUS THERAPY	0.568834	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.365489	786,343	0	0	287,400	65.00
66.00	06600	PHYSICAL THERAPY	0.435903	57,383	0	0	25,013	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.417300	33,960	0	0	14,172	67.00
68.00	06800	SPEECH PATHOLOGY	0.432743	5,498	0	0	2,379	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088234	2,663,727	0	0	235,031	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.421326	3,576,978	0	0	1,507,074	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425410	2,927,433	0	0	1,245,359	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219504	48,357,560	1,644	66,149	10,614,678	73.00
74.00	07400	RENAL DIALYSIS	0.711717	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	1.623429	676	0	0	1,097	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.509346	205,552	0	0	104,697	90.00
90.02	09002	WOUND CLINIC	0.431035	1,639,106	0	0	706,512	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.228454	4,233,422	0	367	967,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.487326	2,292,116	0	0	1,117,008	92.00
200.00		Subtotal (see instructions)		118,044,024	36,129	66,890	29,326,702	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		118,044,024	36,129	66,890	29,326,702	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part V Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,805	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PAIN MANAGEMENT	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	27	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8	194		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	CARDIAC CATH LAB	35	0		56.01
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	4,295	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
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	361	14,520		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	NUTRITION THERAPY	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.02	09002	WOUND CLINIC	0	0		90.02
90.03	09003	MOBILE CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	84		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	7,531	14,798		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	7,531	14,798		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part V Date/Time Prepared: 7/30/2021 9:50 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.215414	0	617,231	0	0	50.00
51.00	05100	RECOVERY ROOM	0.171836	0	69,219	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.411772	0	26,555	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0.080015	0	31,101	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187527	0	432,936	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.518279	0	1,455,894	0	0	55.00
56.00	05600	RADIOISOTOPE	0.072676	0	207,000	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0.132515	0	199,126	0	0	56.01
57.00	05700	CT SCAN	0.058760	0	337,451	0	0	57.00
58.00	05800	MRI	0.144419	0	87,241	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.204114	0	522,577	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.018787	0	13,348	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.568834	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.365489	0	23,991	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.435903	0	122,452	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.417300	0	107,539	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.432743	0	178,501	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088234	0	46,833	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.421326	0	255,376	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425410	0	173,529	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219504	0	2,609,621	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.711717	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	1.623429	0	1,318	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.509346	0	27,098	0	0	90.00
90.02	09002	WOUND CLINIC	0.431035	0	51,944	0	0	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.228454	0	769,324	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.487326	0	123,011	0	0	92.00
200.00		Subtotal (see instructions)		0	8,490,216	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	8,490,216	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part V Date/Time Prepared: 7/30/2021 9:50 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	132,960	0		50.00
51.00	05100	RECOVERY ROOM	11,894	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,935	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PAIN MANAGEMENT	2,489	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,187	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	754,559	0		55.00
56.00	05600	RADIOISOTOPE	15,044	0		56.00
56.01	05601	CARDIAC CATH LAB	26,387	0		56.01
57.00	05700	CT SCAN	19,829	0		57.00
58.00	05800	MRI	12,599	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	106,665	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	251	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	8,768	0		65.00
66.00	06600	PHYSICAL THERAPY	53,377	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	44,876	0		67.00
68.00	06800	SPEECH PATHOLOGY	77,245	0		68.00
69.00	06900	ELECTROCARDIOLOGY	4,132	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	107,597	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,821	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	572,822	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	NUTRITION THERAPY	2,140	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	13,802	0		90.00
90.02	09002	WOUND CLINIC	22,390	0		90.02
90.03	09003	MOBILE CLINIC	0	0		90.03
91.00	09100	EMERGENCY	175,755	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	59,946	0		92.00
200.00		Subtotal (see instructions)	2,391,470	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,391,470	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-1 | Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	19,126	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	19,126	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)	16,110	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	5,070	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)	25,975,281	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)	25,975,281	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)	25,975,281	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)	1,358.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,885,618	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)	6,885,618	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-1 | Date/Time Prepared: 7/30/2021 9:50 am

