

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: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 5/24/2021 11:00 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2021 Time: 11:00 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KING'S DAUGHTERS' HOSPITAL (15-0069) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) JOHN PRICE
Officer or Administrator of Provider(s)

CFO
Title

(Dated when report is electronically signed.)
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-94,543	1,886	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-94,543	1,886	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/24/2021 11:00 am			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN Zip Code: 47250-		4.00 County: JEFFERSON			
1.00 Street: 1373 EAST SR 62		2.00 City: MADISON							
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
V		XVIII		XIX					
3.00	Hospital and Hospital-Based Component Identification:								
	Hospital	KING'S DAUGHTERS' HOSPITAL	150069	99915	1	06/17/1966	N	P	O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA	KING'S DAUGHTERS' HOSPITAL HHA	157141	99915		03/08/1985	N	P	N
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice	KING'S DAUGHTERS'	151535	99915		09/01/1995			
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
					From:	To:			
					1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)				01/01/2020	12/31/2020		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			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			Y		Y			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.			N		N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.			N		N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	276	287	143	30	1,511	95		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/24/2021 11:00 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	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	10/01/2020	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.					1		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.					01/01/2020	12/31/2020	36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
		Y/N		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					Y	Y	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
		V		XVII		XIX			
		1.00		2.00		3.00			
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	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 Criteria Code			
		1.00		2.00		3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/24/2021 11:00 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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0069

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2021 11:00 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	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)							0	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: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 5/24/2021 11:00 am			
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 5/24/2021 11:00 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		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.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	963,805	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.	Y	Y	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.	Y	5.00	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: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 5/24/2021 11:00 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:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				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			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				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	
				Beginni ng	Endi ng		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00	
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N	0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 5/24/2021 11:00 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/19/2021			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/26/2021	Y	04/26/2021		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 5/24/2021 11:00 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 relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	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.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3524		LGERBER@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 5/24/2021 11:00 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.	SENIOR 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: 15-0069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2021 11:00 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	55	20,130	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)		55	20,130	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,196	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		61	22,326	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	1	366			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		62			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2021 11:00 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)	3,866	1,086	8,142			1.00
2.00 HMO and other (see instructions)	1,733	674				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)	3,866	1,086	8,142			7.00
8.00 INTENSIVE CARE UNIT	692	229	1,473			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		258	990			13.00
14.00 Total (see instructions)	4,558	1,573	10,605	0.00	726.24	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	3,693	658	6,657	0.00	13.51	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	27	0	55	0.00	2.35	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	742.10	27.00
28.00 Observation Bed Days		500	2,898			28.00
29.00 Ambulance Trips	1,838					29.00
30.00 Employee discount days (see instruction)			82			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	95	157			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: 15-0069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2021 11:00 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	1,208	359	2,692	1.00
2.00 HMO and other (see instructions)			377	184		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	1,208	359	2,692	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0069

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2021 11:00 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	50,841,221	270,969	51,112,190	1,543,577.00	33.11
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		380,325	0	380,325	3,317.00	114.66
4.00	Physician-Part A - Administrative		44,474	0	44,474	197.00	225.76
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		2,961,147	0	2,961,147	21,640.00	136.84
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		19,804,361	78,043	19,882,404	476,652.00	41.71
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		478,902	0	478,902	4,151.00	115.37
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,439,982	0	1,439,982	8,534.00	168.73
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,469,884	0	7,469,884		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,850,922	0	4,850,922		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		81,758	0	81,758		
22.00	Physician Part A - Administrative		9,510	0	9,510		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		632,921	0	632,921		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0069

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2021 11:00 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	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	6,407,684	270,969	6,678,653	252,017.00	26.50	27.00
28.00	Administrative & General under contract (see inst.)	1,005,203	0	1,005,203	12,485.00	80.51	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	549,520	0	549,520	19,988.00	27.49	30.00
31.00	Laundry & Linen Service	28,203	0	28,203	2,227.00	12.66	31.00
32.00	Housekeeping	673,450	0	673,450	49,700.00	13.55	32.00
33.00	Housekeeping under contract (see instructions)	214,096	0	214,096	10,548.00	20.30	33.00
34.00	Dietary	710,613	-190,617	519,996	32,179.00	16.16	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	190,617	190,617	11,796.00	16.16	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	440,930	0	440,930	11,678.00	37.76	38.00
39.00	Central Services and Supply	85,043	0	85,043	5,591.00	15.21	39.00
40.00	Pharmacy	735,040	0	735,040	19,763.00	37.19	40.00
41.00	Medical Records & Medical Records Library	532,261	0	532,261	23,956.00	22.22	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0069

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2021 11:00 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	48,719,048	270,969	48,990,017	1,541,653.00	31.78	1.00
2.00	Excluded area salaries (see instructions)	19,804,361	78,043	19,882,404	476,652.00	41.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28,914,687	192,926	29,107,613	1,065,001.00	27.33	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,918,884	0	1,918,884	12,685.00	151.27	4.00
5.00	Subtotal wage-related costs (see inst.)	7,479,394	0	7,479,394	0.00	25.70	5.00
6.00	Total (sum of lines 3 thru 5)	38,312,965	192,926	38,505,891	1,077,686.00	35.73	6.00
7.00	Total overhead cost (see instructions)	11,382,043	270,969	11,653,012	451,928.00	25.79	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2021 11:00 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,955,716	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		4,493,650	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,787,796	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		171,946	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		210,008	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		3,240,867	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		185,012	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		13,044,995	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: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 5/24/2021 11:00 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	478,902	13,044,995	1.00
2.00	Hospital	478,902	13,044,995	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0069 Component CCN: 15-7141		Period: From 01/01/2020 To 12/31/2020		Worksheet S-4 Date/Time Prepared: 5/24/2021 11:00 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			JEFFERSON		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	612	0	350	962	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	320.00	0.00	183.00	503.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			6.23	0.00	6.23	5.00
6.00	Direct Nursing Service			5.16	0.00	5.16	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.83	0.00	2.83	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.72	0.00	0.72	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.04	0.00	0.04	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.60	0.00	0.60	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.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99915			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,767	72	53	1	1,893	21.00
22.00	Skilled Nursing Visit Charges	437,527	17,874	13,128	248	468,777	22.00
23.00	Physical Therapy Visits	1,242	26	43	4	1,315	23.00
24.00	Physical Therapy Visit Charges	274,706	5,758	9,522	886	290,872	24.00
25.00	Occupational Therapy Visits	305	29	7	0	341	25.00
26.00	Occupational Therapy Visit Charges	74,954	7,140	1,723	0	83,817	26.00
27.00	Speech Pathology Visits	25	0	0	0	25	27.00
28.00	Speech Pathology Visit Charges	6,335	0	0	0	6,335	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	113	5	1	0	119	31.00
32.00	Home Health Aide Visit Charges	16,396	726	145	0	17,267	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,452	132	104	5	3,693	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)	809,918	31,498	24,518	1,134	867,068	35.00
36.00	Total Number of Episodes (standard/non outlier)	367		53	1	421	36.00
37.00	Total Number of Outlier Episodes		5		0	5	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPI CE IDENTIFICATION DATA		Provider CCN: 15-0069 Hospice CCN: 15-1535	Period: From 01/01/2020 To 12/31/2020	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/24/2021 11:00 am
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		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	2,308	126	13	2,447	11.00
12.00	Hospice Inpatient Respite Care	5	0	0	5	12.00
13.00	Hospice General Inpatient Care	22	0	0	22	13.00
14.00	Total Hospice Days	2,335	126	13	2,474	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: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 5/24/2021 11:00 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.250394	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		12,208,309	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		47,671,629	6.00	
7.00	Medicaid cost (line 1 times line 6)		11,936,690	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)	2,564,768	283,607	2,848,375	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	642,203	283,607	925,810	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)	642,203	283,607	925,810	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)			7,467,758	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			261,372	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			402,111	27.01
28.00	Non-Medicare bad debt expense (see instructions)			7,065,647	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,909,935	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,835,745	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			2,835,745	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0069

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

Worksheet A
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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	NEW CAP REL COSTS-BLDG & FIXT		13,619,374		13,957,761	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		0	6,879	6,879	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,869,327	-437,964	12,431,363	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,407,684	12,075,434	-416,048	18,067,070	5.00
7.00	00700	OPERATION OF PLANT	549,520	2,810,292	-17,539	3,342,273	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,203	337,100	365,303	365,303	8.00
9.00	00900	HOUSEKEEPING	673,450	405,409	-2,800	1,076,059	9.00
10.00	01000	DIETARY	710,613	393,560	-296,187	807,986	10.00
11.00	01100	CAFETERIA	0	0	296,187	296,187	11.00
13.00	01300	NURSING ADMINISTRATION	440,930	1,339	442,269	442,269	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	85,043	1,808	86,851	86,851	14.00
15.00	01500	PHARMACY	735,040	8,041,602	-7,289,039	1,487,603	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	532,261	272,880	805,141	805,141	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	380,325	380,325	19.00
23.00	02300	RADIOLOGY SCHOOL	128,283	7,586	135,869	135,869	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,092,774	1,217,491	-1,497,199	4,813,066	30.00
31.00	03100	INTENSIVE CARE UNIT	1,118,906	9,398	-1,222	1,127,082	31.00
43.00	04300	NURSERY	0	0	458,917	458,917	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,004,045	5,434,021	-4,703,844	2,734,222	50.00
51.00	05100	RECOVERY ROOM	283,341	31,395	-26,363	288,373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	626,678	626,678	52.00
53.00	05300	ANESTHESIOLOGY	1,629,419	679,349	-472,419	1,836,349	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,985,379	1,020,826	-21,040	3,985,165	54.00
54.01	03630	ULTRA SOUND	115,617	55,600	-4,019	167,198	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	74,293	157,912	-1,272	230,933	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	897,772	1,431,587	-58,422	2,270,937	55.01
57.00	05700	CT SCAN	146,597	271,983	-13,679	404,901	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	149,282	130,686	-1,001	278,967	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,584,532	3,689,312	-1,542,603	3,731,241	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	254,004	254,004	254,004	62.00
65.00	06500	RESPIRATORY THERAPY	670,926	157,383	-118,024	710,285	65.00
66.00	06600	PHYSICAL THERAPY	1,297,315	33,030	-78,453	1,251,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	211,488	6,297	-2,122	215,663	67.00
68.00	06800	SPEECH PATHOLOGY	130,314	2,709	-1,138	131,885	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03610	SLEEP LAB	115,994	73,637	-6,384	183,247	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,503,948	2,503,948	71.00
71.01	07101	IV SOLUTIONS	0	0	93,644	93,644	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,336,352	3,336,352	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	8,808,157	8,808,157	73.00
76.00	03140	CARDIOLOGY	456,035	219,138	-23,012	652,161	76.00
76.97	07697	CARDIAC REHABILITATION	66,501	4,174	-276	70,399	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	59,982	2,880	-1,199	61,663	90.00
90.01	09001	WOUND CARE CLINIC	83,509	92,039	-21,016	154,532	90.01
91.00	09100	EMERGENCY	1,700,095	1,579,689	-241,630	3,038,154	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,642,252	195,922	-49,854	1,788,320	95.00
101.00	10100	HOME HEALTH AGENCY	935,604	93,178	7,931	1,036,713	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
116.00	11600	HOSPICE	82,800	72,654	55,435	210,889	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,825,799	67,752,005	-432,928	101,144,876	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	112,305	21,562	133,867	133,867	194.00
194.01	07951	MOB	2,792,615	288,417	3,081,032	3,081,032	194.01
194.02	07952	PHYSICIAN CLINICS	4,723,206	1,433,010	6,156,216	6,155,224	194.02
194.03	07953	PHYS PRAC BUS OFC	631,957	10,880	642,837	1,277,036	194.03
194.04	07954	MOB - MAIN CAMPUS	371,139	-4,960	366,179	366,179	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	2,530,606	242,297	-123,288	2,649,615	194.06
194.07	07957	KDH - MC ORTHOPEDICS	2,407,148	306,283	1,406	2,714,837	194.07
194.08	07958	KDH - MC GENERAL SURGERY	1,109,222	387,313	1,496,535	1,496,535	194.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet A Date/Time Prepared: 5/24/2021 11:00 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	
194.09	07959	KDH - MC ENT	604,081	27,167	631,248	-65,220	566,028	194.09
194.10	07960	KDH - MC UROLOGY	91,823	373,064	464,887	0	464,887	194.10
194.11	07961	KDH - MC OB/GYN	1,641,320	608,962	2,250,282	-13,177	2,237,105	194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	50,841,221	71,446,000	122,287,221	0	122,287,221	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0069

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

Worksheet A
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-4,503,412	9,454,349	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	6,879	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,149,579	11,281,784	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,783,282	14,283,788	5.00
7.00	00700	OPERATION OF PLANT	-21,526	3,320,747	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	365,303	8.00
9.00	00900	HOUSEKEEPING	0	1,076,059	9.00
10.00	01000	DIETARY	0	807,986	10.00
11.00	01100	CAFETERIA	-315,240	-19,053	11.00
13.00	01300	NURSING ADMINISTRATION	0	442,269	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	86,851	14.00
15.00	01500	PHARMACY	0	1,487,603	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-964	804,177	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-380,325	0	19.00
23.00	02300	RADIOLOGY SCHOOL	-49,425	86,444	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,049,060	3,764,006	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,127,082	31.00
43.00	04300	NURSERY	0	458,917	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,734,222	50.00
51.00	05100	RECOVERY ROOM	0	288,373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	626,678	52.00
53.00	05300	ANESTHESIOLOGY	-1,566,024	270,325	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,920,264	2,064,901	54.00
54.01	03630	ULTRA SOUND	0	167,198	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	230,933	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
55.01	03480	ONCOLOGY	-596,501	1,674,436	55.01
57.00	05700	CT SCAN	0	404,901	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	278,967	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-96,521	3,634,720	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	254,004	62.00
65.00	06500	RESPIRATORY THERAPY	0	710,285	65.00
66.00	06600	PHYSICAL THERAPY	0	1,251,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	215,663	67.00
68.00	06800	SPEECH PATHOLOGY	0	131,885	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03610	SLEEP LAB	-244	183,003	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,503,948	71.00
71.01	07101	IV SOLUTIONS	0	93,644	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,336,352	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,808,157	73.00
76.00	03140	CARDIOLOGY	0	652,161	76.00
76.97	07697	CARDIAC REHABILITATION	0	70,399	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	61,663	90.00
90.01	09001	WOUND CARE CLINIC	-1,327	153,205	90.01
91.00	09100	EMERGENCY	-578,468	2,459,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-50,175	1,738,145	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,036,713	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	210,889	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-16,062,337	85,082,539	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	133,867	194.00
194.01	07951	MOB	0	3,081,032	194.01
194.02	07952	PHYSICIAN CLINICS	0	6,155,224	194.02
194.03	07953	PHYS PRAC BUS OFC	0	1,277,036	194.03
194.04	07954	MOB - MAIN CAMPUS	0	366,179	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	2,649,615	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	2,714,837	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	1,496,535	194.08
194.09	07959	KDH - MC ENT	0	566,028	194.09
194.10	07960	KDH - MC UROLOGY	0	464,887	194.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0069

