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: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/25/2020 10:13 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 11/25/2020 Time: 10:13 am
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. CATHERINE HOSPITAL (15-0008) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) LAUREN TRUMBO
Officer or Administrator of Provider(s)

CFO
Title

(Dated when report is electronically signed.)
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	538,449	-85,107	0	0	1.00
2.00	Subprovider - IPF	0	7,865	0		0	2.00
3.00	Subprovider - IRF	0	-28,329	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	517,985	-85,107	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I | Date/Time Prepared: 11/25/2020 10:13 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 4321 FIR STREET	PO Box:			1.00
2.00	City: EAST CHICAGO	State: IN	Zip Code: 46312	County: LAKE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. CATHERINE HOSPITAL	150008	23844	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	ST. CATHERINE HOSPITAL OA BHS	15S008	23844	4	07/01/2015	N	P	P	4.00
5.00	Subprovider - IRF	ST. CATHERINE HOSPITAL - REHAB	15T008	23844	5	01/01/2002	N	P	P	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2019	06/30/2020	20.00
21.00	Type of Control (see instructions)	2		21.00

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

		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.	2,615	114	578	257	8,245	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 10:13 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.	87	1	0	0	673		25.00

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

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

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

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustement? Enter "Y" for yes or "N" for no in column 2.	N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I | Date/Time Prepared: 11/25/2020 10:13 am

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

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

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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I | Date/Time Prepared: 11/25/2020 10:13 am

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

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			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)	N	N	0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 10:13 am

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

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

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

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 10:13 am

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H054	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I | Date/Time Prepared: 11/25/2020 10:13 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: COMM FOUNDATION OF NW IN	Contractor's Name: WPS		Contractor's Number: 08001	141.00
142.00	Street: STREET: 10010 DONALD S POWERS DRIVE	PO Box: STE 201			142.00
143.00	City: CITY: MUNSTER	State: IN		Zip Code: 46321	143.00

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

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y	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	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part II | Date/Time Prepared: 11/25/2020 10:13 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	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	10/12/2020	Y	10/12/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part II Date/Time Prepared: 11/25/2020 10:13 am