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	4,940,005	3,061	1,613.85	1,016	1,639,672	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	10,580,883	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	19,106,173	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)	294,392	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	467,352	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	761,744	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	18,344,429	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)	3,016	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,358.11	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,096,060	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-1 | Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	804,708	25,975,281	0.030980	4,096,060	126,896	90.00
91.00	Nursing School cost	0	25,975,281	0.000000	4,096,060	0	91.00
92.00	Allied health cost	0	25,975,281	0.000000	4,096,060	0	92.00
93.00	All other Medical Education	0	25,975,281	0.000000	4,096,060	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-3 | Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		11,889,728		30.00
31.00	03100	INTENSIVE CARE UNIT		4,121,624		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.215414	4,408,367	949,624	50.00
51.00	05100	RECOVERY ROOM	0.171836	642,458	110,397	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.411772	10,136	4,174	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0.118323	189,379	22,408	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188695	2,906,788	548,496	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.521358	395,796	206,351	55.00
56.00	05600	RADIOISOTOPE	0.072676	414,205	30,103	56.00
56.01	05601	CARDIAC CATH LAB	0.132515	2,841,800	376,581	56.01
57.00	05700	CT SCAN	0.058760	2,330,661	136,950	57.00
58.00	05800	MRI	0.144419	202,449	29,237	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.204114	4,789,360	977,575	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.018787	569,529	10,700	63.00
64.00	06400	INTRAVENOUS THERAPY	0.568834	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.365489	1,721,551	629,208	65.00
66.00	06600	PHYSICAL THERAPY	0.435903	537,186	234,161	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.417300	506,193	211,234	67.00
68.00	06800	SPEECH PATHOLOGY	0.432743	80,568	34,865	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088234	2,978,237	262,782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.421326	4,393,282	1,851,004	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425410	2,250,166	957,243	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219504	9,367,408	2,056,184	73.00
74.00	07400	RENAL DIALYSIS	0.711717	132,032	93,969	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950	NUTRITION THERAPY	1.623429	86,796	140,907	76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.509346	0	0	90.00
90.02	09002	WOUND CLINIC	0.431035	51,782	22,320	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0	90.03
91.00	09100	EMERGENCY	0.229953	2,430,072	558,802	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.487326	257,750	125,608	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		44,493,951	10,580,883	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)		44,493,951		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-3 | Date/Time Prepared: 7/30/2021 9:50 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		590,572		30.00
31.00	03100	INTENSIVE CARE UNIT		302,803		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		239,346		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.215414	90,583	19,513	50.00
51.00	05100	RECOVERY ROOM	0.171836	10,167	1,747	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.411772	581,410	239,408	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0.080015	3,569	286	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187527	104,866	19,665	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.518279	4,771	2,473	55.00
56.00	05600	RADIOISOTOPE	0.072676	3,201	233	56.00
56.01	05601	CARDIAC CATH LAB	0.132515	74,455	9,866	56.01
57.00	05700	CT SCAN	0.058760	61,079	3,589	57.00
58.00	05800	MRI	0.144419	6,901	997	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.204114	219,811	44,867	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.018787	30,497	573	63.00
64.00	06400	INTRAVENOUS THERAPY	0.568834	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.365489	89,777	32,813	65.00
66.00	06600	PHYSICAL THERAPY	0.435903	13,969	6,089	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.417300	11,911	4,970	67.00
68.00	06800	SPEECH PATHOLOGY	0.432743	2,858	1,237	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088234	58,454	5,158	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.421326	140,460	59,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425410	2,055	874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219504	509,622	111,864	73.00
74.00	07400	RENAL DIALYSIS	0.711717	28,815	20,508	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950	NUTRITION THERAPY	1.623429	2,867	4,654	76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.509346	0	0	90.00
90.02	09002	WOUND CLINIC	0.431035	307	132	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0	90.03
91.00	09100	EMERGENCY	0.228454	89,087	20,352	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.487326	15,266	7,440	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,156,758	618,487	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)		2,156,758		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0026	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/30/2021 9:50 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	8,928,440	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	3,617,114	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)	392,114	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	67,200	2.04
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	100.76	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.89	30.00
31.00	Percentage of Medicaid patient days (see instructions)	18.25	31.00
32.00	Sum of lines 30 and 31	21.14	32.00
33.00	Allowable disproportionate share percentage (see instructions)	6.66	33.00
34.00	Disproportionate share adjustment (see instructions)	208,884	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0026	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/30/2021 9:50 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000337361	0.000184059	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,817,166	1,525,854	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,109,026	384,599	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,493,625		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	15,707,377		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)	15,707,377	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,002,372	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	11,242	53.00