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

Worksheet A
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.11	07961	KDH - MC OB/GYN	0	2,237,105	194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-16,062,337	106,224,884	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	190,617	105,570	1.00
	O		190,617	105,570	
B - MEDICAL IMAGING TIME					
1.00	PHYSICIAN CLINICS	194.02	14,677	0	1.00
	O		14,677	0	
C - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	6,879	1.00
	O		0	6,879	
D - NURSERY- L&D					
1.00	NURSERY	43.00	446,255	12,662	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	609,387	17,291	2.00
	O		1,055,642	29,953	
E - CRNA EXPENSE					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	380,325	0	1.00
	O		380,325	0	
F - PHYSICIAN BILLING AND COLLECTIONS					
1.00	PHYS PRAC BUS OFC	194.03	0	634,199	1.00
	O		0	634,199	
G - EMPLOYEE BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	178,271	37,677	1.00
2.00	KDH - MC ORTHOPEDICS	194.07	0	1,406	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	O		178,271	39,083	
I - MED/SURG SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,503,948	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	O		0	2,503,948	
J - IV SOLUTIONS					
1.00	IV SOLUTIONS	71.01	0	93,644	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	O		0	93,644	
K - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,336,352	1.00
	O		0	3,336,352	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
L - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,808,157	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
			0	8,808,157	
M - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	345,266	1.00
			0	345,266	
N - HOME HEALTH DIRECTOR					
1.00	HOME HEALTH AGENCY	101.00	63,366	0	1.00
			63,366	0	
O - HOSPICE					
1.00	HOSPICE	116.00	55,435	0	1.00
			55,435	0	
P - VACATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	92,698	0	1.00
	TOTALS		92,698	0	
500.00	Grand Total: Increases		2,031,031	15,903,051	500.00

RECLASSIFICATIONS

Provider CCN: 15-0069

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

Worksheet A-6
Date/Time Prepared:
5/24/2021 11:00 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	190,617	105,570	0		1.00
	O		190,617	105,570			
B - MEDICAL IMAGING TIME							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	14,677	0	0		1.00
	O		14,677	0			
C - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,879	9		1.00
	O		0	6,879			
D - NURSERY- L&D							
1.00	ADULTS & PEDIATRICS	30.00	1,055,642	29,953	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		1,055,642	29,953			
E - CRNA EXPENSE							
1.00	ANESTHESIOLOGY	53.00	380,325	0	0		1.00
	O		380,325	0			
F - PHYSICIAN BILLING AND COLLECTIONS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	634,199	0		1.00
	O		0	634,199			
G - EMPLOYEE BENEFITS							
1.00	PHYSICIAN CLINICS	194.02	0	15,669	0		1.00
2.00	KDH - MC FAMILY PRACTICE	194.06	0	123,288	0		2.00
3.00	KDH - MC ENT	194.09	0	65,220	0		3.00
4.00	KDH - MC OB/GYN	194.11	0	13,177	0		4.00
	O		0	217,354			
I - MED/SURG SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	59,449	0		1.00
2.00	OPERATION OF PLANT	7.00	0	17,539	0		2.00
3.00	HOUSEKEEPING	9.00	0	2,800	0		3.00
4.00	PHARMACY	15.00	0	10,291	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	393,318	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,222	0		6.00
7.00	OPERATING ROOM	50.00	0	1,349,209	0		7.00
8.00	RECOVERY ROOM	51.00	0	25,732	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	66,166	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,451	0		10.00
11.00	ULTRA SOUND	54.01	0	2,996	0		11.00
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,013	0		12.00
13.00	ONCOLOGY	55.01	0	56,664	0		13.00
14.00	CT SCAN	57.00	0	13,679	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,001	0		15.00
16.00	LABORATORY	60.00	0	91,320	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	74,774	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	9,603	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	2,122	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	1,138	0		20.00
21.00	SLEEP LAB	69.01	0	6,384	0		21.00
22.00	CARDIOLOGY	76.00	0	23,012	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	276	0		23.00
24.00	CLINIC	90.00	0	1,199	0		24.00
25.00	WOUND CARE CLINIC	90.01	0	20,275	0		25.00
26.00	EMERGENCY	91.00	0	230,674	0		26.00
27.00	AMBULANCE SERVICES	95.00	0	40,641	0		27.00
	O		0	2,503,948			
J - IV SOLUTIONS							
1.00	PHARMACY	15.00	0	42,836	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	18,286	0		2.00
3.00	OPERATING ROOM	50.00	0	18,283	0		3.00
4.00	RECOVERY ROOM	51.00	0	631	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	150	0		5.00
6.00	ONCOLOGY	55.01	0	1,758	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	119	0		7.00
8.00	EMERGENCY	91.00	0	10,956	0		8.00
9.00	AMBULANCE SERVICES	95.00	0	625	0		9.00
	O		0	93,644			
K - IMPLANTS							
1.00	OPERATING ROOM	50.00	0	3,336,352	0		1.00
	O		0	3,336,352			

Provider CCN: 15-0069

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

Worksheet A-6

Date/Time Prepared:
5/24/2021 11:00 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
L - DRUGS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	31,046	0	1.00	
2.00	PHARMACY	15.00	0	7,235,912	0	2.00	
3.00	ANESTHESIOLOGY	53.00	0	25,928	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,762	0	4.00	
5.00	ULTRASOUND	54.01	0	1,023	0	5.00	
6.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	259	0	6.00	
7.00	LABORATORY	60.00	0	1,451,283	0	7.00	
8.00	RESPIRATORY THERAPY	65.00	0	43,131	0	8.00	
9.00	PHYSICAL THERAPY	66.00	0	5,484	0	9.00	
10.00	WOUND CARE CLINIC	90.01	0	741	0	10.00	
11.00	AMBULANCE SERVICES	95.00	0	8,588	0	11.00	
			0	8,808,157			
M - INSURANCE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	345,266	12	1.00	
			0	345,266			
N - HOME HEALTH DIRECTOR							
1.00	PHYSICAL THERAPY	66.00	63,366	0	0	1.00	
			63,366	0			
O - HOSPICE							
1.00	HOME HEALTH AGENCY	101.00	55,435	0	0	1.00	
			55,435	0			
P - VACATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	92,698	0	1.00	
	TOTALS		0	92,698			
500.00	Grand Total: Decreases		1,760,062	16,174,020		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0069

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2021 11:00 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,493,206	0	0	0	0	1.00
2.00	Land Improvements	496,350	0	0	0	0	2.00
3.00	Buildings and Fixtures	118,503,603	352,853	0	352,853	144,865	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	61,834,115	2,255,430	0	2,255,430	523,544	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	184,327,274	2,608,283	0	2,608,283	668,409	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	184,327,274	2,608,283	0	2,608,283	668,409	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,493,206	0				1.00
2.00	Land Improvements	496,350	0				2.00
3.00	Buildings and Fixtures	118,711,591	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	63,566,001	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	186,267,148	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	186,267,148	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0069

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2021 11:00 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	NEW CAP REL COSTS-BLDG & FIXT	8,436,098	31,538	5,132,129	0	19,609	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,436,098	31,538	5,132,129	0	19,609	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	NEW CAP REL COSTS-BLDG & FIXT	0	13,619,374				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	13,619,374				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0069

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	122,701,147	0	122,701,147	0.658737	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	63,566,001	0	63,566,001	0.341263	0	2.00
3.00	Total (sum of lines 1-2)	186,267,148	0	186,267,148	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	8,429,219	10,998	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	6,879	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,436,098	10,998	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	649,257	345,266	19,609	0	9,454,349	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	6,879	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	649,257	345,266	19,609	0	9,461,228	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center	Line #		
				1.00	2.00	3.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-185,348	NEW CAP REL COSTS-BLDG & FIXT	1.00		11 1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT HHA/HO (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01		0 1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00	Investment income - other (chapter 2)		0		0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-20,540	NEW CAP REL COSTS-BLDG & FIXT	1.00		10 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-1,662	ADMINISTRATIVE & GENERAL	5.00		0 7.00
8.00	Television and radio service (chapter 21)	A	-21,526	OPERATION OF PLANT	7.00		0 8.00
9.00	Parking lot (chapter 21)		0		0.00		0 9.00
10.00	Provider-based physician adjustment	A-8-2	-5,287,190				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	-315,240	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	-964	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)		0		0.00		0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00		0 26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT HHA/HO			NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01		0 26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00
28.00	Non-physician Anesthetist	A	-380,325	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant	A	-439,059	ADULTS & PEDIATRICS	30.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00

Provider CCN: 15-0069 Period: From 01/01/2020 To 12/31/2020 Worksheet A-8
 Date/Time Prepared: 5/24/2021 11:00 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00
33.00 RADIOLOGY TUITION	B	-49,425	RADIOLOGY SCHOOL	23.00		0 33.00
33.01 AMBULANCE REVENUE	B	-50,000	AMBULANCE SERVICES	95.00		0 33.01
33.02 ADVERTISING	A	-197,539	ADMINISTRATIVE & GENERAL	5.00		0 33.02
33.03 SELF-INSURANCE	A	-978,396	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.03
33.04 HOSPITAL ASSOCIATION FEES	A	-9,566	ADMINISTRATIVE & GENERAL	5.00		0 33.04
33.05 HAF MEDICAID	A	-3,665,202	ADMINISTRATIVE & GENERAL	5.00		0 33.05
33.06 PHYSICIAN RECRUITMENT	A	-544,009	ADMINISTRATIVE & GENERAL	5.00		0 33.06
33.07 PHYSICIAN LAB SALARY OFFSET	A	-96,521	LABORATORY	60.00		0 33.07
33.08 PHYSICIAN LAB BENEFIT OFFSET	A	-18,040	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.08
33.09 CRNA BENEFIT OFFSET	A	-71,083	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.09
33.10 PA BENEFIT OFFSET	A	-82,060	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.10
33.11 DONATIONS	A	-11,705	ADMINISTRATIVE & GENERAL	5.00		0 33.11
33.12 REALIZED GAIN/LOSS	B	-4,297,524	NEW CAP REL COSTS-BLDG & FIXT	1.00		11 33.12
33.13 MISC REVENUE MGMT FEES	B	660,587	ADMINISTRATIVE & GENERAL	5.00		0 33.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,062,337				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: 15-0069