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

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CATHERINE	WOERNER	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	12197031267	CATHERINE.R.WOERNER@COMHS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/25/2020 10:13 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.	REIMBURSEMENT SUPERVISOR		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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part I | Date/Time Prepared: 11/25/2020 10:13 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	131	47,946	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)		131	47,946	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	16	5,856	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)		147	53,802	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	16	5,856		0	16.00
17.00	SUBPROVIDER - IRF	41.00	25	9,150		0	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						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)		188				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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part I | Date/Time Prepared: 11/25/2020 10:13 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)	7,103	2,342	24,774			1.00
2.00	HMO and other (see instructions)	3,980	9,093				2.00
3.00	HMO IPF Subprovider	713	806				3.00
4.00	HMO IRF Subprovider	825	674				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)	7,103	2,342	24,774			7.00
8.00	INTENSIVE CARE UNIT	915	17	2,719			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		222	1,064			13.00
14.00	Total (see instructions)	8,018	2,581	28,557	0.00	790.59	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,526	278	3,667	0.00	28.35	16.00
17.00	SUBPROVIDER - IRF	3,654	87	5,623	0.00	34.48	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	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			27			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	853.42	27.00
28.00	Observation Bed Days		0	4,921			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	135	153			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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part I | Date/Time Prepared: 11/25/2020 10:13 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,560	475	5,614	1.00
2.00	HMO and other (see instructions)			706	1,848		2.00
3.00	HMO IPF Subprovider				137		3.00
4.00	HMO IRF Subprovider				63		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	1,560	475	5,614	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	208	44	563	16.00
17.00	SUBPROVIDER - IRF	0.00	0	320	8	494	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						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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part II | Date/Time Prepared: 11/25/2020 10:13 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	55,179,662	0	55,179,662	1,775,127.00	31.08	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		750,176	0	750,176	6,533.00	114.83	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		1,648,724	0	1,648,724	10,400.00	158.53	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,684,642	136,736	3,821,378	139,703.00	27.35	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		886,966	0	886,966	7,926.39	111.90	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		236,262	0	236,262	1,533.00	154.12	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		6,807,139	0	6,807,139	196,915.00	34.57	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		12,665,227	0	12,665,227			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		1,037,625	0	1,037,625			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		111,650	0	111,650			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		189,828	0	189,828			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,725,428	0	1,725,428			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part II | Date/Time Prepared: 11/25/2020 10:13 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	441,774	0	441,774	12,080.44	36.57	26.00
27.00	Administrative & General	5.00	5,517,034	0	5,517,034	174,699.43	31.58	27.00
28.00	Administrative & General under contract (see inst.)		1,093,060	0	1,093,060	7,513.00	145.49	28.00
29.00	Maintenance & Repairs	6.00	1,269,383	0	1,269,383	38,889.12	32.64	29.00
30.00	Operation of Plant	7.00	925,980	0	925,980	34,224.20	27.06	30.00
31.00	Laundry & Linen Service	8.00	98,783	0	98,783	5,825.15	16.96	31.00
32.00	Housekeeping	9.00	1,844,142	0	1,844,142	113,623.53	16.23	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,630,139	-600,483	1,029,656	58,700.79	17.54	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	600,483	600,483	34,233.61	17.54	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	800,548	0	800,548	19,198.91	41.70	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	1,832,517	0	1,832,517	37,540.98	48.81	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part III Date/Time Prepared: 11/25/2020 10:13 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		53,873,822	0	53,873,822	1,765,707.00	30.51	1.00
2.00	Excluded area salaries (see instructions)		3,684,642	136,736	3,821,378	139,703.00	27.35	2.00
3.00	Subtotal salaries (line 1 minus line 2)		50,189,180	-136,736	50,052,444	1,626,004.00	30.78	3.00
4.00	Subtotal other wages & related costs (see inst.)		7,930,367	0	7,930,367	206,374.39	38.43	4.00
5.00	Subtotal wage-related costs (see inst.)		14,390,655	0	14,390,655	0.00	28.75	5.00
6.00	Total (sum of lines 3 thru 5)		72,510,202	-136,736	72,373,466	1,832,378.39	39.50	6.00
7.00	Total overhead cost (see instructions)		15,453,360	0	15,453,360	536,529.16	28.80	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part IV | Date/Time Prepared: 11/25/2020 10:13 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	1,714,314	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	6,749,777	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	503,886	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	48,766	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)	47,687	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	823,936	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	3,175,311	17.00
18.00	Medicare Taxes - Employers Portion Only	770,323	18.00
19.00	Unemployment Insurance	170,329	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)	14,004,329	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COST		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part V Date/Time Prepared: 11/25/2020 10:13 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	886,966	14,004,329	1.00
2.00	Hospital	886,966	14,004,329	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-10 | Date/Time Prepared: 11/25/2020 10:13 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.227642	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	34,788,144	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	25,442,087	5.00
6.00	Medicaid charges	174,367,884	6.00
7.00	Medicaid cost (line 1 times line 6)	39,693,454	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)	15,756	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	70,776	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	16,112	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)	356	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)	356	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)	13,599,153	909,014	14,508,167	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,095,738	909,014	4,004,752	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)	3,095,738	909,014	4,004,752	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)	6,465,427	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	733,019	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,127,721	27.01