54.00	Special add-on payments for new technologies	140,356	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 intructions)	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)	10,986	58.00
59.00	Total (sum of amounts on lines 49 through 58)	16,872,333	59.00
60.00	Primary payer payments	11,004	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	16,861,329	61.00
62.00	Deductibles billed to program beneficiaries	1,342,308	62.00
63.00	Coinsurance billed to program beneficiaries	32,032	63.00
64.00	Allowable bad debts (see instructions)	54,631	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	35,510	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	17,177	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	15,522,499	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)		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)	-16,981	70.93
70.94	HRR adjustment amount (see instructions)	0	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E Part A | Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		123,120	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		15,382,398	71.00
71.01	Sequestration adjustment (see instructions)		101,524	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		14,577,325	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		703,549	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		496,351	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision 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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,928,440	0	8,928,440		8,928,440	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,617,114	0		3,617,114	3,617,114	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	392,114	0	392,114		392,114	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67,200	0		67,200	67,200	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0666	0.0666	0.0666	0.0666		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	208,884	0	148,659	60,225	208,884	11.00
11.01	Uncompensated care payments	36.00	2,493,625	0	2,109,026	384,599	2,493,625	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	15,707,377	0	11,578,239	4,129,138	15,707,377	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	15,707,377	0	11,578,239	4,129,138	15,707,377	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,002,372	0	728,017	274,355	1,002,372	16.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	140,356	0	0	140,356	140,356	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	12,306,256	4,543,849	16,850,105	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	958,631	0	696,211	262,420	958,631	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	1,849	0	1,382	467	1,849	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0437	0.0437	0.0437	0.0437		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	41,892	0	30,424	11,468	41,892	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,002,372	0	728,017	274,355	1,002,372	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,928,440	8,928,440		8,928,440	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,617,114		3,617,114	3,617,114	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	392,114	392,114		392,114	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67,200		67,200	67,200	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0666	0.0666	0.0666		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	208,884	148,659	60,225	208,884	11.00
11.01	Uncompensated care payments	36.00	2,493,625	2,109,026	384,599	2,493,625	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	15,707,377	11,578,239	4,129,138	15,707,377	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	15,707,377	11,578,239	4,129,138	15,707,377	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,002,372	728,017	274,355	1,002,372	16.00
17.00	Special add-on payments for new technologies	54.00	140,356	0	140,356	140,356	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			12,306,256	4,543,849	16,850,105	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	958,631	696,211	262,420	958,631	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	1,849	1,382	467	1,849	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0437	0.0437	0.0437		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	41,892	30,424	11,468	41,892	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,002,372	728,017	274,355	1,002,372	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	-16,981	5,739	-22,720	-16,981	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	0	0	0	0	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		123,120	0	123,120	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0026	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/30/2021 9:50 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	22,329	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	29,307,563	2.00
3.00	OPPS payments	20,632,655	3.00
4.00	Outlier payment (see instructions)	1,025,935	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	19,139	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	22,329	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	103,019	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)	103,019	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	103,019	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	80,690	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)	22,329	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	21,677,729	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	3,018	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	3,574,083	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)	18,122,957	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)	18,122,957	30.00
31.00	Primary payer payments	2,053	31.00
32.00	Subtotal (line 30 minus line 31)	18,120,904	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)	221,932	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	144,256	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	137,682	36.00
37.00	Subtotal (see instructions)	18,265,160	37.00
38.00	MSP-LCC reconciliation amount from PS&R	746	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)	18,264,414	40.00
40.01	Sequestration adjustment (see instructions)	120,545	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	18,207,443	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-63,574	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	375,842	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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E-1 Part I | Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		14,577,325		18,207,443	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)		14,577,325		18,207,443	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		703,549		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		63,574	6.02
7.00	Total Medicare program liability (see instructions)		15,280,874		18,143,869	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: 15-0026	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/30/2021 9:50 am
	Title XVIII	Hospital	PPS