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2021 11:00 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	16,830	4,896	11,934	211,500	26	1.00
2.00	30.00	ADULTS & PEDIATRICS	610,001	610,001	0	211,500	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,569,132	1,545,714	23,418	239,400	27	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	1,920,264	1,920,264	0	271,900	0	4.00
5.00	55.01	ONCOLOGY	606,669	587,919	18,750	211,500	100	5.00
6.00	60.00	LABORATORY	150,000	0	150,000	260,300	1,621	6.00
7.00	69.01	SLEEP LAB	13,056	0	13,056	211,500	126	7.00
8.00	90.01	WOUND CARE CLINIC	4,377	0	4,377	211,500	30	8.00
9.00	91.00	EMERGENCY	1,271,232	0	1,271,232	211,500	6,813	9.00
10.00	95.00	AMBULANCE SERVICES	582	0	582	211,500	4	10.00
200.00			6,162,143	4,668,794	1,493,349		8,747	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	2,644	132	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	3,108	155	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.01	ONCOLOGY	10,168	508	0	0	0	5.00
6.00	60.00	LABORATORY	202,859	10,143	0	0	0	6.00
7.00	69.01	SLEEP LAB	12,812	641	0	0	0	7.00
8.00	90.01	WOUND CARE CLINIC	3,050	153	0	0	0	8.00
9.00	91.00	EMERGENCY	692,764	34,638	0	0	0	9.00
10.00	95.00	AMBULANCE SERVICES	407	20	0	0	0	10.00
200.00			927,812	46,390	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	2,644	9,290	14,186	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	610,001	2.00
3.00	53.00	ANESTHESIOLOGY	0	3,108	20,310	1,566,024	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,920,264	4.00
5.00	55.01	ONCOLOGY	0	10,168	8,582	596,501	5.00
6.00	60.00	LABORATORY	0	202,859	0	0	6.00
7.00	69.01	SLEEP LAB	0	12,812	244	244	7.00
8.00	90.01	WOUND CARE CLINIC	0	3,050	1,327	1,327	8.00
9.00	91.00	EMERGENCY	0	692,764	578,468	578,468	9.00
10.00	95.00	AMBULANCE SERVICES	0	407	175	175	10.00
200.00			0	927,812	618,396	5,287,190	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	9,454,349	9,454,349				1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO	6,879	0	6,879			1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	0			0		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	11,281,784	0	0	0	11,281,784	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	14,283,788	1,111,648	0	0	1,470,082	5.00
7.00 00700 OPERATION OF PLANT	3,320,747	1,050,361	0	0	122,660	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	365,303	48,692	0	0	6,295	8.00
9.00 00900 HOUSEKEEPING	1,076,059	85,352	0	0	150,323	9.00
10.00 01000 DIETARY	807,986	160,767	0	0	116,070	10.00
11.00 01100 CAFETERIA	-19,053	65,017	0	0	42,548	11.00
13.00 01300 NURSING ADMINISTRATION	442,269	52,065	0	0	98,421	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	86,851	79,093	0	0	18,983	14.00
15.00 01500 PHARMACY	1,487,603	58,783	0	0	164,070	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	804,177	7,460	0	0	118,808	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 02300 RADIOLOGY SCHOOL	86,444	16,887	0	0	28,634	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,764,006	966,107	0	0	901,141	30.00
31.00 03100 INTENSIVE CARE UNIT	1,127,082	42,766	0	0	249,754	31.00
43.00 04300 NURSERY	458,917	49,944	0	0	99,610	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,734,222	470,983	0	0	447,329	50.00
51.00 05100 RECOVERY ROOM	288,373	35,127	0	0	63,245	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	626,678	0	0	0	136,023	52.00
53.00 05300 ANESTHESIOLOGY	270,325	3,321	0	0	278,814	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,064,901	276,954	0	0	663,099	54.00
54.01 03630 ULTRA SOUND	167,198	0	0	0	25,807	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	230,933	12,339	0	0	16,583	54.02
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01 03480 ONCOLOGY	1,674,436	312,873	0	0	200,394	55.01
57.00 05700 CT SCAN	404,901	22,864	0	0	32,722	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	278,967	27,591	0	0	33,322	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	3,634,720	159,387	0	0	332,143	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	254,004	7,128	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	710,285	30,580	0	0	149,759	65.00
66.00 06600 PHYSICAL THERAPY	1,251,892	316,807	0	0	275,433	66.00
67.00 06700 OCCUPATIONAL THERAPY	215,663	36,277	0	0	47,207	67.00
68.00 06800 SPEECH PATHOLOGY	131,885	8,584	0	0	29,088	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03610 SLEEP LAB	183,003	21,434	0	0	25,891	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,503,948	0	0	0	0	71.00
71.01 07101 IV SOLUTIONS	93,644	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,336,352	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,808,157	0	0	0	0	73.00
76.00 03140 RADIOLOGY	652,161	154,482	0	0	101,793	76.00
76.97 07697 CARDIAC REHABILITATION	70,399	17,959	0	0	14,844	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	61,663	19,416	0	0	13,389	90.00
90.01 09001 WOUND CARE CLINIC	153,205	53,521	0	0	18,640	90.01
91.00 09100 EMERGENCY	2,459,686	354,566	0	0	379,483	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	1,738,145	120,888	0	0	366,572	95.00
101.00 10100 HOME HEALTH AGENCY	1,036,713	0	5,413	0	210,609	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	210,889	0	1,466	0	30,856	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	85,082,539	6,258,023	6,879	0	7,480,444	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	19,211	0	0	0	190.00
194.00 07950 OTHER NON-REIMBURSABLE	133,867	0	0	0	25,068	194.00
194.01 07951 MOB	3,081,032	1,344,661	0	0	623,348	194.01
194.02 07952 PHYSICIAN CLINICS	6,155,224	704,941	0	0	1,057,557	194.02
194.03 07953 PHYS PRAC BUS OFC	1,277,036	25,266	0	0	141,061	194.03
194.04 07954 MOB - MAIN CAMPUS	366,179	0	0	0	82,843	194.04
194.05 07955 ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06 07956 KDH - MC FAMILY PRACTICE	2,649,615	1,102,247	0	0	564,864	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		0	1.00	1.01		
194.07 07957 KDH - MC ORTHOPEDICS	2,714,837	0	0	0	537,307	194.07
194.08 07958 KDH - MC GENERAL SURGERY	1,496,535	0	0	0	247,593	194.08
194.09 07959 KDH - MC ENT	566,028	0	0	0	134,839	194.09
194.10 07960 KDH - MC UROLOGY	464,887	0	0	0	20,496	194.10
194.11 07961 KDH - MC OB/GYN	2,237,105	0	0	0	366,364	194.11
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)	106,224,884	9,454,349	6,879	0	11,281,784	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 5/24/2021 11:00 am		
Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		4A	5.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,865,518	16,865,518		5.00
7.00	00700	OPERATION OF PLANT	4,493,768	848,145	5,341,913	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	420,290	79,325	35,238	534,853
9.00	00900	HOUSEKEEPING	1,311,734	247,574	61,768	1,621,076
10.00	01000	DIETARY	1,084,823	204,747	116,344	1,306
11.00	01100	CAFETERIA	88,512	16,706	47,052	0
13.00	01300	NURSING ADMINISTRATION	592,755	111,875	37,678	0
14.00	01400	CENTRAL SERVICES & SUPPLY	184,927	34,903	57,239	8,708
15.00	01500	PHARMACY	1,710,456	322,828	42,541	23,512
16.00	01600	MEDICAL RECORDS & LIBRARY	930,445	175,610	5,398	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
23.00	02300	RADIOLOGY SCHOOL	131,965	24,907	12,221	4,209
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,631,254	1,062,832	699,157	193,199
31.00	03100	INTENSIVE CARE UNIT	1,419,602	267,933	30,949	0
43.00	04300	NURSERY	608,471	114,842	36,144	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,652,534	689,372	340,843	85,274
51.00	05100	RECOVERY ROOM	386,745	72,993	25,421	13,617
52.00	05200	DELIVERY ROOM & LABOR ROOM	762,701	143,951	0	14,131
53.00	05300	ANESTHESIOLOGY	552,460	104,270	2,403	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,004,954	567,149	200,427	36,448
54.01	03630	ULTRA SOUND	193,005	36,427	0	4,024
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	259,855	49,045	8,930	2,110
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0
55.01	03480	ONCOLOGY	2,187,703	412,903	226,421	18,268
57.00	05700	CT SCAN	460,487	86,911	16,547	18,855
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	339,880	64,148	19,967	3,605
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	4,126,250	778,780	115,346	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	261,132	49,286	5,158	0
65.00	06500	RESPIRATORY THERAPY	890,624	168,095	22,130	0
66.00	06600	PHYSICAL THERAPY	1,844,132	348,058	229,268	15,791
67.00	06700	OCCUPATIONAL THERAPY	299,147	56,460	26,253	0
68.00	06800	SPEECH PATHOLOGY	169,557	32,002	6,212	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0
69.01	03610	SLEEP LAB	230,328	43,472	15,511	1,284
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,503,948	472,590	0	0
71.01	07101	IV SOLUTIONS	93,644	17,674	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,336,352	629,696	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,808,157	1,662,444	0	0
76.00	03140	CARDIOLOGY	908,436	171,456	111,796	24,752
76.97	07697	CARDIAC REHABILITATION	103,202	19,478	12,997	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	94,468	17,830	14,051	0
90.01	09001	WOUND CARE CLINIC	225,366	42,535	38,732	1,051
91.00	09100	EMERGENCY	3,193,735	602,779	256,594	85,427
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	184,207
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,225,605	420,056	87,485	8,238
101.00	10100	HOME HEALTH AGENCY	1,252,735	236,439	50,805	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	243,211	45,903	13,755	0
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	78,084,873	11,554,429	3,028,781	526,074
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	19,211	3,626	13,903	0
194.00	07950	OTHER NON-REIMBURSABLE	158,935	29,997	0	0
194.01	07951	MOB	5,049,041	952,946	973,110	1,217
194.02	07952	PHYSICIAN CLINICS	7,917,722	1,494,375	510,155	2,478
194.03	07953	PHYS PRAC BUS OFC	1,443,363	272,417	18,285	0
194.04	07954	MOB - MAIN CAMPUS	449,022	84,748	0	0
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0
194.06	07956	KDH - MC FAMILY PRACTICE	4,316,726	814,730	797,679	57
194.07	07957	KDH - MC ORTHOPEDICS	3,252,144	613,803	0	775
194.08	07958	KDH - MC GENERAL SURGERY	1,744,128	329,183	0	1,228
194.09	07959	KDH - MC ENT	700,867	132,280	0	0
194.10	07960	KDH - MC UROLOGY	485,383	91,610	0	0
194.11	07961	KDH - MC OB/GYN	2,603,469	491,374	0	3,024

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
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)	106,224,884	16,865,518	5,341,913	534,853	1,621,076	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,407,220					10.00
11.00	01100	0	152,270				11.00
13.00	01300	0	2,296	744,604			13.00
14.00	01400	0	1,099	0	286,876		14.00
15.00	01500	0	3,886	0	1,034	2,104,257	15.00
16.00	01600	0	4,710	0	242	0	16.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	802	0	52	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,303,219	29,097	311,250	6,821	0	30.00
31.00	03100	104,001	5,894	63,048	36	0	31.00
43.00	04300	0	2,937	31,414	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	14,116	150,995	7,442	0	50.00
51.00	05100	0	1,552	16,599	147	0	51.00
52.00	05200	0	4,010	42,900	0	0	52.00
53.00	05300	0	1,241	0	498	0	53.00
54.00	05400	0	11,629	0	1,785	0	54.00
54.01	03630	0	575	0	1,041	0	54.01
54.02	03450	0	414	0	39	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	0	5,357	0	1,551	0	55.01
57.00	05700	0	1,026	0	4,713	0	57.00
58.00	05800	0	794	0	679	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	14,485	0	1,571	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	0	4,577	0	102	0	65.00
66.00	06600	0	8,024	0	323	0	66.00
67.00	06700	0	993	0	9	0	67.00
68.00	06800	0	632	0	2	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03610	0	575	0	29	0	69.01
71.00	07100	0	0	0	101,998	0	71.00
71.01	07101	0	0	0	3,815	0	71.01
72.00	07200	0	0	0	135,911	0	72.00
73.00	07300	0	0	0	1,833	2,104,257	73.00
76.00	03140	0	3,345	0	193	0	76.00
76.97	07697	0	523	0	20	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	372	0	11	0	90.00
90.01	09001	0	494	0	255	0	90.01
91.00	09100	0	12,003	128,398	2,011	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	14,812	0	258	0	95.00
101.00	10100	0	0	0	1,236	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	5	0	116.00
118.00		1,407,220	152,270	744,604	275,662	2,104,257	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	29	0	194.00
194.01	07951	0	0	0	1,129	0	194.01
194.02	07952	0	0	0	3,315	0	194.02
194.03	07953	0	0	0	349	0	194.03
194.04	07954	0	0	0	248	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	1,159	0	194.06
194.07	07957	0	0	0	1,681	0	194.07
194.08	07958	0	0	0	1,439	0	194.08
194.09	07959	0	0	0	345	0	194.09
194.10	07960	0	0	0	614	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
194.11	07961	KDH - MC OB/GYN	0	0	0	906	0	194.11
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)	1,407,220	152,270	744,604	286,876	2,104,257	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	19.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,116,405					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
23.00	02300	RADIOLOGY SCHOOL	0		174,156			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,321	0	0	9,781,840	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,731	0	0	1,959,010	0	31.00
43.00	04300	NURSERY	5,201	0	0	805,105	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	99,734	0	0	5,286,199	0	50.00
51.00	05100	RECOVERY ROOM	18,461	0	0	535,535	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,970	0	0	993,142	0	52.00
53.00	05300	ANESTHESIOLOGY	21,357	0	174,156	856,385	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,724	0	0	3,868,377	0	54.00
54.01	03630	ULTRA SOUND	7,077	0	0	249,783	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	18,287	0	0	340,160	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	23,593	0	0	2,926,576	0	55.01
57.00	05700	CT SCAN	62,511	0	0	654,156	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,905	0	0	450,670	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	129,609	0	0	5,193,239	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,857	0	0	323,433	0	62.00
65.00	06500	RESPIRATORY THERAPY	23,380	0	0	1,108,908	0	65.00
66.00	06600	PHYSICAL THERAPY	30,663	0	0	2,495,974	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,662	0	0	387,524	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,136	0	0	210,541	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	5,318	0	0	308,534	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,649	0	0	3,118,185	0	71.00
71.01	07101	IV SOLUTIONS	12,194	0	0	127,327	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,811	0	0	4,154,770	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	301,817	0	0	12,878,508	0	73.00
76.00	03140	CARDIOLOGY	40,294	0	0	1,290,211	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,354	0	0	145,847	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	202	0	0	128,560	0	90.00
90.01	09001	WOUND CARE CLINIC	1,154	0	0	313,767	0	90.01
91.00	09100	EMERGENCY	91,384	0	0	4,556,538	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	21,049	0	0	2,777,503	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,541,215	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		0	302,874	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,116,405	0	174,156	70,070,396	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	36,740	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	188,961	0	194.00
194.01	07951	MOB	0	0	0	6,977,443	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	10,029,965	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	1,735,923	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	536,630	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	6,012,306	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	3,916,588	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	2,112,628	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		16.00	19.00	23.00	24.00	25.00
194.09	07959 KDH - MC ENT	0	0	0	855,291	0
194.10	07960 KDH - MC UROLOGY	0	0	0	611,557	0
194.11	07961 KDH - MC OB/GYN	0	0	0	3,140,456	0
200.00	Cross Foot Adjustments		0	0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	1,116,405	0	174,156	106,224,884	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 5/24/2021 11:00 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 RADIOLOGY SCHOOL		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	9,781,840	30.00
31.00	03100 INTENSIVE CARE UNIT	1,959,010	31.00
43.00	04300 NURSERY	805,105	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	5,286,199	50.00
51.00	05100 RECOVERY ROOM	535,535	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	993,142	52.00
53.00	05300 ANESTHESIOLOGY	856,385	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,868,377	54.00
54.01	03630 ULTRA SOUND	249,783	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	340,160	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0	55.00
55.01	03480 ONCOLOGY	2,926,576	55.01
57.00	05700 CT SCAN	654,156	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	450,670	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	5,193,239	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	323,433	62.00
65.00	06500 RESPIRATORY THERAPY	1,108,908	65.00
66.00	06600 PHYSICAL THERAPY	2,495,974	66.00
67.00	06700 OCCUPATIONAL THERAPY	387,524	67.00
68.00	06800 SPEECH PATHOLOGY	210,541	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	03610 SLEEP LAB	308,534	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,118,185	71.00
71.01	07101 IV SOLUTIONS	127,327	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,154,770	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,878,508	73.00
76.00	03140 RADIOLOGY	1,290,211	76.00
76.97	07697 CARDIAC REHABILITATION	145,847	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	128,560	90.00
90.01	09001 WOUND CARE CLINIC	313,767	90.01
91.00	09100 EMERGENCY	4,556,538	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	2,777,503	95.00
101.00	10100 HOME HEALTH AGENCY	1,541,215	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	302,874	116.00
118.00			118.00
	SUBTOTALS (SUM OF LINES 1 through 117)	70,070,396	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	36,740	190.00
194.00	07950 OTHER NON-REIMBURSABLE	188,961	194.00
194.01	07951 MOB	6,977,443	194.01
194.02	07952 PHYSICIAN CLINICS	10,029,965	194.02
194.03	07953 PHYS PRAC BUS OFC	1,735,923	194.03
194.04	07954 MOB - MAIN CAMPUS	536,630	194.04
194.05	07955 ONCOLOGY - NONREIMBURSABLE	0	194.05
194.06	07956 KDH - MC FAMILY PRACTICE	6,012,306	194.06
194.07	07957 KDH - MC ORTHOPEDICS	3,916,588	194.07
194.08	07958 KDH - MC GENERAL SURGERY	2,112,628	194.08
194.09	07959 KDH - MC ENT	855,291	194.09
194.10	07960 KDH - MC UROLOGY	611,557	194.10
194.11	07961 KDH - MC OB/GYN	3,140,456	194.11
200.00			200.00
	Cross Foot Adjustments	0	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 5/24/2021 11:00 am
Cost Center Description		Total		
		26.00		
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118 through 201)	106,224,884		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0069

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
			1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,111,648	0	0	5.00
7.00	00700	OPERATION OF PLANT	0	1,050,361	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	48,692	0	0	8.00
9.00	00900	HOUSEKEEPING	0	85,352	0	0	9.00
10.00	01000	DIETARY	0	160,767	0	0	10.00
11.00	01100	CAFETERIA	0	65,017	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	52,065	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	79,093	0	0	14.00
15.00	01500	PHARMACY	0	58,783	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,460	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	16,887	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	966,107	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	42,766	0	0	31.00
43.00	04300	NURSERY	0	49,944	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	470,983	0	0	50.00
51.00	05100	RECOVERY ROOM	0	35,127	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,321	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	276,954	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	12,339	0	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	312,873	0	0	55.01
57.00	05700	CT SCAN	0	22,864	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,591	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	159,387	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,128	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	30,580	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	316,807	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	36,277	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,584	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0	21,434	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	154,482	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	17,959	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	19,416	0	0	90.00
90.01	09001	WOUND CARE CLINIC	0	53,521	0	0	90.01
91.00	09100	EMERGENCY	0	354,566	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	120,888	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	5,413	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	1,466	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,258,023	6,879	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	19,211	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
194.01	07951	MOB	0	1,344,661	0	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	704,941	0	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	25,266	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	1,102,247	0	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0069