28.00	Non-Medicare bad debt expense (see instructions)	5,337,706	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,609,788	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	5,614,540	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,614,896	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,452,541	2,452,541	111,701	2,564,242	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,102,013	3,102,013	10,806	3,112,819	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	129,744	7,843,490	7,973,234	0	7,973,234	4.00
4.01	00401	MAINTENANCE OF PERSONNEL	312,030	157,623	469,653	0	469,653	4.01
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	292,616	42,067	334,683	0	334,683	5.02
5.03	00570	ADMITTING	965,797	147,466	1,113,263	0	1,113,263	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.04
5.05	00590	OTHER ADMIN & GENERAL	4,258,621	27,662,095	31,920,716	-363,248	31,557,468	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,269,383	2,457,248	3,726,631	0	3,726,631	6.00
7.00	00700	OPERATION OF PLANT	925,980	3,598,928	4,524,908	0	4,524,908	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	98,783	603,098	701,881	0	701,881	8.00
9.00	00900	HOUSEKEEPING	1,844,142	578,055	2,422,197	0	2,422,197	9.00
10.00	01000	DIETARY	1,630,139	1,354,729	2,984,868	-1,099,515	1,885,353	10.00
11.00	01100	CAFETERIA	0	0	0	1,099,515	1,099,515	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	800,548	197,796	998,344	0	998,344	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,832,517	7,328,952	9,161,469	-2,614,215	6,547,254	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	34,495	34,495	0	34,495	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,246,132	2,765,789	16,011,921	-1,854,387	14,157,534	30.00
31.00	03100	INTENSIVE CARE UNIT	2,382,989	627,775	3,010,764	74,191	3,084,955	31.00
40.00	04000	SUBPROVIDER - IPF	1,560,180	243,600	1,803,780	61,705	1,865,485	40.00
41.00	04100	SUBPROVIDER - IRF	1,729,608	851,280	2,580,888	75,031	2,655,919	41.00
43.00	04300	NURSERY	0	0	0	479,840	479,840	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,201,961	3,233,147	6,435,108	0	6,435,108	50.00
51.00	05100	RECOVERY ROOM	326,696	47,975	374,671	0	374,671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,066,470	1,066,470	52.00
53.00	05300	ANESTHESIOLOGY	2,292,458	480,902	2,773,360	0	2,773,360	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,706,017	726,694	2,432,711	0	2,432,711	54.00
54.01	05401	ULTRASOUND	380,649	173,413	554,062	0	554,062	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	488,653	603,693	1,092,346	0	1,092,346	56.00
57.00	05700	CT SCAN	436,334	453,746	890,080	0	890,080	57.00
59.00	05900	CARDIAC CATHETERIZATION	999,905	739,410	1,739,315	0	1,739,315	59.00
60.00	06000	LABORATORY	2,368,677	2,947,945	5,316,622	64,802	5,381,424	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	109,102	669,785	778,887	0	778,887	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	636,997	235,543	872,540	0	872,540	63.02
65.00	06500	RESPIRATORY THERAPY	1,107,450	321,348	1,428,798	0	1,428,798	65.00
66.00	06600	PHYSICAL THERAPY	2,114,777	1,052,880	3,167,657	0	3,167,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	761,151	596,755	1,357,906	0	1,357,906	67.00
68.00	06800	SPEECH PATHOLOGY	346,428	161,375	507,803	0	507,803	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	159,301	53,117	212,418	0	212,418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,754,450	3,754,450	0	3,754,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,403,493	3,403,493	0	3,403,493	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,790,154	2,790,154	73.00
74.00	07400	RENAL DIALYSIS	0	832,596	832,596	0	832,596	74.00
75.01	03480	ONCOLOGY	411,617	661,997	1,073,614	0	1,073,614	75.01
76.97	07697	CARDIAC REHABILITATION	440,349	78,185	518,534	-6,874	511,660	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	221,104	41,486	262,590	0	262,590	90.00
90.01	09001	OP PSYCH	132,867	15,357	148,224	0	148,224	90.01
91.00	09100	EMERGENCY	2,863,106	970,146	3,833,252	97,150	3,930,402	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,784,808	84,304,478	139,089,286	-6,874	139,082,412	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	6,874	6,874	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	87,736	87,736	0	87,736	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/25/2020 10:13 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	
194.01	07954	RETAIL PHARMACY	394,521	6,072,590	6,467,111	0	6,467,111	194.01
194.03	07951	ADVERTISING EXPENSE	333	349,377	349,710	0	349,710	194.03
194.04	07952	REGENCY HOSPITAL	0	14,768	14,768	0	14,768	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	55,179,662	90,828,949	146,008,611	0	146,008,611	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	151,858	2,716,100		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	576,466	3,689,285		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	898,889	8,872,123		4.00
4.01	00401	MAINTENANCE OF PERSONNEL	-6,221	463,432		4.01
5.01	00540	NONPATIENT TELEPHONES	331,829	331,829		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-18,475	316,208		5.02
5.03	00570	ADMITTING	0	1,113,263		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,988,059	1,988,059		5.04
5.05	00590	OTHER ADMIN & GENERAL	-14,643,535	16,913,933		5.05
6.00	00600	MAINTENANCE & REPAIRS	-226	3,726,405		6.00
7.00	00700	OPERATION OF PLANT	-40,645	4,484,263		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-15,556	686,325		8.00
9.00	00900	HOUSEKEEPING	0	2,422,197		9.00
10.00	01000	DIETARY	0	1,885,353		10.00
11.00	01100	CAFETERIA	-284,007	815,508		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	84,916	1,083,260		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0		14.00
15.00	01500	PHARMACY	0	6,547,254		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,549,837	1,584,332		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,878	14,154,656		30.00
31.00	03100	INTENSIVE CARE UNIT	-3,043	3,081,912		31.00
40.00	04000	SUBPROVIDER - IPF	0	1,865,485		40.00
41.00	04100	SUBPROVIDER - IRF	-3,246	2,652,673		41.00
43.00	04300	NURSERY	0	479,840		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-350,000	6,085,108		50.00
51.00	05100	RECOVERY ROOM	0	374,671		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,066,470		52.00
53.00	05300	ANESTHESIOLOGY	-2,514,782	258,578		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-39,021	2,393,690		54.00
54.01	05401	ULTRASOUND	0	554,062		54.01
54.02	03040	AUDIOLOGY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	1,092,346		56.00
57.00	05700	CT SCAN	0	890,080		57.00
59.00	05900	CARDIAC CATHETERIZATION	-23,991	1,715,324		59.00
60.00	06000	LABORATORY	-22,382	5,359,042		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	778,887		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.02	06301	NONINVASIVE LAB	-112,597	759,943		63.02
65.00	06500	RESPIRATORY THERAPY	-500	1,428,298		65.00
66.00	06600	PHYSICAL THERAPY	-106,442	3,061,215		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,357,906		67.00
68.00	06800	SPEECH PATHOLOGY	0	507,803		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	212,418		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,754,450		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,403,493		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,790,154		73.00
74.00	07400	RENAL DIALYSIS	0	832,596		74.00
75.01	03480	ONCOLOGY	-489,891	583,723		75.01
76.97	07697	CARDIAC REHABILITATION	-28,746	482,914		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-4,036	258,554		90.00
90.01	09001	OP PSYCH	0	148,224		90.01
91.00	09100	EMERGENCY	-21,563	3,908,839		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,149,929	125,932,483		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	6,874		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	87,736		192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0		194.00
194.01	07954	RETAIL PHARMACY	0	6,467,111		194.01
194.03	07951	ADVERTISING EXPENSE	0	349,710		194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
194.04	07952	REGENCY HOSPITAL	0	14,768		194.04
194.05	07953	UNUSED SPACE	0	0		194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,149,929	132,858,682		200.00