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

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

Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet G | Date/Time Prepared: 7/30/2021 9:50 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	36,021,131	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	98,847,920	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-64,070,563	0	0	0	6.00
7.00	Inventory	7,055,480	0	0	0	7.00
8.00	Prepaid expenses	7,016,232	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)	84,870,200	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	4,848,513	0	0	0	12.00
13.00	Land improvements	4,848,692	0	0	0	13.00
14.00	Accumulated depreciation	-2,054,983	0	0	0	14.00
15.00	Buildings	127,730,892	0	0	0	15.00
16.00	Accumulated depreciation	-45,413,988	0	0	0	16.00
17.00	Leasehold improvements	36,948	0	0	0	17.00
18.00	Accumulated depreciation	-36,948	0	0	0	18.00
19.00	Fixed equipment	20,207,813	0	0	0	19.00
20.00	Accumulated depreciation	-9,554,895	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	136,968,918	0	0	0	23.00
24.00	Accumulated depreciation	-83,906,712	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)	153,674,250	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	292,558,404	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	292,558,404	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	531,102,854	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	5,282,803	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,534,672	0	0	0	38.00
39.00	Payroll taxes payable	1,885,086	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,619,726	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	19,118,176	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	40,440,463	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	87,051,719	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,711,909	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	89,763,628	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	130,204,091	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	400,898,763				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)	400,898,763	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	531,102,854	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet G-1 | Date/Time Prepared: 7/30/2021 9:50 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		361,220,463		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		37,178,400				2.00
3.00	Total (sum of line 1 and line 2)		398,398,863		0		3.00
4.00	TEMPORARILY RESTRICTED ASSETS	485,071		0		0	4.00
5.00	EQUITY TRANSFER	2,499,896		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,984,967		0		10.00
11.00	Subtotal (line 3 plus line 10)		401,383,830		0		11.00
12.00	PRIOR PERIOD CHANGE IN GENERAL FUND	485,067		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		485,067		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		400,898,763		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	TEMPORARILY RESTRICTED ASSETS		0		4.00
5.00	EQUITY TRANSFER		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	PRIOR PERIOD CHANGE IN GENERAL FUND		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: 15-0026 | Period: From 01/01/2020 To 12/31/2020 | Worksheet G-2 Parts I & II | Date/Time Prepared: 7/30/2021 9:50 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	44,563,317		44,563,317	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	44,563,317		44,563,317	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	13,128,724		13,128,724	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,128,724		13,128,724	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	57,692,041		57,692,041	17.00
18.00	Ancillary services	135,242,376	422,292,157	557,534,533	18.00
19.00	Outpatient services	7,474,781	44,302,280	51,777,061	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		2,698,859	2,698,859	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	5,765,032	5,765,032	26.00
27.00	PROFESSIONAL REVENUE	1,054,213	19,123,195	20,177,408	27.00
27.01	NON REIMBURSABLE	2,118	295,862	297,980	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	201,465,529	494,477,385	695,942,914	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		256,012,345		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		256,012,345		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0026	Period: From 01/01/2020 To 12/31/2020	Worksheet G-3 Date/Time Prepared: 7/30/2021 9:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	695,942,914	1.00
2.00	Less contractual allowances and discounts on patients' accounts	458,402,019	2.00
3.00	Net patient revenues (line 1 minus line 2)	237,540,895	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	256,012,345	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-18,471,450	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	476,309	6.00
7.00	Income from investments	35,017,993	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	68,887	10.00
11.00	Rebates and refunds of expenses	1,670,797	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	244,075	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,520,108	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC OTHER OPER/NON OPER REVENUE	-23,713	24.00
24.50	COVID-19 PHE Funding	16,675,394	24.50
25.00	Total other income (sum of lines 6-24)	55,649,850	25.00
26.00	Total (line 5 plus line 25)	37,178,400	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)	37,178,400	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0026 | HHA CCN: 15-7174 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H | Date/Time Prepared: 7/30/2021 9:50 am

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		1,820	1,820	2.00
3.00	Plant Operation & Maintenance	0	0	0	16,859	0	16,859	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	836,333	0	93,052	123,683	159,299	1,212,367	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	788,352	0	0	0	0	788,352	6.00
7.00	Physical Therapy	341,859	0	0	0	0	341,859	7.00
8.00	Occupational Therapy	140,457	0	0	0	0	140,457	8.00
9.00	Speech Pathology	46,821	0	0	0	0	46,821	9.00
10.00	Medical Social Services	87,600	0	0	0	0	87,600	10.00
11.00	Home Health Aide	60,957	0	0	0	0	60,957	11.00
12.00	Supplies (see instructions)	0	0	0	0	32,379	32,379	12.00
13.00	Drugs	0	0	0	0	265	265	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,302,379	0	93,052	140,542	193,763	2,729,736	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	1,820	0	1,820			2.00
3.00	Plant Operation & Maintenance	0	16,859	0	16,859			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	1,212,367	-13,039	1,199,328			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	788,352	0	788,352			6.00
7.00	Physical Therapy	0	341,859	0	341,859			7.00
8.00	Occupational Therapy	0	140,457	0	140,457			8.00
9.00	Speech Pathology	0	46,821	0	46,821			9.00
10.00	Medical Social Services	0	87,600	0	87,600			10.00
11.00	Home Health Aide	0	60,957	0	60,957			11.00
12.00	Supplies (see instructions)	-5,112	27,267	0	27,267			12.00
13.00	Drugs	-265	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-5,377	2,724,359	-13,039	2,711,320			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: 15-0026 | HHA CCN: 15-7174 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-1 Part I | Date/Time Prepared: 7/30/2021 9:50 am

Home Health Agency I | PPS

			Capital Related Costs					
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	1,820		1,820			0	2.00
3.00	Plant Operation & Maintenance	16,859	0	0	16,859		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,199,328	0	1,820	16,859	0	1,218,007	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	788,352	0	0	0	0	788,352	6.00
7.00	Physical Therapy	341,859	0	0	0	0	341,859	7.00
8.00	Occupational Therapy	140,457	0	0	0	0	140,457	8.00
9.00	Speech Pathology	46,821	0	0	0	0	46,821	9.00
10.00	Medical Social Services	87,600	0	0	0	0	87,600	10.00
11.00	Home Health Aide	60,957	0	0	0	0	60,957	11.00
12.00	Supplies (see instructions)	27,267	0	0	0	0	27,267	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,711,320	0	1,820	16,859	0	2,711,320	24.00