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	0	0	194.08
194.09 07959 KDH - MC ENT	0	0	0	0	0	194.09
194.10 07960 KDH - MC UROLOGY	0	0	0	0	0	194.10
194.11 07961 KDH - MC OB/GYN	0	0	0	0	0	194.11
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)	0	9,454,349	6,879	0	9,461,228	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 5/24/2021 11:00 am		
Cost Center	Description	EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,111,648			5.00
7.00	00700	OPERATION OF PLANT	0	55,902	1,106,263		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,228	7,297	61,217	8.00
9.00	00900	HOUSEKEEPING	0	16,318	12,792	0	9.00
10.00	01000	DIETARY	0	13,495	24,094	0	10.00
11.00	01100	CAFETERIA	0	1,101	9,744	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,374	7,803	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,300	11,854	0	14.00
15.00	01500	PHARMACY	0	21,278	8,810	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,575	1,118	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	1,642	2,531	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	70,053	144,789	22,110	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,660	6,409	0	31.00
43.00	04300	NURSEY	0	7,569	7,485	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	45,438	70,586	9,760	50.00
51.00	05100	RECOVERY ROOM	0	4,811	5,264	1,559	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,488	0	1,617	52.00
53.00	05300	ANESTHESIOLOGY	0	6,873	498	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,382	41,507	4,172	54.00
54.01	03630	ULTRA SOUND	0	2,401	0	461	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	3,233	1,849	242	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	27,215	46,890	2,091	55.01
57.00	05700	CT SCAN	0	5,728	3,427	2,158	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,228	4,135	413	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	51,331	23,887	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,248	1,068	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	11,079	4,583	0	65.00
66.00	06600	PHYSICAL THERAPY	0	22,941	47,479	1,807	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,721	5,437	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,109	1,286	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0	2,865	3,212	147	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,149	0	0	71.00
71.01	07101	IV SOLUTIONS	0	1,165	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	41,504	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	109,592	0	0	73.00
76.00	03140	CARDIOLOGY	0	11,301	23,152	2,833	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,284	2,692	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,175	2,910	0	90.00
90.01	09001	WOUND CARE CLINIC	0	2,804	8,021	120	90.01
91.00	09100	EMERGENCY	0	39,730	53,138	9,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	27,687	18,117	943	95.00
101.00	10100	HOME HEALTH AGENCY	0	15,584	10,521	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0				113.00
116.00	11600	HOSPICE	0	3,026	2,849	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	761,587	627,234	60,211	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	239	2,879	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	1,977	0	0	194.00
194.01	07951	MOB	0	62,810	201,522	139	194.01
194.02	07952	PHYSICIAN CLINICS	0	98,496	105,649	284	194.02
194.03	07953	PHYS PRAC BUS OFC	0	17,955	3,787	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	5,586	0	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	53,700	165,192	7	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	40,457	0	89	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	21,697	0	141	194.08
194.09	07959	KDH - MC ENT	0	8,719	0	0	194.09
194.10	07960	KDH - MC UROLOGY	0	6,038	0	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 5/24/2021 11:00 am	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.11	07961	KDH - MC OB/GYN	0	32,387	0	346	2,943	194.11
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)	0	1,111,648	1,106,263	61,217	114,462	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 5/24/2021 11:00 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	198,448					10.00
11.00	01100	CAFETERIA	0	67,425				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,017	68,259			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	487	0	94,349		14.00
15.00	01500	PHARMACY	0	1,721	0	340	92,592	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,086	0	80	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	355	0	17	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	183,782	12,882	28,532	2,243	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,666	2,610	5,780	12	0	31.00
43.00	04300	NURSERY	0	1,300	2,880	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,250	13,842	2,447	0	50.00
51.00	05100	RECOVERY ROOM	0	687	1,522	48	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,776	3,933	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	549	0	164	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,150	0	587	0	54.00
54.01	03630	ULTRA SOUND	0	255	0	343	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	183	0	13	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	2,372	0	510	0	55.01
57.00	05700	CT SCAN	0	454	0	1,550	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	352	0	223	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	6,414	0	517	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,026	0	34	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,553	0	106	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	440	0	3	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	280	0	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0	255	0	10	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,545	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	1,255	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	44,697	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	603	92,592	73.00
76.00	03140	CARDIOLOGY	0	1,481	0	64	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	232	0	6	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	165	0	4	0	90.00
90.01	09001	WOUND CARE CLINIC	0	219	0	84	0	90.01
91.00	09100	EMERGENCY	0	5,315	11,770	661	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	6,559	0	85	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	407	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	2	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	198,448	67,425	68,259	90,661	92,592	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	10	0	194.00
194.01	07951	MOB	0	0	0	371	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	1,090	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	115	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	82	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	381	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	553	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	473	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	113	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	202	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 5/24/2021 11:00 am			
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.11	07961 KDH - MC OB/GYN	0	0	0	298	0	194.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	8,437	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	198,448	75,862	68,259	94,349	92,592	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0069

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	19.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,319				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
23.00	02300	RADIOLOGY SCHOOL	0		21,729		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	690		1,467,247	0	30.00
31.00	03100	INTENSIVE CARE UNIT	276		93,979	0	31.00
43.00	04300	NURSERY	105		69,713	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,006		638,674	0	50.00
51.00	05100	RECOVERY ROOM	371		49,389	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	140		18,259	0	52.00
53.00	05300	ANESTHESIOLOGY	430		11,835	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	517		367,700	0	54.00
54.01	03630	ULTRA SOUND	142		4,141	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	368		18,332	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0		0	0	55.00
55.01	03480	ONCOLOGY	475		396,012	0	55.01
57.00	05700	CT SCAN	1,257		37,657	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	280		37,765	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	59.00
60.00	06000	LABORATORY	2,607		246,063	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	158		11,602	0	62.00
65.00	06500	RESPIRATORY THERAPY	470		48,772	0	65.00
66.00	06600	PHYSICAL THERAPY	617		394,702	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	94		45,972	0	67.00
68.00	06800	SPEECH PATHOLOGY	43		12,303	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	69.00
69.01	03610	SLEEP LAB	107		28,879	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	797		65,491	0	71.00
71.01	07101	IV SOLUTIONS	245		2,665	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,062		87,263	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,937		208,724	0	73.00
76.00	03140	CARDIOLOGY	810		196,237	0	76.00
76.97	07697	CARDIAC REHABILITATION	27		22,784	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4		23,789	0	90.00
90.01	09001	WOUND CARE CLINIC	23		65,087	0	90.01
91.00	09100	EMERGENCY	1,838		489,803	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	423		174,702	0	95.00
101.00	10100	HOME HEALTH AGENCY	0		31,925	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0		7,343	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,319	0	5,374,809	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0		22,329	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0		1,987	0	194.00
194.01	07951	MOB	0		1,609,503	0	194.01
194.02	07952	PHYSICIAN CLINICS	0		917,656	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0		47,230	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0		5,852	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0		0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0		1,327,314	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0		44,501	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0		24,899	0	194.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0069

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			16.00	19.00	23.00	24.00	25.00
194.09	07959	KDH - MC ENT	0			10,371	0
194.10	07960	KDH - MC UROLOGY	0			8,637	0
194.11	07961	KDH - MC OB/GYN	0			35,974	0
200.00		Cross Foot Adjustments		0	21,729	21,729	0
201.00		Negative Cost Centers	0	0	0	8,437	0
202.00		TOTAL (sum lines 118 through 201)	22,319	0	21,729	9,461,228	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 5/24/2021 11:00 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 RADIOLOGY SCHOOL		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	1,467,247	30.00
31.00	03100 INTENSIVE CARE UNIT	93,979	31.00
43.00	04300 NURSERY	69,713	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	638,674	50.00
51.00	05100 RECOVERY ROOM	49,389	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	18,259	52.00
53.00	05300 ANESTHESIOLOGY	11,835	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	367,700	54.00
54.01	03630 ULTRA SOUND	4,141	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	18,332	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0	55.00
55.01	03480 ONCOLOGY	396,012	55.01
57.00	05700 CT SCAN	37,657	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	37,765	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	246,063	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	11,602	62.00
65.00	06500 RESPIRATORY THERAPY	48,772	65.00
66.00	06600 PHYSICAL THERAPY	394,702	66.00
67.00	06700 OCCUPATIONAL THERAPY	45,972	67.00
68.00	06800 SPEECH PATHOLOGY	12,303	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	03610 SLEEP LAB	28,879	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	65,491	71.00
71.01	07101 IV SOLUTIONS	2,665	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	87,263	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	208,724	73.00
76.00	03140 RADIOLOGY	196,237	76.00
76.97	07697 CARDIAC REHABILITATION	22,784	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	23,789	90.00
90.01	09001 WOUND CARE CLINIC	65,087	90.01
91.00	09100 EMERGENCY	489,803	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	174,702	95.00
101.00	10100 HOME HEALTH AGENCY	31,925	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	7,343	116.00
118.00			118.00
	SUBTOTALS (SUM OF LINES 1 through 117)	5,374,809	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	22,329	190.00
194.00	07950 OTHER NON-REIMBURSABLE	1,987	194.00
194.01	07951 MOB	1,609,503	194.01
194.02	07952 PHYSICIAN CLINICS	917,656	194.02
194.03	07953 PHYS PRAC BUS OFC	47,230	194.03
194.04	07954 MOB - MAIN CAMPUS	5,852	194.04
194.05	07955 ONCOLOGY - NONREIMBURSABLE	0	194.05
194.06	07956 KDH - MC FAMILY PRACTICE	1,327,314	194.06
194.07	07957 KDH - MC ORTHOPEDICS	44,501	194.07
194.08	07958 KDH - MC GENERAL SURGERY	24,899	194.08
194.09	07959 KDH - MC ENT	10,371	194.09
194.10	07960 KDH - MC UROLOGY	8,637	194.10
194.11	07961 KDH - MC OB/GYN	35,974	194.11
200.00			200.00
	Cross Foot Adjustments	21,729	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 5/24/2021 11:00 am
Cost Center Description		Total		
		26.00		
201.00	Negative Cost Centers	8,437		201.00
202.00	TOTAL (sum lines 118 through 201)	9,461,228		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
		1.00	1.01	2.00	4.00	5A	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	370,078				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	3,492			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	50,542,647	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,514	0	0	6,585,955	-16,865,518 5.00
7.00	00700	OPERATION OF PLANT	41,115	0	0	549,520	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,906	0	0	28,203	0 8.00
9.00	00900	HOUSEKEEPING	3,341	0	0	673,450	0 9.00
10.00	01000	DIETARY	6,293	0	0	519,996	0 10.00
11.00	01100	CAFETERIA	2,545	0	0	190,617	0 11.00
13.00	01300	NURSING ADMINISTRATION	2,038	0	0	440,930	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,096	0	0	85,043	0 14.00
15.00	01500	PHARMACY	2,301	0	0	735,040	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	292	0	0	532,261	0 16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
23.00	02300	RADIOLOGY SCHOOL	661	0	0	128,283	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,817	0	0	4,037,133	0 30.00
31.00	03100	INTENSIVE CARE UNIT	1,674	0	0	1,118,906	0 31.00
43.00	04300	NURSERY	1,955	0	0	446,255	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,436	0	0	2,004,045	0 50.00
51.00	05100	RECOVERY ROOM	1,375	0	0	283,341	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	609,387	0 52.00
53.00	05300	ANESTHESIOLOGY	130	0	0	1,249,094	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,841	0	0	2,970,702	0 54.00
54.01	03630	ULTRA SOUND	0	0	0	115,617	0 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	483	0	0	74,293	0 54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0 55.00
55.01	03480	ONCOLOGY	12,247	0	0	897,772	0 55.01
57.00	05700	CT SCAN	895	0	0	146,597	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080	0	0	149,282	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	6,239	0	0	1,488,011	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	279	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	1,197	0	0	670,926	0 65.00
66.00	06600	PHYSICAL THERAPY	12,401	0	0	1,233,949	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,420	0	0	211,488	0 67.00
68.00	06800	SPEECH PATHOLOGY	336	0	0	130,314	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	03610	SLEEP LAB	839	0	0	115,994	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0 71.01
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
76.00	03140	CARDIOLOGY	6,047	0	0	456,035	0 76.00
76.97	07697	CARDIAC REHABILITATION	703	0	0	66,501	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	760	0	0	59,982	0 90.00
90.01	09001	WOUND CARE CLINIC	2,095	0	0	83,509	0 90.01
91.00	09100	EMERGENCY	13,879	0	0	1,700,095	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	4,732	0	0	1,642,252	0 95.00
101.00	10100	HOME HEALTH AGENCY	0	2,748	0	943,535	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	744	0	138,235	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	244,962	3,492	0	33,512,548	-16,865,518 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	752	0	0	0	0 190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	112,305	0 194.00
194.01	07951	MOB	52,635	0	0	2,792,615	0 194.01
194.02	07952	PHYSICIAN CLINICS	27,594	0	0	4,737,883	0 194.02
194.03	07953	PHYS PRAC BUS OFC	989	0	0	631,957	0 194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	371,139	0 194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0 194.05
194.06	07956	KDH - MC FAMILY PRACTICE	43,146	0	0	2,530,606	0 194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
194.07 07957 KDH - MC ORTHOPEDICS	0	0	0	2,407,148	0	194.07
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	1,109,222	0	194.08
194.09 07959 KDH - MC ENT	0	0	0	604,081	0	194.09
194.10 07960 KDH - MC UROLOGY	0	0	0	91,823	0	194.10
194.11 07961 KDH - MC OB/GYN	0	0	0	1,641,320	0	194.11
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)	9,454,349	6,879	0	11,281,784		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	25.546909	1.969931	0.000000	0.223213		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000000		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	89,359,366				5.00
7.00	00700	OPERATION OF PLANT	4,493,768	288,941			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	420,290	1,906	344,933		8.00
9.00	00900	HOUSEKEEPING	1,311,734	3,341	0	279,234	9.00
10.00	01000	DIETARY	1,084,823	6,293	0	225	46,749
11.00	01100	CAFETERIA	88,512	2,545	0	0	0
13.00	01300	NURSING ADMINISTRATION	592,755	2,038	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	184,927	3,096	0	1,500	0
15.00	01500	PHARMACY	1,710,456	2,301	0	4,050	0
16.00	01600	MEDICAL RECORDS & LIBRARY	930,445	292	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	RADIOLOGY SCHOOL	131,965	661	0	725	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,631,254	37,817	124,595	87,967	43,294
31.00	03100	INTENSIVE CARE UNIT	1,419,602	1,674	0	9,270	3,455
43.00	04300	NURSERY	608,471	1,955	0	1,050	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,652,534	18,436	54,994	42,355	0
51.00	05100	RECOVERY ROOM	386,745	1,375	8,782	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	762,701	0	9,113	3,183	0
53.00	05300	ANESTHESIOLOGY	552,460	130	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,004,954	10,841	23,506	3,490	0
54.01	03630	ULTRA SOUND	193,005	0	2,595	1,315	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	259,855	483	1,361	255	0
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
55.01	03480	ONCOLOGY	2,187,703	12,247	11,781	8,747	0
57.00	05700	CT SCAN	460,487	895	12,160	535	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	339,880	1,080	2,325	1,325	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	4,126,250	6,239	0	4,685	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	261,132	279	0	0	0
65.00	06500	RESPIRATORY THERAPY	890,624	1,197	0	0	0
66.00	06600	PHYSICAL THERAPY	1,844,132	12,401	10,184	3,396	0
67.00	06700	OCCUPATIONAL THERAPY	299,147	1,420	0	0	0
68.00	06800	SPEECH PATHOLOGY	169,557	336	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03610	SLEEP LAB	230,328	839	828	2,070	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,503,948	0	0	0	0
71.01	07101	IV SOLUTIONS	93,644	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,336,352	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,808,157	0	0	0	0
76.00	03140	CARDIOLOGY	908,436	6,047	15,963	5,157	0
76.97	07697	CARDIAC REHABILITATION	103,202	703	0	1,425	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	94,468	760	0	280	0
90.01	09001	WOUND CARE CLINIC	225,366	2,095	678	720	0
91.00	09100	EMERGENCY	3,193,735	13,879	55,093	31,730	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,225,605	4,732	5,313	0	0
101.00	10100	HOME HEALTH AGENCY	1,252,735	2,748	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	243,211	744	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,219,355	163,825	339,271	215,455	46,749
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP, & CANTEEN	19,211	752	0	0	0
194.00	07950	OTHER NON-REIMBURSABLE	158,935	0	0	0	0
194.01	07951	MOB	5,049,041	52,635	785	0	0
194.02	07952	PHYSICIAN CLINICS	7,917,722	27,594	1,598	17,556	0
194.03	07953	PHYS PRAC BUS OFC	1,443,363	989	0	260	0
194.04	07954	MOB - MAIN CAMPUS	449,022	0	0	450	0
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0
194.06	07956	KDH - MC FAMILY PRACTICE	4,316,726	43,146	37	14,117	0
194.07	07957	KDH - MC ORTHOPEDICS	3,252,144	0	500	8,300	0
194.08	07958	KDH - MC GENERAL SURGERY	1,744,128	0	792	6,313	0
194.09	07959	KDH - MC ENT	700,867	0	0	3,755	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
194.10	07960 KDH - MC UROLOGY	485,383	0	0	5,848	0	194.10
194.11	07961 KDH - MC OB/GYN	2,603,469	0	1,950	7,180	0	194.11
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)	16,865,518	5,341,913	534,853	1,621,076	1,407,220	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.188738	18.487902	1.550600	5.805439	30.101606	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,111,648	1,106,263	61,217	114,462	198,448	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.012440	3.828681	0.177475	0.409914	4.244968	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: 15-0069