RECLASSIFICATIONS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-6 | Date/Time Prepared: 11/25/2020 10:13 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - BUILDING INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	111,701	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,806	2.00
	TOTALS		0	122,507	
	B - RECLASS DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,790,154	1.00
	TOTALS		0	2,790,154	
	C - CAFETERIA RECLASS				
1.00	CAFETERIA	11.00	600,483	499,032	1.00
	TOTALS		600,483	499,032	
	D - RESEARCH RECLASS				
1.00	RESEARCH	191.00	0	6,874	1.00
	TOTALS		0	6,874	
	E - FLOAT NURSING RECLASS				
1.00	INTENSIVE CARE UNIT	31.00	74,191	0	1.00
2.00	SUBPROVIDER - IPF	40.00	61,705	0	2.00
3.00	SUBPROVIDER - IRF	41.00	75,031	0	3.00
4.00	NURSERY	43.00	11,747	0	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	26,108	0	5.00
6.00	EMERGENCY	91.00	97,150	0	6.00
	TOTALS		345,932	0	
	F - RECLASS LABOR AND DELIVERY EXPENSE				
1.00	NURSERY	43.00	369,544	98,549	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	821,332	219,030	2.00
	TOTALS		1,190,876	317,579	
	G - RECLASS COVID COSTS				
1.00	PHARMACY	15.00	0	175,939	1.00
2.00	LABORATORY	60.00	0	64,802	2.00
	TOTALS		0	240,741	
500.00	Grand Total: Increases		2,137,291	3,976,887	500.00

RECLASSIFICATIONS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-6 | Date/Time Prepared: 11/25/2020 10:13 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - BUILDING INSURANCE						
1.00	OTHER ADMIN & GENERAL	5.05	0	122,507	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	122,507			
	B - RECLASS DRUGS						
1.00	PHARMACY	15.00	0	2,790,154	0		1.00
	TOTALS		0	2,790,154			
	C - CAFETERIA RECLASS						
1.00	DIETARY	10.00	600,483	499,032	0		1.00
	TOTALS		600,483	499,032			
	D - RESEARCH RECLASS						
1.00	CARDIAC REHABILITATION	76.97	0	6,874	0		1.00
	TOTALS		0	6,874			
	E - FLOAT NURSING RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	345,932	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		345,932	0			
	F - RECLASS LABOR AND DELIVERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	369,544	98,549	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	821,332	219,030	0		2.00
	TOTALS		1,190,876	317,579			
	G - RECLASS COVID COSTS						
1.00	OTHER ADMIN & GENERAL	5.05	0	175,939	0		1.00
2.00	OTHER ADMIN & GENERAL	5.05	0	64,802	0		2.00
	TOTALS		0	240,741			
500.00	Grand Total: Decreases		2,137,291	3,976,887			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-7 Part I | Date/Time Prepared: 11/25/2020 10:13 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,316	0	0	0	0	1.00
2.00	Land Improvements	2,831,386	0	0	0	0	2.00
3.00	Buildings and Fixtures	40,775,906	0	0	0	0	3.00
4.00	Building Improvements	41,371,716	3,936,208	0	3,936,208	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	46,739,366	3,910,157	0	3,910,157	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	131,723,690	7,846,365	0	7,846,365	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	131,723,690	7,846,365	0	7,846,365	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	5,316	0	1.00
2.00	Land Improvements	2,831,386	0	2.00
3.00	Buildings and Fixtures	40,775,906	0	3.00
4.00	Building Improvements	45,307,924	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	50,649,523	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	139,570,055	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	139,570,055	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-7 Part II | Date/Time Prepared: 11/25/2020 10:13 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,452,541	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,102,013	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,554,554	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	2,452,541		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,102,013		2.00
3.00	Total (sum of lines 1-2)	0	5,554,554		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-7 Part III Date/Time Prepared: 11/25/2020 10:13 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	88,920,531	0	88,920,531	0.637103	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	50,649,524	0	50,649,524	0.362897	0	2.00
3.00	Total (sum of lines 1-2)	139,570,055	0	139,570,055	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,604,399	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,678,479	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,282,878	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	111,701	0	0	2,716,100	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,806	0	0	3,689,285	2.00
3.00	Total (sum of lines 1-2)	0	122,507	0	0	6,405,385	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8 | Date/Time Prepared: 11/25/2020 10:13 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-57,139	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-1,528	CAP REL COSTS-MVBLE EQUIP	2.00	9	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,635,929			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-4,030,549			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	92,344	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER OPERATING REVENUE	B	-28,746	CARDIAC REHABILITATION	76.97	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8 | Date/Time Prepared: 11/25/2020 10:13 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.07	LAB REVENUE	B	-2,670	LABORATORY	60.00	0	33.07
33.12	OFFSET OTHER REVENUE	B	-3,626	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	OTHER OPERATING REVENUE	B	-6,221	MAINTENANCE OF PERSONNEL	4.01	0	33.13
33.14	OTHER INCOME	B	-424	CLINIC	90.00	0	33.14
33.15	OTHER INCOME	B	-500	RESPIRATORY THERAPY	65.00	0	33.15
33.16	OFFSET INTERCO REVENUE	B	-112,597	NONINVASIVE LAB	63.02	0	33.16
33.19	OTHER REVENUE ADD BACK FOR 2020	B	18,439	OTHER ADMIN & GENERAL	5.05	0	33.19
33.20	OTHER OPER REV	B	-799	CARDIAC CATHETERIZATION	59.00	0	33.20
33.21	CAFETERIA REVENUE	B	-273,977	CAFETERIA	11.00	0	33.21
33.23	OTHER OPER REVENUE	B	-18,475	PURCHASING RECEIVING AND STORES	5.02	0	33.23
33.26	OTHER OPERATING REVENUE	B	-10,030	CAFETERIA	11.00	0	33.26
33.28	OTHER OPERATING REVENUE	B	-40,645	OPERATION OF PLANT	7.00	0	33.28
33.29	OFFSET OTHER REVENUE	B	-226	MAINTENANCE & REPAIRS	6.00	0	33.29
33.30	RELEASED TEMP REST OP	B	-15,556	LAUNDRY & LINEN SERVICE	8.00	0	33.30
33.31	RELEASED TEMP REST INCOME	B	-3,246	SUBPROVIDER - IRF	41.00	0	33.31
33.33	RELEASED TEMP REST INCOME	B	-919	ADULTS & PEDIATRICS	30.00	0	33.33
33.34	RELEASED TEMP REST INCOME	B	-1,509	MEDICAL RECORDS & LIBRARY	16.00	0	33.34
33.37	RELEASED TEMP REST INCOME	B	-1,959	ADULTS & PEDIATRICS	30.00	0	33.37
34.00	OFFSET TELEPHONE DEPRECIATION	A	-35	CAP REL COSTS-MVBLE EQUIP	2.00	9	34.00
35.00	CRNA SALARIES	A	-750,176	ANESTHESIOLOGY	53.00	0	35.00
35.01	OFFSET BENEFITS CRNA/ANEST	A	-70,058	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.01
35.02	OFFSET BENEFITS FOR ANEST/CRNA	A	-107,379	ANESTHESIOLOGY	53.00	0	35.02
35.03	OFFSET ANESTHESIA OTHER REVENUE	B	-1,636	ANESTHESIOLOGY	53.00	0	35.03
36.00	OFFSET CONTRIBUTION EXPENSE	A	-1,089,920	OTHER ADMIN & GENERAL	5.05	0	36.00
37.00	OFFSET WOUND CLINIC NP	A	-106,442	PHYSICAL THERAPY	66.00	0	37.00
38.00	OFFSET MEDICAL STAFF FEES	B	-300	OTHER ADMIN & GENERAL	5.05	0	38.00
38.01	OFFSET OTHER ANEST PHYS COSTS	A	-113,310	ANESTHESIOLOGY	53.00	0	38.01
40.00	MDWISE ADD BACK	A	490,492	OTHER ADMIN & GENERAL	5.05	0	40.00
45.00	OFFSET OTHER INCOME	B	-5,803	RADIOLOGY-DIAGNOSTIC	54.00	0	45.00
46.00	ELIMINATE PHYSICIAN COSTS	A	-4,407,647	OTHER ADMIN & GENERAL	5.05	0	46.00
46.01	OFFSET SURGERY PART B PHYSICIAN FEES	A	-350,000	OPERATING ROOM	50.00	0	46.01
46.02	OFFSET RADIOLOGY PART B PHYSICIAN FE	A	-22,061	RADIOLOGY-DIAGNOSTIC	54.00	0	46.02
46.04	OFFSET ONCOLOGY PHYSICIAN COSTS	A	-479,167	ONCOLOGY	75.01	0	46.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,149,929				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet A-8-1 Date/Time Prepared: 11/25/2020 10:13 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DEPRECIATION BLDG	59,514	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION EQUIP	578,029	0	2.00
3.00	5.05	OTHER ADMIN & GENERAL	A&G OTHER	4,801,072	19,267,011	3.00
3.01	5.01	NONPATIENT TELEPHONES	TELECOMMUNICATIONS	388,968	0	3.01
3.02	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,551,346	0	3.02
3.03	5.04	CASHIERING/ACCOUNTS RECEIVAB	PATIENT ACCOUNTING	1,988,059	0	3.03
3.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	ALLOCATED BENEFIT COSTS	972,573	0	3.04
3.05	5.05	OTHER ADMIN & GENERAL	ALLOCATED SALARY COSTS	4,811,340	0	3.05
4.00	13.00	NURSING ADMINISTRATION	CANCER REGISTRY	85,561	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,236,462	19,267,011	5.00