		Administrative & General	Total (cols. 4A + 5)		
		5.00	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures				1.00
2.00	Capital Related - Movable Equipment				2.00
3.00	Plant Operation & Maintenance				3.00
4.00	Transportation				4.00
5.00	Administrative and General	1,218,007			5.00
	HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	643,013	1,431,365		6.00
7.00	Physical Therapy	278,834	620,693		7.00
8.00	Occupational Therapy	114,562	255,019		8.00
9.00	Speech Pathology	38,189	85,010		9.00
10.00	Medical Social Services	71,450	159,050		10.00
11.00	Home Health Aide	49,719	110,676		11.00
12.00	Supplies (see instructions)	22,240	49,507		12.00
13.00	Drugs	0	0		13.00
14.00	DME	0	0		14.00
	HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0		15.00
16.00	Respiratory Therapy	0	0		16.00
17.00	Private Duty Nursing	0	0		17.00
18.00	Clinic	0	0		18.00
19.00	Health Promotion Activities	0	0		19.00
20.00	Day Care Program	0	0		20.00
21.00	Home Delivered Meals Program	0	0		21.00
22.00	Homemaker Service	0	0		22.00
23.00	All Others (specify)	0	0		23.00
23.50	Telemedicine	0	0		23.50
24.00	Total (sum of lines 1-23)		2,711,320		24.00

COST ALLOCATION - HHA STATISTICAL BASIS | Provider CCN: 15-0026 | HHA CCN: 15-7174 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-1 Part II | Date/Time Prepared: 7/30/2021 9:50 am

Home Health Agency I | PPS

		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		31,537			0		2.00
3.00	Plant Operation & Maintenance	0	0	5,125		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	31,537	5,125	0	-1,218,007	1,493,313	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	788,352	6.00
7.00	Physical Therapy	0	0	0	0	0	341,859	7.00
8.00	Occupational Therapy	0	0	0	0	0	140,457	8.00
9.00	Speech Pathology	0	0	0	0	0	46,821	9.00
10.00	Medical Social Services	0	0	0	0	0	87,600	10.00
11.00	Home Health Aide	0	0	0	0	0	60,957	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	27,267	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	31,537	5,125	0	-1,218,007	1,493,313	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	1,820	16,859	0		1,218,007	25.00
26.00	Unit Cost Multiplier	0.000000	0.057710	3.289561	0.000000		0.815641	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026
HHA CCN: 15-7174

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

Worksheet H-2 Part I
Date/Time Prepared: 7/30/2021 9:50 am

Home Health Agency I

PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		0	1.00	2.00	4.00	5.01	5A.01	
1.00	Administrative and General	0	31,651	22,707	153,847	11,246	219,451	1.00
2.00	Skilled Nursing Care	1,431,365	0	0	247,541	0	1,678,906	2.00
3.00	Physical Therapy	620,693	0	0	53,362	0	674,055	3.00
4.00	Occupational Therapy	255,019	0	0	107,184	0	362,203	4.00
5.00	Speech Pathology	85,010	0	0	36,305	0	121,315	5.00
6.00	Medical Social Services	159,050	0	0	41,753	0	200,803	6.00
7.00	Home Health Aide	110,676	0	0	24,507	0	135,183	7.00
8.00	Supplies (see instructions)	49,507	0	0	0	0	49,507	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	2,711,320	31,651	22,707	664,499	11,246	3,441,423	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	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.02	6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	29,581	0	79,655	0	31,138	0	1.00
2.00	Skilled Nursing Care	226,309	0	0	0	0	0	2.00
3.00	Physical Therapy	90,859	0	0	0	0	0	3.00
4.00	Occupational Therapy	48,823	0	0	0	0	0	4.00
5.00	Speech Pathology	16,353	0	0	0	0	0	5.00
6.00	Medical Social Services	27,067	0	0	0	0	0	6.00
7.00	Home Health Aide	18,222	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	6,673	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)	463,887	0	79,655	0	31,138	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: 15-0026
HHA CCN: 15-7174

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

Worksheet H-2 Part I
Date/Time Prepared: 7/30/2021 9:50 am

Home Health Agency I

PPS

	Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	8,124	0	0	3,728	0	16,471	1.00
2.00	Skilled Nursing Care	10,504	0	0	0	0	0	2.00
3.00	Physical Therapy	2,289	0	0	0	0	0	3.00
4.00	Occupational Therapy	4,321	0	0	0	0	0	4.00
5.00	Speech Pathology	1,864	0	0	0	0	0	5.00
6.00	Medical Social Services	1,385	0	0	0	0	0	6.00
7.00	Home Health Aide	1,796	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)	30,283	0	0	3,728	0	16,471	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	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	
		17.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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: 15-0026 HHA CCN: 15-7174