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

Worksheet B-1

Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	774,438					11.00
13.00	01300	11,678	354,029				13.00
14.00	01400	5,591	0	7,042,419			14.00
15.00	01500	19,763	0	25,378	100		15.00
16.00	01600	23,956	0	5,937	0	273,819,893	16.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	4,081	0	1,280	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	147,987	147,987	167,455	0	8,418,102	30.00
31.00	03100	29,977	29,977	894	0	3,367,864	31.00
43.00	04300	14,936	14,936	0	0	1,275,811	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	71,792	71,792	182,681	0	24,462,581	50.00
51.00	05100	7,892	7,892	3,617	0	4,528,063	51.00
52.00	05200	20,397	20,397	0	0	1,709,485	52.00
53.00	05300	6,310	0	12,227	0	5,238,452	53.00
54.00	05400	59,147	0	43,825	0	6,309,448	54.00
54.01	03630	2,924	0	25,567	0	1,735,891	54.01
54.02	03450	2,104	0	965	0	4,485,311	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	27,246	0	38,065	0	5,786,774	55.01
57.00	05700	5,218	0	115,688	0	15,332,555	57.00
58.00	05800	4,039	0	16,674	0	3,410,645	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	73,671	0	38,562	0	31,790,253	60.00
62.00	06200	0	0	0	0	1,927,143	62.00
65.00	06500	23,276	0	2,505	0	5,734,688	65.00
66.00	06600	40,809	0	7,918	0	7,520,905	66.00
67.00	06700	5,050	0	230	0	1,143,458	67.00
68.00	06800	3,215	0	42	0	523,829	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03610	2,924	0	710	0	1,304,505	69.01
71.00	07100	0	0	2,503,948	0	9,725,130	71.00
71.01	07101	0	0	93,644	0	2,990,998	71.01
72.00	07200	0	0	3,336,352	0	12,953,322	72.00
73.00	07300	0	0	44,989	100	74,019,379	73.00
76.00	03140	17,010	0	4,746	0	9,883,236	76.00
76.97	07697	2,661	0	480	0	332,060	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,893	0	282	0	49,626	90.00
90.01	09001	2,512	0	6,265	0	283,038	90.01
91.00	09100	61,048	61,048	49,373	0	22,414,435	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	75,331	0	6,336	0	5,162,906	95.00
101.00	10100	0	0	30,345	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	120	0	0	116.00
118.00		774,438	354,029	6,767,100	100	273,819,893	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	720	0	0	194.00
194.01	07951	0	0	27,713	0	0	194.01
194.02	07952	0	0	81,389	0	0	194.02
194.03	07953	0	0	8,571	0	0	194.03
194.04	07954	0	0	6,099	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	28,458	0	0	194.06
194.07	07957	0	0	41,256	0	0	194.07
194.08	07958	0	0	35,336	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
194.09	07959	KDH - MC ENT	0	0	8,458	0	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	15,083	0	0	194.10
194.11	07961	KDH - MC OB/GYN	0	0	22,236	0	0	194.11
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)	152,270	744,604	286,876	2,104,257	1,116,405	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.196620	2.103229	0.040735	21,042.570000	0.004077	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	75,862	68,259	94,349	92,592	22,319	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.087063	0.192806	0.013397	925.920000	0.000082	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: 15-0069

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

Worksheet B-1
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		19.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19.00
23.00	02300	RADIOLOGY SCHOOL		23.00
			1,000	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	ULTRA SOUND	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	55.00
55.01	03480	ONCOLOGY	0	55.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03610	SLEEP LAB	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
71.01	07101	IV SOLUTIONS	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE CLINIC	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
			1,000	
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	194.00
194.01	07951	MOB	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	194.08
194.09	07959	KDH - MC ENT	0	194.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		19.00	23.00	
194.10	07960 KDH - MC UROLOGY	0	0	194.10
194.11	07961 KDH - MC OB/GYN	0	0	194.11
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	174,156	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	174.156000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	21,729	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	21.729000	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: 15-0069

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2021 11:00 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		9,781,840	0	9,781,840	30.00
31.00	03100 INTENSIVE CARE UNIT		1,959,010	0	1,959,010	31.00
43.00	04300 NURSERY		805,105	0	805,105	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		5,286,199	0	5,286,199	50.00
51.00	05100 RECOVERY ROOM		535,535	0	535,535	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		993,142	0	993,142	52.00
53.00	05300 ANESTHESIOLOGY		856,385	20,310	876,695	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,868,377	0	3,868,377	54.00
54.01	03630 ULTRA SOUND		249,783	0	249,783	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		340,160	0	340,160	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC		0	0	0	55.00
55.01	03480 ONCOLOGY		2,926,576	8,582	2,935,158	55.01
57.00	05700 CT SCAN		654,156	0	654,156	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		450,670	0	450,670	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		5,193,239	0	5,193,239	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		323,433	0	323,433	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,108,908	0	1,108,908	65.00
66.00	06600 PHYSICAL THERAPY	0	2,495,974	0	2,495,974	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	387,524	0	387,524	67.00
68.00	06800 SPEECH PATHOLOGY	0	210,541	0	210,541	68.00
69.00	06900 ELECTROCARDIOLOGY		0	0	0	69.00
69.01	03610 SLEEP LAB		308,534	244	308,778	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,118,185	0	3,118,185	71.00
71.01	07101 IV SOLUTIONS		127,327	0	127,327	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,154,770	0	4,154,770	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		12,878,508	0	12,878,508	73.00
76.00	03140 CARDIOLOGY		1,290,211	0	1,290,211	76.00
76.97	07697 CARDIAC REHABILITATION		145,847	0	145,847	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		128,560	0	128,560	90.00
90.01	09001 WOUND CARE CLINIC		313,767	1,327	315,094	90.01
91.00	09100 EMERGENCY		4,556,538	578,468	5,135,006	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,567,744		2,567,744	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		2,777,503	175	2,777,678	95.00
101.00	10100 HOME HEALTH AGENCY		1,541,215		1,541,215	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		302,874		302,874	116.00
200.00	Subtotal (see instructions)	0	72,638,140	609,106	73,247,246	200.00
201.00	Less Observation Beds		2,567,744		2,567,744	201.00
202.00	Total (see instructions)	0	70,070,396	609,106	70,679,502	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0069

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2021 11:00 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,418,102		8,418,102		30.00
31.00	03100	INTENSIVE CARE UNIT	3,367,864		3,367,864		31.00
43.00	04300	NURSERY	1,275,811		1,275,811		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,532,803	18,929,778	24,462,581	0.216093	50.00
51.00	05100	RECOVERY ROOM	1,053,587	3,474,476	4,528,063	0.118270	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,695,691	13,794	1,709,485	0.580960	52.00
53.00	05300	ANESTHESIOLOGY	1,855,955	3,382,497	5,238,452	0.163481	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,208,929	5,100,519	6,309,448	0.613109	54.00
54.01	03630	ULTRA SOUND	173,733	1,562,158	1,735,891	0.143893	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	234,093	4,251,218	4,485,311	0.075839	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	48,736	5,738,038	5,786,774	0.505735	55.01
57.00	05700	CT SCAN	2,458,939	12,873,616	15,332,555	0.042665	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	265,786	3,144,859	3,410,645	0.132136	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	5,410,581	26,379,672	31,790,253	0.163359	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,070,382	856,761	1,927,143	0.167830	62.00
65.00	06500	RESPIRATORY THERAPY	3,965,748	1,768,940	5,734,688	0.193368	65.00
66.00	06600	PHYSICAL THERAPY	706,893	6,814,012	7,520,905	0.331871	66.00
67.00	06700	OCCUPATIONAL THERAPY	352,283	791,175	1,143,458	0.338905	67.00
68.00	06800	SPEECH PATHOLOGY	96,004	427,825	523,829	0.401927	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03610	SLEEP LAB	0	1,304,505	1,304,505	0.236514	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,628,898	5,096,232	9,725,130	0.320632	71.00
71.01	07101	IV SOLUTIONS	1,687,244	1,303,754	2,990,998	0.042570	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,976,141	6,977,181	12,953,322	0.320749	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,218,653	53,800,726	74,019,379	0.173988	73.00
76.00	03140	CARDIOLOGY	1,743,500	8,139,736	9,883,236	0.130545	76.00
76.97	07697	CARDIAC REHABILITATION	783	331,277	332,060	0.439219	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	49,626	49,626	2.590578	90.00
90.01	09001	WOUND CARE CLINIC	181	282,857	283,038	1.108568	90.01
91.00	09100	EMERGENCY	3,880,809	18,533,626	22,414,435	0.203286	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	436,024	3,459,194	3,895,218	0.659204	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,162,906	5,162,906	0.537973	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,658,702	1,658,702		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	466,938	466,938		116.00
200.00		Subtotal (see instructions)	77,764,153	202,076,598	279,840,751		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	77,764,153	202,076,598	279,840,751		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 5/24/2021 11:00 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.216093		50.00
51.00	05100 RECOVERY ROOM	0.118270		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.580960		52.00
53.00	05300 ANESTHESIOLOGY	0.167358		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.613109		54.00
54.01	03630 ULTRA SOUND	0.143893		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.075839		54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.507218		55.01
57.00	05700 CT SCAN	0.042665		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.132136		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.163359		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.167830		62.00
65.00	06500 RESPIRATORY THERAPY	0.193368		65.00
66.00	06600 PHYSICAL THERAPY	0.331871		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.338905		67.00
68.00	06800 SPEECH PATHOLOGY	0.401927		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03610 SLEEP LAB	0.236701		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.320632		71.00
71.01	07101 IV SOLUTIONS	0.042570		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.320749		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.173988		73.00
76.00	03140 RADIOLOGY	0.130545		76.00
76.97	07697 CARDIAC REHABILITATION	0.439219		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	2.590578		90.00
90.01	09001 WOUND CARE CLINIC	1.113257		90.01
91.00	09100 EMERGENCY	0.229094		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.659204		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.538007		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
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: 15-0069