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

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

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

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

6.00	G	CFNI	100.00	CFNI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet A-8-1 Date/Time Prepared: 11/25/2020 10:13 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	59,514	9		1.00
2.00	578,029	9		2.00
3.00	-14,465,939	0		3.00
3.01	388,968	0		3.01
3.02	1,551,346	0		3.02
3.03	1,988,059	0		3.03
3.04	972,573	0		3.04
3.05	4,811,340	0		3.05
4.00	85,561	0		4.00
5.00	-4,030,549			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HEALTHCARE HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8-2 | Date/Time Prepared: 11/25/2020 10:13 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	5.05	AGGREGATE-OTHER ADMIN & GENERAL	28,500	0	28,500	211,500	285	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	6,441	0	6,441	211,500	57	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	11,050	0	11,050	211,500	111	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	13,425	0	13,425	211,500	134	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	20,736	0	20,736	211,500	174	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	1,542,281	1,542,281	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	24,752	0	24,752	271,900	104	7.00
8.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	43,427	0	43,427	211,500	199	8.00
9.00	60.00	AGGREGATE-LABORATORY	52,750	0	52,750	260,300	264	9.00
10.00	75.01	AGGREGATE-ONCOLOGY	20,181	0	20,181	211,500	93	10.00
11.00	90.00	AGGREGATE-CLINIC	15,000	0	15,000	211,500	112	11.00
12.00	91.00	AGGREGATE-EMERGENCY	21,563	21,563	0	0	0	12.00
200.00			1,800,106	1,563,844	236,262		1,533	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	5.05	AGGREGATE-OTHER ADMIN & GENERAL	28,980	1,449	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	5,796	290	0	0	0	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	11,287	564	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	13,625	681	0	0	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	17,693	885	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	13,595	680	0	0	0	7.00
8.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	20,235	1,012	0	0	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	33,038	1,652	0	0	0	9.00
10.00	75.01	AGGREGATE-ONCOLOGY	9,457	473	0	0	0	10.00
11.00	90.00	AGGREGATE-CLINIC	11,388	569	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
200.00			165,094	8,255	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	5.05	AGGREGATE-OTHER ADMIN & GENERAL	0	28,980	0	0		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	5,796	645	645		2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	11,287	0	0		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	13,625	0	0		4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	17,693	3,043	3,043		5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	1,542,281		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	13,595	11,157	11,157		7.00
8.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	20,235	23,192	23,192		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	33,038	19,712	19,712		9.00
10.00	75.01	AGGREGATE-ONCOLOGY	0	9,457	10,724	10,724		10.00
11.00	90.00	AGGREGATE-CLINIC	0	11,388	3,612	3,612		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	21,563		12.00
200.00			0	165,094	72,085	1,635,929		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	MAINTENANCE OF PERSONNEL	
			0	1.00	2.00	4.00	4.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,716,100	2,716,100				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,689,285		3,689,285			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,872,123	2,259	520	8,874,902		4.00
4.01	00401	MAINTENANCE OF PERSONNEL	463,432	12,171	0	52,490	528,093	4.01
5.01	00540	NONPATIENT TELEPHONES	331,829	5,374	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	316,208	50,949	1,140	49,224	5,152	5.02
5.03	00570	ADMITTING	1,113,263	22,082	348	162,467	16,379	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,988,059	0	0	0	0	5.04
5.05	00590	OTHER ADMIN & GENERAL	16,913,933	250,384	118,721	716,389	30,796	5.05
6.00	00600	MAINTENANCE & REPAIRS	3,726,405	381,608	131,925	213,537	11,651	6.00
7.00	00700	OPERATION OF PLANT	4,484,263	112,441	34,951	155,769	10,249	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	686,325	10,428	1,549	16,617	1,744	8.00
9.00	00900	HOUSEKEEPING	2,422,197	45,837	16,212	310,223	34,036	9.00
10.00	01000	DIETARY	1,885,353	72,227	46,316	173,210	17,582	10.00
11.00	01100	CAFETERIA	815,508	29,269	27,014	101,014	10,255	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,083,260	13,990	119,954	134,669	5,751	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	6,547,254	26,486	140,499	308,268	11,246	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,584,332	15,981	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	14,154,656	417,856	209,513	1,969,746	122,134	30.00
31.00	03100	INTENSIVE CARE UNIT	3,081,912	58,914	117,989	413,349	21,239	31.00
40.00	04000	SUBPROVIDER - IPF	1,865,485	47,924	41,262	272,835	17,663	40.00
41.00	04100	SUBPROVIDER - IRF	2,652,673	90,429	61,100	303,578	21,482	41.00
43.00	04300	NURSERY	479,840	13,524	0	64,141	3,364	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,085,108	200,604	646,294	538,637	28,048	50.00
51.00	05100	RECOVERY ROOM	374,671	7,748	948	54,957	2,424	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,066,470	30,066	0	142,557	7,476	52.00
53.00	05300	ANESTHESIOLOGY	258,578	2,042	59,997	0	4,448	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,393,690	56,616	442,131	286,988	17,881	54.00
54.01	05401	ULTRASOUND	554,062	6,854	104,672	64,033	2,249	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	1,092,346	9,841	49,005	82,202	2,723	56.00
57.00	05700	CT SCAN	890,080	7,742	154,293	73,401	3,838	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,715,324	40,067	421,231	168,205	7,302	59.00
60.00	06000	LABORATORY	5,359,042	63,075	200,060	398,461	25,980	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	778,887	4,697	39,042	18,353	1,072	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	759,943	13,498	220,247	107,156	5,732	63.02
65.00	06500	RESPIRATORY THERAPY	1,428,298	10,952	58,106	186,296	10,305	65.00
66.00	06600	PHYSICAL THERAPY	3,061,215	67,038	24,655	355,750	17,227	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,357,906	19,012	6,381	128,042	6,068	67.00
68.00	06800	SPEECH PATHOLOGY	507,803	3,606	10,504	58,276	2,529	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	212,418	16,274	32,744	26,798	1,832	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,754,450	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,403,493	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,790,154	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	832,596	5,374	0	0	0	74.00
75.01	03480	ONCOLOGY	583,723	38,835	4,408	69,243	4,006	75.01
76.97	07697	CARDIAC REHABILITATION	482,914	35,421	21,487	74,076	3,670	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	258,554	27,073	406	37,194	1,047	90.00
90.01	09001	OP PSYCH	148,224	10,160	0	22,351	1,003	90.01
91.00	09100	EMERGENCY	3,908,839	64,102	87,421	497,977	27,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	125,932,483	2,420,830	3,653,045	8,808,479	525,395	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,129	0	0	0	190.00
191.00	19100	RESEARCH	6,874	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	MAINTENANCE OF PERSONNEL	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	87,736	165,751	0	0	0	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00
194.01	07954	RETAIL PHARMACY	6,467,111	6,848	34,905	66,367	2,698	194.01
194.03	07951	ADVERTISING EXPENSE	349,710	9,943	0	56	0	194.03
194.04	07952	REGENCY HOSPITAL	14,768	105,599	1,335	0	0	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
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)	132,858,682	2,716,100	3,689,285	8,874,902	528,093	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.01	5.02	5.03	5.04	5A.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NONPATIENT TELEPHONES	337,203					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	5,137	427,810				5.02
5.03	00570	ADMITTING	5,137	944	1,320,620			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,988,059		5.04
5.05	00590	OTHER ADMIN & GENERAL	61,337	1,629	0	0	18,093,189	5.05
6.00	00600	MAINTENANCE & REPAIRS	2,115	822	0	0	4,468,063	6.00
7.00	00700	OPERATION OF PLANT	5,439	185	0	0	4,803,297	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	604	142	0	0	717,409	8.00
9.00	00900	HOUSEKEEPING	3,626	1,322	0	0	2,833,453	9.00
10.00	01000	DIETARY	7,252	7,032	0	0	2,208,972	10.00
11.00	01100	CAFETERIA	0	4,101	0	0	987,161	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	906	1,231	0	0	1,359,761	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	9,971	7,603	0	0	7,051,327	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,439	0	0	0	1,605,752	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	66,776	68,656	171,473	258,148	17,438,958	30.00