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

Worksheet H-2 Part I Date/Time Prepared: 7/30/2021 9:50 am

Home Health Agency I

PPS

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	388,148	0	388,148				1.00
2.00	Skilled Nursing Care	1,915,719	0	1,915,719	202,147	2,117,866		2.00
3.00	Physical Therapy	767,203	0	767,203	80,955	848,158		3.00
4.00	Occupational Therapy	415,347	0	415,347	43,827	459,174		4.00
5.00	Speech Pathology	139,532	0	139,532	14,723	154,255		5.00
6.00	Medical Social Services	229,255	0	229,255	24,191	253,446		6.00
7.00	Home Health Aide	155,201	0	155,201	16,377	171,578		7.00
8.00	Supplies (see instructions)	56,180	0	56,180	5,928	62,108		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	4,066,585	0	4,066,585	388,148	4,066,585		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.				0.105520			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: 15-0026 HHA CCN: 15-7174

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

Worksheet H-2 Part II Date/Time Prepared: 7/30/2021 9:50 am

Home Health Agency I

PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5.01	5A.02	5.02	
1.00	Administrative and General	5,125	31,537	533,053	2,698,859	0	219,451	1.00
2.00	Skilled Nursing Care	0	0	857,688	0	0	1,678,906	2.00
3.00	Physical Therapy	0	0	184,890	0	0	674,055	3.00
4.00	Occupational Therapy	0	0	371,375	0	0	362,203	4.00
5.00	Speech Pathology	0	0	125,792	0	0	121,315	5.00
6.00	Medical Social Services	0	0	144,668	0	0	200,803	6.00
7.00	Home Health Aide	0	0	84,913	0	0	135,183	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	49,507	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)	5,125	31,537	2,302,379	2,698,859		3,441,423	20.00
21.00	Total cost to be allocated	31,651	22,707	664,499	11,246		463,887	21.00
22.00	Unit cost multiplier	6.175805	0.720011	0.288614	0.004167		0.134795	22.00

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	5,125	0	5,125	0	19,262	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	24,906	2.00
3.00	Physical Therapy	0	0	0	0	0	5,428	3.00
4.00	Occupational Therapy	0	0	0	0	0	10,246	4.00
5.00	Speech Pathology	0	0	0	0	0	4,420	5.00
6.00	Medical Social Services	0	0	0	0	0	3,284	6.00
7.00	Home Health Aide	0	0	0	0	0	4,258	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	5,125	0	5,125	0	71,804	20.00
21.00	Total cost to be allocated	0	79,655	0	31,138	0	30,283	21.00
22.00	Unit cost multiplier	0.000000	15.542439	0.000000	6.075707	0.000000	0.421745	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0026 | HHA CCN: 15-7174 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-2 Part II | Date/Time Prepared: 7/30/2021 9:50 am

Home Health Agency I | PPS

	Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	84,492	0	2,698,859	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	84,492	0	2,698,859	0	20.00
21.00	Total cost to be allocated	0	0	3,728	0	16,471	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.044123	0.000000	0.006103	0.000000	22.00

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
		19.00	20.00	21.00	22.00	23.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0026 | HHA CCN: 15-7174 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-3 Part I | Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,117,866		2,117,866	6,649	318.52	1.00
2.00	Physical Therapy	3.00	848,158	0	848,158	2,516	337.11	2.00
3.00	Occupational Therapy	4.00	459,174	0	459,174	1,511	303.89	3.00
4.00	Speech Pathology	5.00	154,255	0	154,255	198	779.07	4.00
5.00	Medical Social Services	6.00	253,446		253,446	242	1,047.30	5.00
6.00	Home Health Aide	7.00	171,578		171,578	416	412.45	6.00
7.00	Total (sum of lines 1-6)		4,004,477	0	4,004,477	11,532		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		21140	0	2,154			8.00
8.01	Skilled Nursing Care		99915	0	294			8.01
9.00	Physical Therapy		21140	0	808			9.00
9.01	Physical Therapy		99915	0	167			9.01
10.00	Occupational Therapy		21140	0	462			10.00
10.01	Occupational Therapy		99915	0	83			10.01
11.00	Speech Pathology		21140	0	47			11.00
11.01	Speech Pathology		99915	0	10			11.01
12.00	Medical Social Services		21140	0	69			12.00
12.01	Medical Social Services		99915	0	17			12.01
13.00	Home Health Aide		21140	0	220			13.00
13.01	Home Health Aide		99915	0	54			13.01
14.00	Total (sum of lines 8-13)			0	4,385			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	62,108	0	62,108	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,448		0	779,737		1.00
2.00	Physical Therapy	0	975		0	328,682		2.00
3.00	Occupational Therapy	0	545		0	165,620		3.00
4.00	Speech Pathology	0	57		0	44,407		4.00
5.00	Medical Social Services	0	86		0	90,068		5.00
6.00	Home Health Aide	0	274		0	113,011		6.00
7.00	Total (sum of lines 1-6)	0	4,385		0	1,521,525		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0026 | HHA CCN: 15-7174 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-3 Part I | Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Home Health Agency I | PPS