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2021 11:00 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		9,781,840	0	9,781,840	30.00
31.00	03100 INTENSIVE CARE UNIT		1,959,010	0	1,959,010	31.00
43.00	04300 NURSERY		805,105	0	805,105	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		5,286,199	0	5,286,199	50.00
51.00	05100 RECOVERY ROOM		535,535	0	535,535	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		993,142	0	993,142	52.00
53.00	05300 ANESTHESIOLOGY		856,385	20,310	876,695	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,868,377	0	3,868,377	54.00
54.01	03630 ULTRA SOUND		249,783	0	249,783	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		340,160	0	340,160	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC		0	0	0	55.00
55.01	03480 ONCOLOGY		2,926,576	8,582	2,935,158	55.01
57.00	05700 CT SCAN		654,156	0	654,156	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		450,670	0	450,670	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		5,193,239	0	5,193,239	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		323,433	0	323,433	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,108,908	0	1,108,908	65.00
66.00	06600 PHYSICAL THERAPY	0	2,495,974	0	2,495,974	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	387,524	0	387,524	67.00
68.00	06800 SPEECH PATHOLOGY	0	210,541	0	210,541	68.00
69.00	06900 ELECTROCARDIOLOGY		0	0	0	69.00
69.01	03610 SLEEP LAB		308,534	244	308,778	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,118,185	0	3,118,185	71.00
71.01	07101 IV SOLUTIONS		127,327	0	127,327	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,154,770	0	4,154,770	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		12,878,508	0	12,878,508	73.00
76.00	03140 RADIOLOGY		1,290,211	0	1,290,211	76.00
76.97	07697 CARDIAC REHABILITATION		145,847	0	145,847	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		128,560	0	128,560	90.00
90.01	09001 WOUND CARE CLINIC		313,767	1,327	315,094	90.01
91.00	09100 EMERGENCY		4,556,538	578,468	5,135,006	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,567,744	0	2,567,744	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		2,777,503	175	2,777,678	95.00
101.00	10100 HOME HEALTH AGENCY		1,541,215	0	1,541,215	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
116.00	11600 HOSPICE		302,874	0	302,874	116.00
200.00	Subtotal (see instructions)	0	72,638,140	609,106	73,247,246	200.00
201.00	Less Observation Beds		2,567,744	0	2,567,744	201.00
202.00	Total (see instructions)	0	70,070,396	609,106	70,679,502	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 5/24/2021 11:00 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	8,418,102		8,418,102				30.00
31.00	03100	INTENSIVE CARE UNIT	3,367,864		3,367,864				31.00
43.00	04300	NURSERY	1,275,811		1,275,811				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,532,803	18,929,778	24,462,581	0.216093	0.000000		50.00
51.00	05100	RECOVERY ROOM	1,053,587	3,474,476	4,528,063	0.118270	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,695,691	13,794	1,709,485	0.580960	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,855,955	3,382,497	5,238,452	0.163481	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,208,929	5,100,519	6,309,448	0.613109	0.000000		54.00
54.01	03630	ULTRA SOUND	173,733	1,562,158	1,735,891	0.143893	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	234,093	4,251,218	4,485,311	0.075839	0.000000		54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	03480	ONCOLOGY	48,736	5,738,038	5,786,774	0.505735	0.000000		55.01
57.00	05700	CT SCAN	2,458,939	12,873,616	15,332,555	0.042665	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	265,786	3,144,859	3,410,645	0.132136	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	5,410,581	26,379,672	31,790,253	0.163359	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,070,382	856,761	1,927,143	0.167830	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	3,965,748	1,768,940	5,734,688	0.193368	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	706,893	6,814,012	7,520,905	0.331871	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	352,283	791,175	1,143,458	0.338905	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	96,004	427,825	523,829	0.401927	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000		69.00
69.01	03610	SLEEP LAB	0	1,304,505	1,304,505	0.236514	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,628,898	5,096,232	9,725,130	0.320632	0.000000		71.00
71.01	07101	IV SOLUTIONS	1,687,244	1,303,754	2,990,998	0.042570	0.000000		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,976,141	6,977,181	12,953,322	0.320749	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,218,653	53,800,726	74,019,379	0.173988	0.000000		73.00
76.00	03140	CARDIOLOGY	1,743,500	8,139,736	9,883,236	0.130545	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	783	331,277	332,060	0.439219	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	49,626	49,626	2.590578	0.000000		90.00
90.01	09001	WOUND CARE CLINIC	181	282,857	283,038	1.108568	0.000000		90.01
91.00	09100	EMERGENCY	3,880,809	18,533,626	22,414,435	0.203286	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	436,024	3,459,194	3,895,218	0.659204	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	5,162,906	5,162,906	0.537973	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	0	1,658,702	1,658,702				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	466,938	466,938				116.00
200.00		Subtotal (see instructions)	77,764,153	202,076,598	279,840,751				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	77,764,153	202,076,598	279,840,751				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 5/24/2021 11:00 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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630 ULTRA SOUND	0.000000		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.000000		55.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
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
69.01	03610 SLEEP LAB	0.000000		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.01	07101 IV SOLUTIONS	0.000000		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03140 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND CARE CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
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: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part I Date/Time Prepared: 5/24/2021 11:00 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,467,247	0	1,467,247	11,040	132.90	30.00
31.00	INTENSIVE CARE UNIT	93,979		93,979	1,473	63.80	31.00
43.00	NURSERY	69,713		69,713	990	70.42	43.00
200.00	Total (lines 30 through 199)	1,630,939		1,630,939	13,503		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,866	513,791				
31.00	INTENSIVE CARE UNIT	692	44,150				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	4,558	557,941				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 5/24/2021 11:00 am
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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	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	638,674	24,462,581	0.026108	2,352,124	61,409
51.00	05100	RECOVERY ROOM	49,389	4,528,063	0.010907	427,799	4,666
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,259	1,709,485	0.010681	2,895	31
53.00	05300	ANESTHESIOLOGY	11,835	5,238,452	0.002259	492,654	1,113
54.00	05400	RADIOLOGY-DIAGNOSTIC	367,700	6,309,448	0.058278	695,173	40,513
54.01	03630	ULTRA SOUND	4,141	1,735,891	0.002386	68,477	163
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	18,332	4,485,311	0.004087	163,061	666
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0
55.01	03480	ONCOLOGY	396,012	5,786,774	0.068434	28,327	1,939
57.00	05700	CT SCAN	37,657	15,332,555	0.002456	1,310,190	3,218
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,765	3,410,645	0.011073	139,767	1,548
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0
60.00	06000	LABORATORY	246,063	31,790,253	0.007740	2,694,171	20,853
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,602	1,927,143	0.006020	548,928	3,305
65.00	06500	RESPIRATORY THERAPY	48,772	5,734,688	0.008505	2,060,998	17,529
66.00	06600	PHYSICAL THERAPY	394,702	7,520,905	0.052481	379,112	19,896
67.00	06700	OCCUPATIONAL THERAPY	45,972	1,143,458	0.040204	177,750	7,146
68.00	06800	SPEECH PATHOLOGY	12,303	523,829	0.023487	57,412	1,348
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0
69.01	03610	SLEEP LAB	28,879	1,304,505	0.022138	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	65,491	9,725,130	0.006734	1,801,836	12,134
71.01	07101	I.V. SOLUTIONS	2,665	2,990,998	0.000891	760,148	677
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,263	12,953,322	0.006737	2,747,698	18,511
73.00	07300	DRUGS CHARGED TO PATIENTS	208,724	74,019,379	0.002820	8,527,153	24,047
76.00	03140	CARDIOLOGY	196,237	9,883,236	0.019856	973,156	19,323
76.97	07697	CARDIAC REHABILITATION	22,784	332,060	0.068614	161	11
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	23,789	49,626	0.479366	0	0
90.01	09001	WOUND CARE CLINIC	65,087	283,038	0.229959	0	0
91.00	09100	EMERGENCY	489,803	22,414,435	0.021852	2,099,623	45,881
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	385,154	3,895,218	0.098879	293,102	28,982
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	3,915,054	259,490,428		28,801,715	334,909

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 5/24/2021 11:00 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	11,040	0.00	3,866	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	1,473	0.00	692	31.00	
43.00	04300	NURSERY	0	990	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	13,503	0.00	4,558	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 5/24/2021 11:00 am
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	174,156	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	0	0	0	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0	0	0	0	0	0	55.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 03610 SLEEP LAB	0	0	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
71.01 07101 IV SOLUTIONS	0	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00 03140 RADIOLOGY	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 WOUND CARE CLINIC	0	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	174,156	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 5/24/2021 11:00 am
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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	24,462,581	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	4,528,063	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,709,485	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	174,156	174,156	5,238,452	0.033246	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	6,309,448	0.000000	54.00
54.01 03630 ULTRA SOUND	0	0	0	1,735,891	0.000000	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	4,485,311	0.000000	54.02
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01 03480 ONCOLOGY	0	0	0	5,786,774	0.000000	55.01
57.00 05700 CT SCAN	0	0	0	15,332,555	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,410,645	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	31,790,253	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,927,143	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	5,734,688	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	7,520,905	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,143,458	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	523,829	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01 03610 SLEEP LAB	0	0	0	1,304,505	0.000000	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,725,130	0.000000	71.00
71.01 07101 IV SOLUTIONS	0	0	0	2,990,998	0.000000	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,953,322	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	74,019,379	0.000000	73.00
76.00 03140 RADIOLOGY	0	0	0	9,883,236	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	332,060	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	49,626	0.000000	90.00
90.01 09001 WOUND CARE CLINIC	0	0	0	283,038	0.000000	90.01
91.00 09100 EMERGENCY	0	0	0	22,414,435	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,895,218	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	174,156	174,156	259,490,428		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 5/24/2021 11:00 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	2,352,124	0	5,446,008	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	427,799	0	933,103	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	2,895	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.033246	492,654	16,379	712,766	23,697	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	695,173	0	1,264,921	0	54.00	
54.01	03630	ULTRA SOUND	0.000000	68,477	0	330,811	0	54.01	
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	163,061	0	1,680,645	0	54.02	
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00	
55.01	03480	ONCOLOGY	0.000000	28,327	0	2,766,099	0	55.01	
57.00	05700	CT SCAN	0.000000	1,310,190	0	3,742,576	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	139,767	0	995,149	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	2,694,171	0	2,487,444	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	548,928	0	179,725	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	2,060,998	0	434,644	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	379,112	0	53,602	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	177,750	0	36,120	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	57,412	0	907	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00	
69.01	03610	SLEEP LAB	0.000000	0	0	359,524	0	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,801,836	0	1,016,278	0	71.00	
71.01	07101	IV SOLUTIONS	0.000000	760,148	0	263,308	0	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,747,698	0	2,249,555	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	8,527,153	0	23,617,797	0	73.00	
76.00	03140	CARDIOLOGY	0.000000	973,156	0	3,272,225	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	161	0	123,430	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	4,979	0	90.00	
90.01	09001	WOUND CARE CLINIC	0.000000	0	0	116,677	0	90.01	
91.00	09100	EMERGENCY	0.000000	2,099,623	0	3,650,520	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	293,102	0	824,759	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		28,801,715	16,379	56,563,572	23,697	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 5/24/2021 11:00 am
Title XVIII		Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.216093	5,446,008	0	0	1,176,844	50.00
51.00 05100 RECOVERY ROOM	0.118270	933,103	0	0	110,358	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.580960	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.163481	712,766	0	0	116,524	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.613109	1,264,921	0	0	775,534	54.00
54.01 03630 ULTRA SOUND	0.143893	330,811	0	0	47,601	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.075839	1,680,645	0	0	127,458	54.02
55.00 05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0.505735	2,766,099	0	0	1,398,913	55.01
57.00 05700 CT SCAN	0.042665	3,742,576	0	0	159,677	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.132136	995,149	0	0	131,495	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.163359	2,487,444	3,400	0	406,346	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.167830	179,725	0	0	30,163	62.00
65.00 06500 RESPIRATORY THERAPY	0.193368	434,644	0	0	84,046	65.00
66.00 06600 PHYSICAL THERAPY	0.331871	53,602	0	0	17,789	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.338905	36,120	0	0	12,241	67.00
68.00 06800 SPEECH PATHOLOGY	0.401927	907	0	0	365	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01 03610 SLEEP LAB	0.236514	359,524	0	0	85,032	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.320632	1,016,278	0	0	325,851	71.00
71.01 07101 IV SOLUTIONS	0.042570	263,308	0	0	11,209	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.320749	2,249,555	0	0	721,543	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.173988	23,617,797	0	82,093	4,109,213	73.00
76.00 03140 RADIOLOGY	0.130545	3,272,225	0	0	427,173	76.00
76.97 07697 CARDIAC REHABILITATION	0.439219	123,430	0	0	54,213	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2.590578	4,979	0	0	12,898	90.00
90.01 09001 WOUND CARE CLINIC	1.108568	116,677	0	0	129,344	90.01
91.00 09100 EMERGENCY	0.203286	3,650,520	0	39	742,100	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.659204	824,759	0	0	543,684	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.537973	0	0	0	0	95.00
200.00	Subtotal (see instructions)	56,563,572	3,400	82,132	11,757,614	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	56,563,572	3,400	82,132	11,757,614	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 5/24/2021 11:00 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
55.01 03480 ONCOLOGY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	555	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
69.01 03610 SLEEP LAB	0	0		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.01 07101 IV SOLUTIONS	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	14,283		73.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	8		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	555	14,291		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	555	14,291		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 5/24/2021 11:00 am
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Title XIX		Hospital		Cost			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.216093	0	0	3,039,675	0	50.00
51.00	05100 RECOVERY ROOM	0.118270	0	0	1,000,678	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.580960	0	0	6,937	0	52.00
53.00	05300 ANESTHESIOLOGY	0.163481	0	0	787,949	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.613109	0	0	1,012,774	0	54.00
54.01	03630 ULTRA SOUND	0.143893	0	0	327,627	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.075839	0	0	459,504	0	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	03480 ONCOLOGY	0.505735	0	0	465,707	0	55.01
57.00	05700 CT SCAN	0.042665	0	0	2,342,355	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.132136	0	0	470,253	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.163359	0	0	5,491,358	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.167830	0	0	39,772	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.193368	0	0	328,330	0	65.00
66.00	06600 PHYSICAL THERAPY	0.331871	0	0	1,039,731	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.338905	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.401927	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03610 SLEEP LAB	0.236514	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.320632	0	0	1,165,676	0	71.00
71.01	07101 IV SOLUTIONS	0.042570	0	0	321,689	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.320749	0	0	1,124,659	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.173988	0	0	5,357,959	0	73.00
76.00	03140 RADIOLOGY	0.130545	0	0	1,386,281	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.439219	0	0	26,242	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2.590578	0	0	9,018	0	90.00
90.01	09001 WOUND CARE CLINIC	1.108568	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.203286	0	0	5,682,614	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.659204	0	0	737,984	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.537973	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	0	32,624,772	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	0	32,624,772	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 5/24/2021 11:00 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	656,852		50.00
51.00 05100 RECOVERY ROOM	0	118,350		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,030		52.00
53.00 05300 ANESTHESIOLOGY	0	128,815		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	620,941		54.00
54.01 03630 ULTRA SOUND	0	47,143		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	34,848		54.02
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
55.01 03480 ONCOLOGY	0	235,524		55.01
57.00 05700 CT SCAN	0	99,937		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	62,137		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	897,063		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,675		62.00
65.00 06500 RESPIRATORY THERAPY	0	63,489		65.00
66.00 06600 PHYSICAL THERAPY	0	345,057		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
69.01 03610 SLEEP LAB	0	0		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	373,753		71.00
71.01 07101 IV SOLUTIONS	0	13,694		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	360,733		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	932,221		73.00
76.00 03140 RADIOLOGY	0	180,972		76.00
76.97 07697 CARDIAC REHABILITATION	0	11,526		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	23,362		90.00
90.01 09001 WOUND CARE CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	1,155,196		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	486,482		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	6,858,800		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	6,858,800		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 5/24/2021 11:00 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,040	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,040	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)		8,142	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,866	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)		9,781,840	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)		9,781,840	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)		9,781,840	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)		886.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,425,431	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,425,431	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/24/2021 11:00 am	
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)		
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	1,959,010	1,473	1,329.95	692	920,325		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,096,449		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,442,205		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)					557,941		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					351,288		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					909,229		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,532,976		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)					2,898		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					886.04		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,567,744		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 5/24/2021 11:00 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,467,247	9,781,840	0.149997	2,567,744	385,154	90.00
91.00	Nursing School cost	0	9,781,840	0.000000	2,567,744	0	91.00
92.00	Allied health cost	0	9,781,840	0.000000	2,567,744	0	92.00
93.00	All other Medical Education	0	9,781,840	0.000000	2,567,744	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 5/24/2021 11:00 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,040	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,040	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)		8,142	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)		1,086	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)		990	15.00
16.00	Nursery days (title V or XIX only)		258	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)		9,781,840	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)		9,781,840	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)		9,781,840	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)		886.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		962,239	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)		962,239	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 5/24/2021 11:00 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	805,105	990	813.24	258	209,816	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,959,010	1,473	1,329.95	229	304,559	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,449,500	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,926,114	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,898	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					886.04	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,567,744	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 5/24/2021 11:00 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,467,247	9,781,840	0.149997	2,567,744	385,154	90.00
91.00	Nursing School cost	0	9,781,840	0.000000	2,567,744	0	91.00
92.00	Allied health cost	0	9,781,840	0.000000	2,567,744	0	92.00
93.00	All other Medical Education	0	9,781,840	0.000000	2,567,744	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 5/24/2021 11:00 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,081,873	30.00
31.00	03100	INTENSIVE CARE UNIT		1,427,059	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216093	2,352,124	508,278 50.00
51.00	05100	RECOVERY ROOM	0.118270	427,799	50,596 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.580960	2,895	1,682 52.00
53.00	05300	ANESTHESIOLOGY	0.167358	492,654	82,450 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.613109	695,173	426,217 54.00
54.01	03630	ULTRA SOUND	0.143893	68,477	9,853 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.075839	163,061	12,366 54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0 55.00
55.01	03480	ONCOLOGY	0.507218	28,327	14,368 55.01
57.00	05700	CT SCAN	0.042665	1,310,190	55,899 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.132136	139,767	18,468 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.163359	2,694,171	440,117 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.167830	548,928	92,127 62.00
65.00	06500	RESPIRATORY THERAPY	0.193368	2,060,998	398,531 65.00
66.00	06600	PHYSICAL THERAPY	0.331871	379,112	125,816 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.338905	177,750	60,240 67.00
68.00	06800	SPEECH PATHOLOGY	0.401927	57,412	23,075 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0 69.00
69.01	03610	SLEEP LAB	0.236701	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.320632	1,801,836	577,726 71.00
71.01	07101	IV SOLUTIONS	0.042570	760,148	32,360 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.320749	2,747,698	881,321 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173988	8,527,153	1,483,622 73.00
76.00	03140	CARDIOLOGY	0.130545	973,156	127,041 76.00
76.97	07697	CARDIAC REHABILITATION	0.439219	161	71 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.590578	0	0 90.00
90.01	09001	WOUND CARE CLINIC	1.113257	0	0 90.01
91.00	09100	EMERGENCY	0.229094	2,099,623	481,011 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.659204	293,102	193,214 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28,801,715	6,096,449 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		28,801,715	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 5/24/2021 11:00 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,332,918	30.00
31.00	03100	INTENSIVE CARE UNIT		468,301	31.00
43.00	04300	NURSERY		785,610	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216093	887,756	191,838 50.00
51.00	05100	RECOVERY ROOM	0.118270	236,151	27,930 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.580960	888,227	516,024 52.00
53.00	05300	ANESTHESIOLOGY	0.163481	510,158	83,401 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.613109	147,598	90,494 54.00
54.01	03630	ULTRA SOUND	0.143893	39,423	5,673 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.075839	18,220	1,382 54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0 55.00
55.01	03480	ONCOLOGY	0.505735	1,980	1,001 55.01
57.00	05700	CT SCAN	0.042665	314,226	13,406 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.132136	57,652	7,618 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.163359	1,022,094	166,968 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.167830	118,779	19,935 62.00
65.00	06500	RESPIRATORY THERAPY	0.193368	414,957	80,239 65.00
66.00	06600	PHYSICAL THERAPY	0.331871	85,248	28,291 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.338905	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.401927	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0 69.00
69.01	03610	SLEEP LAB	0.236514	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.320632	695,021	222,846 71.00
71.01	07101	IV SOLUTIONS	0.042570	280,012	11,920 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.320749	535,610	171,796 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173988	3,753,492	653,063 73.00
76.00	03140	CARDIOLOGY	0.130545	192,552	25,137 76.00
76.97	07697	CARDIAC REHABILITATION	0.439219	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.590578	0	0 90.00
90.01	09001	WOUND CARE CLINIC	1.108568	0	0 90.01
91.00	09100	EMERGENCY	0.203286	526,154	106,960 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.659204	35,768	23,578 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,761,078	2,449,500 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		10,761,078	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 5/24/2021 11:00 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)		6,312,410	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,781,306	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)		100,186	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		11,894	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)		53.08	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)		4.66	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.60	31.00
32.00	Sum of lines 30 and 31		26.26	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.88	33.00
34.00	Disproportionate share adjustment (see instructions)		247,350	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 5/24/2021 11:00 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)	0.000175732	0.000099755	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,467,465	826,970	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,098,594	208,442	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,307,036		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 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 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 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	10,760,182		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	10,343,295		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		10,760,182	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		726,313	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		2,639	53.00
54.00	Special add-on payments for new technologies		35,871	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		16,379	58.00
59.00	Total (sum of amounts on lines 49 through 58)		11,541,384	59.00
60.00	Primary payer payments		5,937	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,535,447	61.00
62.00	Deductibles billed to program beneficiaries		1,241,460	62.00
63.00	Coinurance billed to program beneficiaries		21,120	63.00
64.00	Allowable bad debts (see instructions)		145,097	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		94,313	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		48,246	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		10,367,180	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		43,979	70.93
70.94	HRR adjustment amount (see instructions)		-9,015	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 5/24/2021 11:00 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)	2020	444,247	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)	2021	208,312	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		11,054,703	71.00
71.01	Sequestration adjustment (see instructions)		72,961	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		11,076,285	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-94,543	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		386,573	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	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. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0069