31.00	03100	INTENSIVE CARE UNIT	8,762	21,243	17,751	26,723	3,767,882	31.00
40.00	04000	SUBPROVIDER - IPF	4,230	2,543	34,848	52,463	2,339,253	40.00
41.00	04100	SUBPROVIDER - IRF	17,223	9,579	17,747	26,718	3,200,529	41.00
43.00	04300	NURSERY	0	0	4,718	7,103	572,690	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,453	68,893	111,742	168,225	7,869,004	50.00
51.00	05100	RECOVERY ROOM	1,209	676	6,434	9,686	458,753	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,487	15,788	1,272,844	52.00
53.00	05300	ANESTHESIOLOGY	1,813	9,944	14,972	22,540	374,334	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,180	4,945	56,508	85,071	3,355,010	54.00
54.01	05401	ULTRASOUND	2,417	4,387	18,498	27,848	785,020	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	2,719	835	24,784	37,312	1,301,767	56.00
57.00	05700	CT SCAN	1,209	5,348	71,726	107,982	1,315,619	57.00
59.00	05900	CARDIAC CATHETERIZATION	16,316	15,664	65,213	98,176	2,547,498	59.00
60.00	06000	LABORATORY	17,525	115,108	158,375	238,430	6,576,056	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,115	7,930	7,460	11,231	870,787	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	2,417	1,541	36,378	54,766	1,201,678	63.02
65.00	06500	RESPIRATORY THERAPY	3,022	8,264	24,135	36,335	1,765,713	65.00
66.00	06600	PHYSICAL THERAPY	10,878	11,722	30,786	46,347	3,625,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	872	14,494	21,820	1,554,595	67.00
68.00	06800	SPEECH PATHOLOGY	604	81	3,673	5,530	592,606	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,115	1,341	10,595	15,951	320,068	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	26,151	39,369	3,819,970	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	21,086	31,745	3,456,324	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	175,617	264,286	3,230,057	73.00
74.00	07400	RENAL DIALYSIS	0	507	9,380	14,121	861,978	74.00
75.01	03480	ONCOLOGY	604	3,816	7,943	11,957	724,535	75.01
76.97	07697	CARDIAC REHABILITATION	2,417	416	1,643	2,473	624,517	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	472	1,030	1,551	327,327	90.00
90.01	09001	OP PSYCH	0	5	1,538	2,316	185,597	90.01
91.00	09100	EMERGENCY	12,690	37,059	163,435	246,048	5,045,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	316,657	426,858	1,320,620	1,988,059	125,510,354	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	7,129	190.00
191.00	19100	RESEARCH	0	0	0	0	6,874	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	604	0	0	0	254,091	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00
194.01	07954	RETAIL PHARMACY	0	909	0	0	6,578,838	194.01
194.03	07951	ADVERTISING EXPENSE	1,511	6	0	0	361,226	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.01	5.02	5.03	5.04	5A.04	
194.04	07952	REGENCY HOSPITAL	18,431	37	0	0	140,170	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
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)	337,203	427,810	1,320,620	1,988,059	132,858,682	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN & GENERAL	18,093,189					5.05
6.00	00600	MAINTENANCE & REPAIRS	704,408	5,172,471				6.00
7.00	00700	OPERATION OF PLANT	757,259	292,072	5,852,628			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	113,102	27,089	32,485	890,085		8.00
9.00	00900	HOUSEKEEPING	446,705	119,064	142,782	0	3,542,004	9.00
10.00	01000	DIETARY	348,253	187,614	224,989	0	114,210	10.00
11.00	01100	CAFETERIA	155,630	76,027	91,172	0	37,329	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	214,372	36,339	43,578	0	11,999	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,111,670	68,799	82,504	0	12,665	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	253,153	41,511	49,781	0	19,998	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,749,271	1,085,413	1,301,644	299,499	940,122	30.00
31.00	03100	INTENSIVE CARE UNIT	594,022	153,032	183,518	43,193	164,383	31.00
40.00	04000	SUBPROVIDER - IPF	368,793	124,485	149,283	42,692	155,539	40.00
41.00	04100	SUBPROVIDER - IRF	504,576	234,895	281,688	67,855	178,803	41.00
43.00	04300	NURSERY	90,287	35,129	42,127	10,510	6,222	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,240,580	521,082	624,887	123,697	440,620	50.00
51.00	05100	RECOVERY ROOM	72,324	20,126	24,135	26,409	22,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	200,669	78,099	93,657	28,281	0	52.00
53.00	05300	ANESTHESIOLOGY	59,015	5,305	6,362	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	528,931	147,064	176,361	24,866	149,451	54.00
54.01	05401	ULTRASOUND	123,762	17,805	21,352	24,576	9,377	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	205,229	25,563	30,656	9,132	11,221	56.00
57.00	05700	CT SCAN	207,413	20,109	24,115	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	401,623	104,077	124,810	18,264	92,435	59.00
60.00	06000	LABORATORY	1,036,742	163,841	196,480	0	98,878	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	137,283	12,201	14,632	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	189,449	35,063	42,047	7,519	9,688	63.02
65.00	06500	RESPIRATORY THERAPY	278,372	28,448	34,115	0	19,109	65.00
66.00	06600	PHYSICAL THERAPY	571,593	174,136	208,826	18,562	133,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	245,088	49,386	59,224	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	93,427	9,367	11,233	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,460	42,274	50,696	11,403	14,021	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	602,234	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	544,903	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	509,231	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	135,894	13,959	16,739	0	4,222	74.00
75.01	03480	ONCOLOGY	114,226	100,878	120,973	0	42,440	75.01
76.97	07697	CARDIAC REHABILITATION	98,458	92,008	110,337	0	9,999	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	51,604	70,324	84,333	2,866	7,777	90.00
90.01	09001	OP PSYCH	29,260	26,392	31,650	0	3,333	90.01
91.00	09100	EMERGENCY	795,425	166,510	199,681	70,291	471,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,934,696	4,405,486	4,932,852	829,615	3,180,308	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,124	18,518	22,207	0	13,999	190.00
191.00	19100	RESEARCH	1,084	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	40,058	430,549	516,319	0	13,332	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00
194.01	07954	RETAIL PHARMACY	1,037,180	17,788	21,332	0	5,333	194.01
194.03	07951	ADVERTISING EXPENSE	56,949	25,829	30,974	0	3,333	194.03
194.04	07952	REGENCY HOSPITAL	22,098	274,301	328,944	60,470	325,699	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	6.00	7.00	8.00	9.00	
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,093,189	5,172,471	5,852,628	890,085	3,542,004	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,084,038					10.00
11.00	01100	CAFETERIA	0	1,347,319				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	19,853	0	1,685,902		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	38,825	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,096,923	421,673	0	780,966	0	30.00
31.00	03100	INTENSIVE CARE UNIT	103,441	73,326	0	135,813	0	31.00
40.00	04000	SUBPROVIDER - IPF	245,456	60,980	0	112,955	0	40.00
41.00	04100	SUBPROVIDER - IRF	371,582	74,165	0	137,349	0	41.00
43.00	04300	NURSERY	0	11,615	0	21,502	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	96,836	0	179,337	0	50.00
51.00	05100	RECOVERY ROOM	0	8,367	0	15,496	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,812	0	47,793	0	52.00
53.00	05300	ANESTHESIOLOGY	0	15,358	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61,733	0	0	0	54.00
54.01	05401	ULTRASOUND	0	7,765	0	0	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	9,400	0	0	0	56.00
57.00	05700	CT SCAN	0	13,250	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,209	0	46,695	0	59.00
60.00	06000	LABORATORY	0	89,695	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,700	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0	19,789	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	35,577	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	59,474	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	20,950	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,733	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,324	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03480	ONCOLOGY	0	13,831	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	12,669	0	23,450	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,614	0	6,707	0	90.00
90.01	09001	OP PSYCH	0	3,463	0	0	0	90.01
91.00	09100	EMERGENCY	0	96,019	0	177,839	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,817,402	1,338,005	0	1,685,902	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00
194.01	07954	RETAIL PHARMACY	0	9,314	0	0	0	194.01
194.03	07951	ADVERTISING EXPENSE	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
194.04	07952	REGENCY HOSPITAL	266,636	0	0	0	0	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,084,038	1,347,319	0	1,685,902	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