	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
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	456,541	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)						
		12.00						
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	779,737						1.00
2.00	Physical Therapy	328,682						2.00
3.00	Occupational Therapy	165,620						3.00
4.00	Speech Pathology	44,407						4.00
5.00	Medical Social Services	90,068						5.00
6.00	Home Health Aide	113,011						6.00
7.00	Total (sum of lines 1-6)	1,521,525						7.00

	Cost Center Description							
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0026
HHA CCN: 15-7174

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

Worksheet H-3
Part II
Date/Time Prepared:
7/30/2021 9:50 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.435903	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.417300	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.432743	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.421326	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.219504	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0026 | HHA CCN: 15-7174 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-4 Part I-II | Date/Time Prepared: 7/30/2021 9:50 am

Title XVIII | Home Health Agency I | PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	925,490	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	105,939	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	24,051	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	883	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	23,864	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,080,227	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,080,227	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,080,227	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,080,227	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	1,080,227	31.00
31.01	Sequestration adjustment (see instructions)	0	6,216	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	1,074,011	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 15-0026 | HHA CCN: 15-7174 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-5 | Date/Time Prepared: 7/30/2021 9:50 am

Home Health Agency I | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,074,011	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,074,011	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		1,074,011	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0026 | Hospice CCN: 15-1527 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O | Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		3,980	3,980	0	3,980	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	239,293	0	239,293	0	239,293	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	30,086	30,086	0	30,086	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	418	418	0	418	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	58,860	58,860	-125	58,735	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	56,434	56,434	0	56,434	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	197,121	197,121	-197,121	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	295,160	295,160	0	295,160	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	483,613	509,272	992,885	0	992,885	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	273,935	0	273,935	0	273,935	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	145,937	145,937	-145,937	0	38.00
39.00	PATIENT TRANSPORTATION**	0	10,095	10,095	0	10,095	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	996,841	1,307,363	2,304,204	-343,183	1,961,021	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0026 | Hospice CCN: 15-1527 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O | Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	3,980		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	239,293		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	30,086		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	418		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	58,735		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	56,434		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	295,160		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	992,885		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	273,935		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	10,095		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	1,961,021		100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

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

Provider CCN: 15-0026
Hospice CCN: 15-1527
Period: From 01/01/2020 To 12/31/2020
Worksheet O-2
Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	477,491	502,826	980,317	0	980,317	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	270,468	0	270,468	0	270,468	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	144,090	144,090	-144,090	0	38.00
39.00	PATIENT TRANSPORTATION	0	9,967	9,967	0	9,967	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	747,959	656,883	1,404,842	-144,090	1,260,752	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	980,317		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	270,468		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	9,967		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1,260,752		100.00

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

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

Provider CCN: 15-0026 | Hospice CCN: 15-1527 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O-3 | Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	253	266	519	0	519	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	143	0	143	0	143	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	76	76	-76	0	38.00
39.00	PATIENT TRANSPORTATION	0	5	5	0	5	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	396	347	743	-76	667	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	519		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	143		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	5		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	667		100.00

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

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

Provider CCN: 15-0026 | Hospice CCN: 15-1527 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O-4 | Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	5,869	6,180	12,049	0	12,049	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	3,324	0	3,324	0	3,324	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,771	1,771	-1,771	0	38.00
39.00	PATIENT TRANSPORTATION	0	123	123	0	123	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	9,193	8,074	17,267	-1,771	15,496	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	12,049		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	3,324		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	123		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	15,496		100.00

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

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

Provider CCN: 15-0026 Hospice CCN: 15-1527 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O-5 | Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,980	0	3,980	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	239,293	287,702	526,995	3.00
4.00	ADMINISTRATIVE & GENERAL	30,086	342,187	372,273	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	418	0	418	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	58,735	25,508	84,243	10.00
11.00	MEDICAL RECORDS	0	35,184	35,184	11.00
12.00	STAFF TRANSPORTATION	56,434		56,434	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	295,160	0	295,160	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,260,752		1,260,752	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	667		667	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	15,496		15,496	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	1,961,021	690,581	2,651,602	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026
Hospice CCN: 15-1527