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2021 11:00 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	6,312,410	0	6,312,410		6,312,410	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,781,306	0		2,781,306	2,781,306	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	100,186	0	100,186		100,186	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	11,894	0		11,894	11,894	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	0.1088	0.1088	0.1088	0.1088		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	247,350	0	171,698	75,652	247,350	11.00
11.01	Uncompensated care payments	36.00	1,307,036	0	1,098,594	208,442	1,307,036	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	10,760,182	0	7,682,888	3,077,294	10,760,182	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	10,760,182	0	7,682,888	3,077,294	10,760,182	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	726,313	0	518,546	207,767	726,313	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0069

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2021 11:00 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	35,871	0	0	35,871	35,871	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	8,201,434	3,320,932	11,522,366	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	703,218	0	498,743	204,475	703,218	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	23,095	0	19,803	3,292	23,095	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	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	726,313	0	518,546	207,767	726,313	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				0.054167	0.062727		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			444,247		444,247	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				208,312	208,312	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: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2021 11:00 am
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		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,312,410	6,312,410		6,312,410	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,781,306		2,781,306	2,781,306	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	100,186	100,186		100,186	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	11,894		11,894	11,894	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	0.1088	0.1088	0.1088		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	247,350	171,698	75,652	247,350	11.00	
11.01	Uncompensated care payments	36.00	1,307,036	8,019	328,323	336,342	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	10,760,182	7,563,007	3,197,175	10,760,182	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	10,760,182	7,563,007	3,197,175	10,760,182	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	726,313	518,546	207,767	726,313	16.00	
17.00	Special add-on payments for new technologies	54.00	35,871	0	35,871	35,871	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			8,081,553	3,440,813	11,522,366	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2021 11:00 am
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		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	703,218	498,743	204,475	703,218	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	23,095	19,803	3,292	23,095	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	726,313	518,546	207,767	726,313	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	444,247	444,247		444,247	28.00	
29.00	Low volume adjustment on or after October 1	70.97	208,312		208,312	208,312	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	43,979	45,425	-1,446	43,979	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	-9,015	0	-9,015	-9,015	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 5/24/2021 11:00 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,846	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,733,917	2.00
3.00	OPPS payments		11,349,291	3.00
4.00	Outlier payment (see instructions)		46,751	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		23,697	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,846	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		85,532	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)		85,532	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		85,532	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		70,686	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)		14,846	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)		11,419,739	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,145,741	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)		9,288,844	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)		9,288,844	30.00
31.00	Primary payer payments		2,057	31.00
32.00	Subtotal (line 30 minus line 31)		9,286,787	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)		257,014	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		167,059	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		149,723	36.00
37.00	Subtotal (see instructions)		9,453,846	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-18	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,453,864	40.00
40.01	Sequestration adjustment (see instructions)		62,396	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		9,389,582	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		1,886	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,402,496	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: 15-0069		Period: From 01/01/2020 To 12/31/2020		Worksheet E-1 Part I Date/Time Prepared: 5/24/2021 11:00 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		11,076,285		9,389,582	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)		11,076,285		9,389,582	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		1,886	6.01	
6.02	SETTLEMENT TO PROGRAM		94,543		0	6.02	
7.00	Total Medicare program liability (see instructions)		10,981,742		9,391,468	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: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 5/24/2021 11:00 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2021 11:00 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		3,926,114		1.00
2.00	Medical and other services			6,858,800	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,926,114	6,858,800	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,926,114	6,858,800	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		10,761,078	32,624,772	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		10,761,078	32,624,772	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		10,761,078	32,624,772	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		6,834,964	25,765,972	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		3,926,114	6,858,800	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		3,926,114	6,858,800	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		3,926,114	6,858,800	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,926,114	6,858,800	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		3,926,114	6,858,800	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		3,926,114	6,858,800	40.00
41.00	Interim payments		3,926,114	6,858,800	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0069

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

Worksheet G

Date/Time Prepared:
5/24/2021 11:00 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	26,915,057	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	10,759,153	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,056,386	0	0	0	7.00
8.00	Prepaid expenses	1,752,074	0	0	0	8.00
9.00	Other current assets	294,463	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)	42,777,133	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,039,252	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	-2,348,701	0	0	0	14.00
15.00	Buildings	118,741,847	0	0	0	15.00
16.00	Accumulated depreciation	-43,891,241	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	1,248,285	0	0	0	21.00
22.00	Accumulated depreciation	-1,000,664	0	0	0	22.00
23.00	Major movable equipment	62,237,765	0	0	0	23.00
24.00	Accumulated depreciation	-48,932,719	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)	90,093,824	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	193,482,395	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	193,482,395	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	326,353,352	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,441,340	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	265,024	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,910,334	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,616,698	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	87,366,804	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	758,144	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	88,124,948	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	99,741,646	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	226,611,706	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	226,611,706	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	326,353,352	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0069

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

Worksheet G-1

Date/Time Prepared:
5/24/2021 11:00 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		194,630,464		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		31,981,242			2.00
3.00	Total (sum of line 1 and line 2)		226,611,706		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		226,611,706		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		226,611,706		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0069

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	11,321,694		11,321,694	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	11,321,694		11,321,694	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,277,172		3,277,172	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,277,172		3,277,172	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,598,866		14,598,866	17.00
18.00	Ancillary services	64,356,530	203,664,409	268,020,939	18.00
19.00	Outpatient services	0	68,696,754	68,696,754	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,658,702	1,658,702	22.00
23.00	AMBULANCE SERVICES	0	5,183,782	5,183,782	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	466,938	466,938	26.00
27.00	OTHER OUTPATIENT	0	339,873	339,873	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	78,955,396	280,010,458	358,965,854	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		122,287,221		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)		122,287,221		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0069

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

Worksheet G-3

Date/Time Prepared:
5/24/2021 11:00 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	358,965,854	1.00
2.00	Less contractual allowances and discounts on patients' accounts	239,702,833	2.00
3.00	Net patient revenues (line 1 minus line 2)	119,263,021	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	122,287,221	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,024,200	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	379,312	6.00
7.00	Income from investments	3,419,259	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	315,240	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	964	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	53,235	23.00
24.00	OTHER OPERATING INCOME	17,516,852	24.00
24.50	COVID-19 PHE Funding	13,320,580	24.50
25.00	Total other income (sum of lines 6-24)	35,005,442	25.00
26.00	Total (line 5 plus line 25)	31,981,242	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)	31,981,242	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet H

HHA CCN: 15-7141

To 12/31/2020

Date/Time Prepared: 5/24/2021 11:00 am

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	935,604	0	478	0	14,685	950,767	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	28,819	0	0	28,819	6.00
7.00	Physical Therapy	0	0	21,594	0	0	21,594	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	35	0	0	35	10.00
11.00	Home Health Aide	0	0	2,205	0	0	2,205	11.00
12.00	Supplies (see instructions)	0	0	0	0	24,810	24,810	12.00
13.00	Drugs	0	0	0	0	552	552	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	Tel emedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	935,604	0	53,131	0	40,047	1,028,782	24.00
		Reclassified	Reclassified	Adjustments	Net Expenses			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-643,038	307,729	0	307,729			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	357,520	386,339	0	386,339			6.00
7.00	Physical Therapy	216,041	237,635	0	237,635			7.00
8.00	Occupational Therapy	58,949	58,949	0	58,949			8.00
9.00	Speech Pathology	3,862	3,862	0	3,862			9.00
10.00	Medical Social Services	0	35	0	35			10.00
11.00	Home Health Aide	14,597	16,802	0	16,802			11.00
12.00	Supplies (see instructions)	0	24,810	0	24,810			12.00
13.00	Drugs	0	552	0	552			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	Tel emedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	7,931	1,036,713	0	1,036,713			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: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet H-1 Part I Date/Time Prepared: 5/24/2021 11:00 am
		HHA CCN: 15-7141	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	307,729	0	0	0	307,729	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	386,339	0	0	0	386,339	6.00	
7.00	Physical Therapy	237,635	0	0	0	237,635	7.00	
8.00	Occupational Therapy	58,949	0	0	0	58,949	8.00	
9.00	Speech Pathology	3,862	0	0	0	3,862	9.00	
10.00	Medical Social Services	35	0	0	0	35	10.00	
11.00	Home Health Aide	16,802	0	0	0	16,802	11.00	
12.00	Supplies (see instructions)	24,810	0	0	0	24,810	12.00	
13.00	Drugs	552	0	0	0	552	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,036,713	0	0	0	1,036,713	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	307,729					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	163,087	549,426				6.00	
7.00	Physical Therapy	100,314	337,949				7.00	
8.00	Occupational Therapy	24,884	83,833				8.00	
9.00	Speech Pathology	1,630	5,492				9.00	
10.00	Medical Social Services	15	50				10.00	
11.00	Home Health Aide	7,093	23,895				11.00	
12.00	Supplies (see instructions)	10,473	35,283				12.00	
13.00	Drugs	233	785				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)		1,036,713				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet H-1

HHA CCN: 15-7141

To 12/31/2020

Part II
Date/Time Prepared:
5/24/2021 11:00 am

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-307,729	728,984
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	386,339
7.00	Physical Therapy	0	0	0	0	0	237,635
8.00	Occupational Therapy	0	0	0	0	0	58,949
9.00	Speech Pathology	0	0	0	0	0	3,862
10.00	Medical Social Services	0	0	0	0	0	35
11.00	Home Health Aide	0	0	0	0	0	16,802
12.00	Supplies (see instructions)	0	0	0	0	0	24,810
13.00	Drugs	0	0	0	0	0	552
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-307,729	728,984
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		307,729
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.422134

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet H-2 Part I

HHA CCN: 15-7141

To 12/31/2020

Date/Time Prepared: 5/24/2021 11:00 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP				
		1.00	1.01	2.00	4.00			
	0					4A		
1.00 Administrative and General	0	0	5,413	0	210,609	216,022	1.00	
2.00 Skilled Nursing Care	549,426	0	0	0	0	549,426	2.00	
3.00 Physical Therapy	337,949	0	0	0	0	337,949	3.00	
4.00 Occupational Therapy	83,833	0	0	0	0	83,833	4.00	
5.00 Speech Pathology	5,492	0	0	0	0	5,492	5.00	
6.00 Medical Social Services	50	0	0	0	0	50	6.00	
7.00 Home Health Aide	23,895	0	0	0	0	23,895	7.00	
8.00 Supplies (see instructions)	35,283	0	0	0	0	35,283	8.00	
9.00 Drugs	785	0	0	0	0	785	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	1,036,713	0	5,413	0	210,609	1,252,735	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00	
Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
	5.00	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	40,772	50,805	0	0	0	0	1.00	
2.00 Skilled Nursing Care	103,698	0	0	0	0	0	2.00	
3.00 Physical Therapy	63,784	0	0	0	0	0	3.00	
4.00 Occupational Therapy	15,822	0	0	0	0	0	4.00	
5.00 Speech Pathology	1,037	0	0	0	0	0	5.00	
6.00 Medical Social Services	9	0	0	0	0	0	6.00	
7.00 Home Health Aide	4,510	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	6,659	0	0	0	0	0	8.00	
9.00 Drugs	148	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)	236,439	50,805	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: 15-0069