			15.00	16.00	17.00	19.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	8,365,790					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,970,195				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	255,783	0	0	27,370,252	30.00
31.00	03100	INTENSIVE CARE UNIT	0	26,478	0	0	5,245,088	31.00
40.00	04000	SUBPROVIDER - IPF	0	51,983	0	0	3,651,419	40.00
41.00	04100	SUBPROVIDER - IRF	0	26,473	0	0	5,077,915	41.00
43.00	04300	NURSERY	0	7,038	0	0	797,120	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	166,683	0	0	11,262,726	50.00
51.00	05100	RECOVERY ROOM	0	9,598	0	0	657,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,643	0	0	1,762,798	52.00
53.00	05300	ANESTHESIOLOGY	0	22,334	0	0	482,708	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	84,292	0	0	4,527,708	54.00
54.01	05401	ULTRASOUND	0	27,593	0	0	1,017,250	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	36,971	0	0	1,629,939	56.00
57.00	05700	CT SCAN	0	106,993	0	0	1,687,499	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	97,276	0	0	3,457,887	59.00
60.00	06000	LABORATORY	0	236,246	0	0	8,397,938	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,128	0	0	1,049,731	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0	54,264	0	0	1,559,497	63.02
65.00	06500	RESPIRATORY THERAPY	0	36,002	0	0	2,197,336	65.00
66.00	06600	PHYSICAL THERAPY	0	45,923	0	0	4,837,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	21,620	0	0	1,950,863	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,479	0	0	720,845	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,805	0	0	511,051	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	39,009	0	0	4,461,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	31,454	0	0	4,032,681	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,365,790	262,212	0	0	12,367,290	73.00
74.00	07400	RENAL DIALYSIS	0	13,992	0	0	1,046,784	74.00
75.01	03480	ONCOLOGY	0	11,848	0	0	1,128,731	75.01
76.97	07697	CARDIAC REHABILITATION	0	2,450	0	0	973,888	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,537	0	0	556,089	90.00
90.01	09001	OP PSYCH	0	2,295	0	0	281,990	90.01
91.00	09100	EMERGENCY	0	243,793	0	0	7,266,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,365,790	1,970,195	0	0	121,966,984	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	62,977	190.00
191.00	19100	RESEARCH	0	0	0	0	7,958	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,254,349	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00
194.01	07954	RETAIL PHARMACY	0	0	0	0	7,669,785	194.01
194.03	07951	ADVERTISING EXPENSE	0	0	0	0	478,311	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
			15.00	16.00	17.00	19.00	24.00	
194.04	07952	REGENCY HOSPITAL	0	0	0	0	1,418,318	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,365,790	1,970,195	0	0	132,858,682	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	MAINTENANCE OF PERSONNEL				4.01
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00570	ADMITTING				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER ADMIN & GENERAL				5.05
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	27,370,252		30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,245,088		31.00
40.00	04000	SUBPROVIDER - IPF	0	3,651,419		40.00
41.00	04100	SUBPROVIDER - IRF	0	5,077,915		41.00
43.00	04300	NURSERY	0	797,120		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	11,262,726		50.00
51.00	05100	RECOVERY ROOM	0	657,495		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,762,798		52.00
53.00	05300	ANESTHESIOLOGY	0	482,708		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,527,708		54.00
54.01	05401	ULTRASOUND	0	1,017,250		54.01
54.02	03040	AUDIOLOGY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	1,629,939		56.00
57.00	05700	CT SCAN	0	1,687,499		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,457,887		59.00
60.00	06000	LABORATORY	0	8,397,938		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,049,731		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.02	06301	NONINVASIVE LAB	0	1,559,497		63.02
65.00	06500	RESPIRATORY THERAPY	0	2,197,336		65.00
66.00	06600	PHYSICAL THERAPY	0	4,837,140		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,950,863		67.00
68.00	06800	SPEECH PATHOLOGY	0	720,845		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	511,051		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,461,213		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,032,681		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,367,290		73.00
74.00	07400	RENAL DIALYSIS	0	1,046,784		74.00
75.01	03480	ONCOLOGY	0	1,128,731		75.01
76.97	07697	CARDIAC REHABILITATION	0	973,888		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	556,089		90.00
90.01	09001	OP PSYCH	0	281,990		90.01
91.00	09100	EMERGENCY	0	7,266,113		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	121,966,984		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,977		190.00
191.00	19100	RESEARCH	0	7,958		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,254,349		192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0		194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
194.01	07954	RETAIL PHARMACY	0	7,669,785	194.01
194.03	07951	ADVERTISING EXPENSE	0	478,311	194.03
194.04	07952	REGENCY HOSPITAL	0	1,418,318	194.04
194.05	07953	UNUSED SPACE	0	0	194.05
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	132,858,682	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,259	520	2,779	2,779	4.00
4.01	00401	MAINTENANCE OF PERSONNEL	0	12,171	0	12,171	17	4.01
5.01	00540	NONPATIENT TELEPHONES	0	5,374	0	5,374	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	50,949	1,140	52,089	16	5.02
5.03	00570	ADMITTING	0	22,082	348	22,430	51	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.04
5.05	00590	OTHER ADMIN & GENERAL	0	250,384	118,721	369,105	226	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	381,608	131,925	513,533	67	6.00
7.00	00700	OPERATION OF PLANT	0	112,441	34,951	147,392	49	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	10,428	1,549	11,977	5	8.00
9.00	00900	HOUSEKEEPING	0	45,837	16,212	62,049	98	9.00
10.00	01000	DIETARY	0	72,227	46,316	118,543	55	10.00
11.00	01100	CAFETERIA	0	29,269	27,014	56,283	32	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	13,990	119,954	133,944	42	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	26,486	140,499	166,985	97	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,981	0	15,981	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	417,856	209,513	627,369	603	30.00
31.00	03100	INTENSIVE CARE UNIT	0	58,914	117,989	176,903	130	31.00
40.00	04000	SUBPROVIDER - IPF	0	47,924	41,262	89,186	86	40.00
41.00	04100	SUBPROVIDER - IRF	0	90,429	61,100	151,529	96	41.00
43.00	04300	NURSERY	0	13,524	0	13,524	20	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	200,604	646,294	846,898	170	50.00
51.00	05100	RECOVERY ROOM	0	7,748	948	8,696	17	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	30,066	0	30,066	45	52.00
53.00	05300	ANESTHESIOLOGY	0	2,042	59,997	62,039	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	56,616	442,131	498,747	90	54.00
54.01	05401	ULTRASOUND	0	6,854	104,672	111,526	20	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	9,841	49,005	58,846	26	56.00
57.00	05700	CT SCAN	0	7,742	154,293	162,035	23	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,067	421,231	461,298	53	59.00
60.00	06000	LABORATORY	0	63,075	200,060	263,135	126	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,697	39,042	43,739	6	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0	13,498	220,247	233,745	34	63.02
65.00	06500	RESPIRATORY THERAPY	0	10,952	58,106	69,058	59	65.00
66.00	06600	PHYSICAL THERAPY	0	67,038	24,655	91,693	112	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,012	6,381	25,393	40	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,606	10,504	14,110	18	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,274	32,744	49,018	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,374	0	5,374	0	74.00
75.01	03480	ONCOLOGY	0	38,835	4,408	43,243	22	75.01
76.97	07697	CARDIAC REHABILITATION	0	35,421	21,487	56,908	23	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	27,073	406	27,479	12	90.00
90.01	09001	OP PSYCH	0	10,160	0	10,160	7	90.01
91.00	09100	EMERGENCY	0	64,102	87,421	151,523	157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,420,830	3,653,045	6,073,875	2,758	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,129	0	7,129	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	165,751	0	165,751	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00
194.01	07954	RETAIL PHARMACY	0	6,848	34,905	41,753	21	194.01
194.03	07951	ADVERTISING EXPENSE	0	9,943	0	9,943	0	194.03
194.04	07952	REGENCY HOSPITAL	0	105,599	1,335	106,934	0	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,716,100	3,689,285	6,405,385	2,779	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	MAINTENANCE OF PERSONNEL	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			4.01	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL	12,188					4.01
5.01	00540	NONPATIENT TELEPHONES	0	5,374				5.01
5.02	00560	PURCHASING RECEIVING AND STORES	119	82	52,306			5.02
5.03	00570	ADMITTING	378	82	115	23,056		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.04