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

Worksheet O-6 Part I
Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,980		3,980			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	526,995	0	0	526,995		3.00
4.00	ADMINISTRATIVE & GENERAL	372,273	0	3,980	526,995	903,248	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	418	0	0	0	418	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	84,243	0	0	0	84,243	10.00
11.00	MEDICAL RECORDS	35,184	0	0	0	35,184	11.00
12.00	STAFF TRANSPORTATION	56,434	0	0	0	56,434	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	295,160	0	0	0	295,160	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,260,752			0	1,260,752	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	667	0	0	0	667	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	15,496	0	0	0	15,496	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	2,651,602	0	3,980	526,995	2,651,602	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026
Hospice CCN: 15-1527

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

Worksheet O-6 Part I
Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	903,248					4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	0	0		0		7.00
8.00	DIETARY	216	0		0	634	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	43,522	0		0		10.00
11.00	MEDICAL RECORDS	18,177	0		0		11.00
12.00	STAFF TRANSPORTATION	29,155	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00	PHARMACY	0	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	152,488	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	651,339					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	345	0	0	0	26	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,006	0	0	0	608	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	903,248	0	0	0	634	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026 Hospice CCN: 15-1527

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

Worksheet O-6 Part I Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	127,765				10.00
11.00	MEDICAL RECORDS	0		53,361			11.00
12.00	STAFF TRANSPORTATION	0			85,589		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	126,148	52,685	85,589	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	67	28	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,550	648	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	127,765	53,361	85,589	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026
Hospice CCN: 15-1527

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

Worksheet O-6 Part I
Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		447,648			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0		2,176,513	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	447,648	0	448,781	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	26,308	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	447,648	0	2,651,602	100.00

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

Provider CCN: 15-0026
Hospice CCN: 15-1527

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

Worksheet O-6
Part II
Date/Time Prepared:
7/30/2021 9:50 am

Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		3,980				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	239,292			3.00
4.00	ADMINISTRATIVE & GENERAL	0	3,980	239,292	-903,248	1,748,354	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	418	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	84,243	10.00
11.00	MEDICAL RECORDS	0	0	0	0	35,184	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	56,434	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	295,160	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	1,260,752	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	667	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	15,496	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	3,980	526,995		903,248	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.000000	2.202309		0.516628	101.00

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

Provider CCN: 15-0026
Hospice CCN: 15-1527

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

Worksheet O-6
Part II
Date/Time Prepared:
7/30/2021 9:50 am

Hospice I

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	242		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	10	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	232	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	0	0	634	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	2.619835	0.000000	101.00

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

Provider CCN: 15-0026
Hospice CCN: 15-1527

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

Worksheet O-6
Part II
Date/Time Prepared:
7/30/2021 9:50 am

Hospice I

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	19,118					10.00
11.00	MEDICAL RECORDS		19,118				11.00
12.00	STAFF TRANSPORTATION			97,245			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	18,876	18,876	97,245	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	10	10	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	232	232	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	127,765	53,361	85,589	0	0	100.00
101.00	UNIT COST MULTIPLIER	6.682969	2.791139	0.880138	0.000000	0.000000	101.00

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

Provider CCN: 15-0026
Hospice CCN: 15-1527

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

Worksheet O-6
Part II
Date/Time Prepared:
7/30/2021 9:50 am

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		405,595			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	405,595	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	447,648	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.103682	0.000000		101.00

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

Provider CCN: 15-0026 Hospice CCN: 15-1527

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

Worksheet O-7

Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.435903	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.417300	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.432743	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.219504	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.204114	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.421326	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.518279	0	0	0	9.00
10.00	NUTRITION THERAPY	76.00	1.623429	0	0	0	10.00
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	NUTRITION THERAPY	0	0	0	0	0	10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0026 | Hospice CCN: 15-1527 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O-8 | Date/Time Prepared: 7/30/2021 9:50 am

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			2,176,513	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			18,876	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			115.31	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	16,562	0		9.00
10.00	Program cost (line 8 times line 9)	1,909,764	0		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			448,781	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			10	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			44,878.10	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	8	0		14.00
15.00	Program cost (line 13 times line 14)	359,025	0		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			26,308	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			232	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			113.40	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	191	0		19.00
20.00	Program cost (line 18 times line 19)	21,659	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,651,602	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			19,118	22.00
23.00	Average cost per diem (line 21 divided by line 22)			138.70	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0026	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/30/2021 9:50 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	958,631	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,849	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)	53.33	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	2.89	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	18.25	8.00
9.00	Sum of lines 7 and 8	21.14	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.37	10.00
11.00	Disproportionate share adjustment (see instructions)	41,892	11.00
12.00	Total prospective capital payments (see instructions)	1,002,372	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