Period: From 01/01/2020

Worksheet H-2

HHA CCN: 15-7141

To 12/31/2020

Part I
Date/Time Prepared:
5/24/2021 11:00 am

Home Health Agency I

PPS

Cost Center Description		NURSING	CENTRAL	PHARMACY	MEDICAL	NONPHYSICIAN	RADIOLOGY		
		ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	ANESTHETISTS	SCHOOL		
		13.00	14.00	15.00	16.00	19.00	23.00		
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	1,236	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	1,236	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
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	307,599	0	307,599					1.00
2.00	Skilled Nursing Care	653,124	0	653,124	162,854	815,978			2.00
3.00	Physical Therapy	401,733	0	401,733	100,171	501,904			3.00
4.00	Occupational Therapy	99,655	0	99,655	24,849	124,504			4.00
5.00	Speech Pathology	6,529	0	6,529	1,628	8,157			5.00
6.00	Medical Social Services	59	0	59	15	74			6.00
7.00	Home Health Aide	28,405	0	28,405	7,083	35,488			7.00
8.00	Supplies (see instructions)	43,178	0	43,178	10,766	53,944			8.00
9.00	Drugs	933	0	933	233	1,166			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)	1,541,215	0	1,541,215	307,599	1,541,215			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.				0.249347				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: 15-0069 HHA CCN: 15-7141	Period: From 01/01/2020 To 12/31/2020	Worksheet H-2 Part II Date/Time Prepared: 5/24/2021 11:00 am
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		Home Health Agency I	PPS
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	1.01	2.00				
1.00 Administrative and General	0	2,748	0	943,535	0	216,022	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	549,426	2.00
3.00 Physical Therapy	0	0	0	0	0	337,949	3.00
4.00 Occupational Therapy	0	0	0	0	0	83,833	4.00
5.00 Speech Pathology	0	0	0	0	0	5,492	5.00
6.00 Medical Social Services	0	0	0	0	0	50	6.00
7.00 Home Health Aide	0	0	0	0	0	23,895	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	35,283	8.00
9.00 Drugs	0	0	0	0	0	785	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	2,748	0	943,535	0	1,252,735	20.00
21.00 Total cost to be allocated	0	5,413	0	210,609	0	236,439	21.00
22.00 Unit cost multiplier	0.000000	1.969796	0.000000	0.223213	0	0.188738	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	2,748	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)	2,748	0	0	0	0	0	20.00
21.00 Total cost to be allocated	50,805	0	0	0	0	0	21.00
22.00 Unit cost multiplier	18.487991	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0069

HHA CCN: 15-7141

Period:

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

Worksheet H-2

Part II
Date/Time Prepared:
5/24/2021 11:00 am

Home Health
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)		
		14.00	15.00	16.00	19.00	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)	30,345	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	Tel emedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	30,345	0	0	0	0		20.00
21.00	Total cost to be allocated	1,236	0	0	0	0		21.00
22.00	Unit cost multiplier	0.040732	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet H-3 Part I Date/Time Prepared: 5/24/2021 11:00 am
		HHA CCN: 15-7141		

			Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	815,978		815,978	3,584	227.67	1.00
2.00	Physical Therapy	3.00	501,904	0	501,904	2,284	219.75	2.00
3.00	Occupational Therapy	4.00	124,504	0	124,504	572	217.66	3.00
4.00	Speech Pathology	5.00	8,157	0	8,157	43	189.70	4.00
5.00	Medical Social Services	6.00	74		74	1	74.00	5.00
6.00	Home Health Aide	7.00	35,488		35,488	173	205.13	6.00
7.00	Total (sum of lines 1-6)		1,486,105	0	1,486,105	6,657		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		99915	0	1,893		8.00
9.00	Physical Therapy		99915	0	1,315		9.00
10.00	Occupational Therapy		99915	0	341		10.00
11.00	Speech Pathology		99915	0	25		11.00
12.00	Medical Social Services		99915	0	0		12.00
13.00	Home Health Aide		99915	0	119		13.00
14.00	Total (sum of lines 8-13)			0	3,693		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	53,944	0	53,944	52,221	1.032994	15.00
16.00	Cost of Drugs	9.00	1,166	0	1,166	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	Ratio (col. 3 ÷ col. 4)
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,893		0	430,979	1.00
2.00	Physical Therapy	0	1,315		0	288,971	2.00
3.00	Occupational Therapy	0	341		0	74,222	3.00
4.00	Speech Pathology	0	25		0	4,743	4.00
5.00	Medical Social Services	0	0		0	0	5.00
6.00	Home Health Aide	0	119		0	24,410	6.00
7.00	Total (sum of lines 1-6)	0	3,693		0	823,325	7.00

	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0069 HHA CCN: 15-7141		Period: From 01/01/2020 To 12/31/2020		Worksheet H-3 Part I Date/Time Prepared: 5/24/2021 11:00 am	
			Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	430,979						1.00
2.00	Physical Therapy	288,971						2.00
3.00	Occupational Therapy	74,222						3.00
4.00	Speech Pathology	4,743						4.00
5.00	Medical Social Services	0						5.00
6.00	Home Health Aide	24,410						6.00
7.00	Total (sum of lines 1-6)	823,325						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0069
HHA CCN: 15-7141

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

Worksheet H-3
Part II
Date/Time Prepared:
5/24/2021 11:00 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	0.331871	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.338905	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.401927	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.320632	0	0	col. 2, line 15.00		4.00
4.01 Cost of Medical Supplies 1	71.01	0.042570	0	0	col. 2, line 15.01		4.01
5.00 Cost of Drugs	73.00	0.173988	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069 HHA CCN: 15-7141	Period: From 01/01/2020 To 12/31/2020	Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2021 11:00 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	718,837
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	10,611
13.00	Total PPS Reimbursement - LUPA Episodes		0	17,018
14.00	Total PPS Reimbursement - PEP Episodes		0	765
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	2,177
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	749,408
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	749,408
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	749,408
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	749,408
30.00	ZERO OUT SETTLEMENT		0	-1
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	749,407
31.01	Sequestration adjustment (see instructions)		0	4,815
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	744,592
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0069
HHA CCN: 15-7141

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

Worksheet H-5
Date/Time Prepared:
5/24/2021 11:00 am
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		744,592	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		744,592	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		744,592	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 HOSPI CE COSTS

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet 0

Hospice CCN: 15-1535

To 12/31/2020

Date/Time Prepared: 5/24/2021 11:00 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*		0	0	0	0 2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0 3.00
4.00	ADMINISTRATIVE & GENERAL*	82,800	4,538	87,338	27,815	115,153 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	0 8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0 9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0 10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0 11.00
12.00	STAFF TRANSPORTATION*	0	209	209	0	209 12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	412	412 13.00
14.00	PHARMACY*	0	9,263	9,263	0	9,263 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0 15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0 25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0 26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0 27.00
28.00	REGISTERED NURSE**	0	8,310	8,310	803	9,113 28.00
29.00	LPN/LVN**	0	0	0	0	0 29.00
30.00	PHYSICAL THERAPY**	0	1,751	1,751	2,540	4,291 30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	339	339 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES**	0	2,047	2,047	7,394	9,441 33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0 34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0 35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	3,865	3,865	16,133	19,998 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	42,550	42,550	0	42,550 38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0 39.00
40.00	IMAGING SERVICES**	0	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	120	120	0	120 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	82,800	72,653	155,453	55,436	210,889 100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet 0

Hospice CCN: 15-1535

To 12/31/2020

Date/Time Prepared: 5/24/2021 11:00 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	115,153	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	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	209	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	412	13.00
14.00	PHARMACY*	0	9,263	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	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	9,113	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	4,291	30.00
31.00	OCCUPATIONAL THERAPY**	0	339	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	9,441	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	19,998	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	42,550	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	120	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	210,889	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0069 Hospice CCN: 15-1535	Period: From 01/01/2020 To 12/31/2020	Worksheet 0-2 Date/Time Prepared: 5/24/2021 11:00 am
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	8,214	8,214	793	9,007	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	1,731	1,731	2,511	4,242	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	335	335	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,024	2,024	7,308	9,332	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	3,821	3,821	15,946	19,767	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	42,550	42,550	0	42,550	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	119	119	0	119	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	58,459	58,459	26,893	85,352	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	9,007	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	4,242	30.00
31.00	OCCUPATIONAL THERAPY	0	335	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	9,332	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	19,767	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	42,550	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	119	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	85,352	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0069 Hospice CCN: 15-1535	Period: From 01/01/2020 To 12/31/2020	Worksheet 0-4 Date/Time Prepared: 5/24/2021 11:00 am
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		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	78	78	8	86	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	16	16	24	40	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	3	3	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	19	19	70	89	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	36	36	152	188	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1	1	0	1	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	150	150	257	407	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	86	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	40	30.00
31.00	OCCUPATIONAL THERAPY	0	3	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	89	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	188	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1	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	407	100.00

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

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

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet 0-5

Hospice CCN: 15-1535

To 12/31/2020

Date/Time Prepared: 5/24/2021 11:00 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	1,466	1,466	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	30,856	30,856	3.00
4.00	ADMINISTRATIVE & GENERAL	115,153	45,903	161,056	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	13,755	13,755	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	5	5	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	209	0	209	12.00
13.00	VOLUNTEER SERVICE COORDINATION	412	0	412	13.00
14.00	PHARMACY	9,263	0	9,263	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	85,352	0	85,352	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	93	0	93	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	407	0	407	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	210,889	91,985	302,874	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2020

Part I
Date/Time Prepared:
5/24/2021 11:00 am

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,466	1,466			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	30,856	0	0	30,856	3.00
4.00	ADMINISTRATIVE & GENERAL	161,056	1,466	0	20,563	183,085 4.00
5.00	PLANT OPERATION & MAINTENANCE	13,755	0	0	0	13,755 5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0 6.00
7.00	HOUSEKEEPING	0	0	0	0	0 7.00
8.00	DIETARY	0	0	0	0	0 8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0 9.00
10.00	ROUTINE MEDICAL SUPPLIES	5	0	0	0	5 10.00
11.00	MEDICAL RECORDS	0	0	0	0	0 11.00
12.00	STAFF TRANSPORTATION	209	0	0	0	209 12.00
13.00	VOLUNTEER SERVICE COORDINATION	412	0	0	154	566 13.00
14.00	PHARMACY	9,263	0	0	0	9,263 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0 15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	85,352			10,022	95,374 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	93	0	0	22	115 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	407	0	0	95	502 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0 60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0 61.00
62.00	FUNDRAISING	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0 66.00
67.00	ADVERTISING	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0 68.00
69.00	THRIFT STORE	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	302,874	1,466	0	30,856	302,874 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2020

Part I
Date/Time Prepared:
5/24/2021 11:00 am

Descriptions	Hospice I					
	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						1.00
2.00						2.00
3.00						3.00
4.00	183,085					4.00
5.00	21,023	34,778				5.00
6.00	0	0	0			6.00
7.00	0	0		0		7.00
8.00	0	0		0	0	8.00
9.00	0	0		0		9.00
10.00	8	0		0		10.00
11.00	0	0		0		11.00
12.00	319	0		0		12.00
13.00	865	0		0		13.00
14.00	14,158	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
LEVEL OF CARE						
50.00	0					50.00
51.00	145,769					51.00
52.00	176	6,608	0	0	0	52.00
53.00	767	28,170	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0	0		0		60.00
61.00	0	0		0		61.00
62.00	0	0		0		62.00
63.00	0	0		0		63.00
64.00	0	0		0		64.00
65.00	0	0		0		65.00
66.00	0	0	0	0	0	66.00
67.00	0	0		0		67.00
68.00	0	0		0		68.00
69.00	0	0		0		69.00
70.00						70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	183,085	34,778	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2020	Worksheet 0-6
		Hospice CCN: 15-1535	To 12/31/2020	Part I
				Date/Time Prepared: 5/24/2021 11:00 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	13			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			528	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	1,431
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			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	13	0	522	1,414
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	1	3
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	5	14
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	13	0	528	1,431

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2020

Part I
Date/Time Prepared:
5/24/2021 11:00 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	23,421					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	23,166	0	0		266,258	51.00
52.00	48	0	0	0	6,951	52.00
53.00	207	0	0	0	29,665	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	23,421	0	0	0	302,874	100.00

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

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2020

Part II
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	744					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	82,799			3.00
4.00	ADMINISTRATIVE & GENERAL	744	0	55,181	-183,085	119,789	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	13,755	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	5	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	209	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	412	0	566	13.00
14.00	PHARMACY	0	0	0	0	9,263	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			26,892	0	95,374	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	58	0	115	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	256	0	502	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,466	0	30,856		183,085	100.00
101.00	UNIT COST MULTIPLIER	1.970430	0.000000	0.372662		1.528396	101.00

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

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2020

Part II
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	19	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	81	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	34,778	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	347.780000	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2020

Part II
Date/Time Prepared:
5/24/2021 11:00 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,474					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			15,973			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	413	13.00
14.00	PHARMACY					0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES					0	15.00
16.00	OTHER GENERAL SERVICE					0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,447	0	15,799	408	9,161	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	5	0	32	1	19	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	22	0	142	4	82	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	13	0	528	1,431	23,421	100.00
101.00	UNIT COST MULTIPLIER	0.005255	0.000000	0.033056	3.464891	2.528719	101.00

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

Provider CCN: 15-0069

Hospice CCN: 15-1535

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/24/2021 11:00 am

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

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

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet 0-7

Hospice CCN: 15-1535

To 12/31/2020

Date/Time Prepared: 5/24/2021 11:00 am

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	
ANCI LLARY SERVI CE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.331871	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.338905	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.401927	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.173988	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.163359	0	0	0	6.00
7.00	MEDI CAL SUPPLIES CHARGED TO PATIENTS	71.00	0.320632	0	0	0	7.00
7.01	IV SOLUTIONS	71.01	0.042570	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADI OLOGY - THERAPEUTIC	55.00	0.000000	0	0	0	9.00
9.01	ONCOLOGY	55.01	0.505735	0	0	0	9.01
10.00	CARDI OLOGY	76.00	0.130545	0	0	0	10.00
10.97	CARDI AC REHABI LI TATION	76.97	0.439219	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGI P	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGI P (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCI LLARY SERVI CE 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
7.00	MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
7.01	IV SOLUTIONS	0	0	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADI OLOGY - THERAPEUTIC	0	0	0	0	0	9.00
9.01	ONCOLOGY	0	0	0	0	0	9.01
10.00	CARDI OLOGY	0	0	0	0	0	10.00
10.97	CARDI AC REHABI LI TATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0069

Period: From 01/01/2020

Worksheet 0-8

Hospice CCN: 15-1535

To 12/31/2020

Date/Time Prepared: 5/24/2021 11:00 am

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			266,258
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			2,447
8.00	Total average cost per diem (line 6 divided by line 7)			108.81
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	2,308	126	2,434
10.00	Program cost (line 8 times line 9)	251,133	13,710	264,843
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			6,951
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			5
13.00	Total average cost per diem (line 11 divided by line 12)			1,390.20
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	5	0	5
15.00	Program cost (line 13 times line 14)	6,951	0	6,951
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			29,665
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			22
18.00	Total average cost per diem (line 16 divided by line 17)			1,348.41
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	22	0	22
20.00	Program cost (line 18 times line 19)	29,665	0	29,665
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			302,874
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			2,474
23.00	Average cost per diem (line 21 divided by line 22)			122.42

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0069	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 5/24/2021 11:00 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		703,218	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		23,095	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)		26.92	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		726,313	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