5.05	00590	OTHER ADMIN & GENERAL	711	978	199	0	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	269	34	101	0	0	6.00
7.00	00700	OPERATION OF PLANT	237	87	23	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	40	10	17	0	0	8.00
9.00	00900	HOUSEKEEPING	786	58	162	0	0	9.00
10.00	01000	DIETARY	406	116	860	0	0	10.00
11.00	01100	CAFETERIA	237	0	501	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	133	14	151	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	260	159	930	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	87	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,814	1,061	8,394	2,991	0	30.00
31.00	03100	INTENSIVE CARE UNIT	490	140	2,597	310	0	31.00
40.00	04000	SUBPROVIDER - IPF	408	67	311	608	0	40.00
41.00	04100	SUBPROVIDER - IRF	496	274	1,171	310	0	41.00
43.00	04300	NURSERY	78	0	0	82	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	647	342	8,423	1,949	0	50.00
51.00	05100	RECOVERY ROOM	56	19	83	112	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	173	0	0	183	0	52.00
53.00	05300	ANESTHESIOLOGY	103	29	1,216	261	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	413	178	605	986	0	54.00
54.01	05401	ULTRASOUND	52	39	536	323	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	63	43	102	432	0	56.00
57.00	05700	CT SCAN	89	19	654	1,251	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	169	260	1,915	1,138	0	59.00
60.00	06000	LABORATORY	600	279	14,073	2,763	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25	34	969	130	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	132	39	188	635	0	63.02
65.00	06500	RESPIRATORY THERAPY	238	48	1,010	421	0	65.00
66.00	06600	PHYSICAL THERAPY	398	173	1,433	537	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	140	0	107	253	0	67.00
68.00	06800	SPEECH PATHOLOGY	58	10	10	64	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42	34	164	185	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	456	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	368	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,080	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	62	164	0	74.00
75.01	03480	ONCOLOGY	92	10	467	139	0	75.01
76.97	07697	CARDIAC REHABILITATION	85	39	51	29	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	24	0	58	18	0	90.00
90.01	09001	OP PSYCH	23	0	1	27	0	90.01
91.00	09100	EMERGENCY	642	202	4,531	2,851	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,126	5,046	52,190	23,056	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10	0	0	0	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00
194.01	07954	RETAIL PHARMACY	62	0	111	0	0	194.01
194.03	07951	ADVERTISING EXPENSE	0	24	1	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	MAINTENANCE OF PERSONNEL	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			4.01	5.01	5.02	5.03	5.04	
194.04	07952	REGENCY HOSPITAL	0	294	4	0	0	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,188	5,374	52,306	23,056	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN & GENERAL	371,219					5.05
6.00	00600	MAINTENANCE & REPAIRS	14,454	528,458				6.00
7.00	00700	OPERATION OF PLANT	15,539	29,840	193,167			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,321	2,768	1,072	18,210		8.00
9.00	00900	HOUSEKEEPING	9,166	12,164	4,713	0	89,196	9.00
10.00	01000	DIETARY	7,146	19,168	7,426	0	2,876	10.00
11.00	01100	CAFETERIA	3,193	7,767	3,009	0	940	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,399	3,713	1,438	0	302	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	22,811	7,029	2,723	0	319	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,195	4,241	1,643	0	504	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	56,369	110,895	42,962	6,126	23,672	30.00
31.00	03100	INTENSIVE CARE UNIT	12,189	15,635	6,057	884	4,140	31.00
40.00	04000	SUBPROVIDER - IPF	7,567	12,718	4,927	873	3,917	40.00
41.00	04100	SUBPROVIDER - IRF	10,354	23,999	9,297	1,388	4,503	41.00
43.00	04300	NURSERY	1,853	3,589	1,390	215	157	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,456	53,238	20,624	2,531	11,096	50.00
51.00	05100	RECOVERY ROOM	1,484	2,056	797	540	561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,118	7,979	3,091	579	0	52.00
53.00	05300	ANESTHESIOLOGY	1,211	542	210	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,853	15,025	5,821	509	3,764	54.00
54.01	05401	ULTRASOUND	2,540	1,819	705	503	236	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	4,211	2,612	1,012	187	283	56.00
57.00	05700	CT SCAN	4,256	2,055	796	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	8,241	10,633	4,119	374	2,328	59.00
60.00	06000	LABORATORY	21,274	16,739	6,485	0	2,490	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,817	1,247	483	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	3,887	3,582	1,388	154	244	63.02
65.00	06500	RESPIRATORY THERAPY	5,712	2,906	1,126	0	481	65.00
66.00	06600	PHYSICAL THERAPY	11,729	17,791	6,892	380	3,349	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,029	5,046	1,955	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,917	957	371	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,035	4,319	1,673	233	353	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,358	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,181	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,449	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,788	1,426	552	0	106	74.00
75.01	03480	ONCOLOGY	2,344	10,306	3,993	0	1,069	75.01
76.97	07697	CARDIAC REHABILITATION	2,020	9,400	3,642	0	252	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,059	7,185	2,783	59	196	90.00
90.01	09001	OP PSYCH	600	2,696	1,045	0	84	90.01
91.00	09100	EMERGENCY	16,322	17,012	6,590	1,438	11,865	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	347,447	450,097	162,810	16,973	80,087	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23	1,892	733	0	353	190.00
191.00	19100	RESEARCH	22	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	822	43,988	17,041	0	336	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00
194.01	07954	RETAIL PHARMACY	21,283	1,817	704	0	134	194.01
194.03	07951	ADVERTISING EXPENSE	1,169	2,639	1,022	0	84	194.03
194.04	07952	REGENCY HOSPITAL	453	28,025	10,857	1,237	8,202	194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	6.00	7.00	8.00	9.00	
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	371,219	528,458	193,167	18,210	89,196	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	156,596					10.00
11.00	01100	CAFETERIA	0	71,962				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,060	0	145,196		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	2,074	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	106,474	22,523	0	67,258	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,252	3,916	0	11,697	0	31.00
40.00	04000	SUBPROVIDER - IPF	12,463	3,257	0	9,728	0	40.00
41.00	04100	SUBPROVIDER - IRF	18,868	3,961	0	11,829	0	41.00
43.00	04300	NURSERY	0	620	0	1,852	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	5,172	0	15,445	0	50.00
51.00	05100	RECOVERY ROOM	0	447	0	1,335	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,379	0	4,116	0	52.00
53.00	05300	ANESTHESIOLOGY	0	820	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,297	0	0	0	54.00
54.01	05401	ULTRASOUND	0	415	0	0	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	502	0	0	0	56.00
57.00	05700	CT SCAN	0	708	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,346	0	4,022	0	59.00
60.00	06000	LABORATORY	0	4,791	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	198	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0	1,057	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	1,900	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,177	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,119	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	466	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	338	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03480	ONCOLOGY	0	739	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	677	0	2,020	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	193	0	578	0	90.00
90.01	09001	OP PSYCH	0	185	0	0	0	90.01
91.00	09100	EMERGENCY	0	5,128	0	15,316	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	143,057	71,465	0	145,196	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00
194.01	07954	RETAIL PHARMACY	0	497	0	0	0	194.01
194.03	07951	ADVERTISING EXPENSE	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
194.04	07952	REGENCY HOSPITAL	13,539	0	0	0	0	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	156,596	71,962	0	145,196	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
			15.00	16.00	17.00	19.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	203,387					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	27,651				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,617	0		1,083,128	30.00
31.00	03100	INTENSIVE CARE UNIT	0	374	0		240,714	31.00
40.00	04000	SUBPROVIDER - IPF	0	735	0		146,851	40.00
41.00	04100	SUBPROVIDER - IRF	0	374	0		238,449	41.00
43.00	04300	NURSERY	0	100	0		23,480	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,357	0		994,348	50.00
51.00	05100	RECOVERY ROOM	0	136	0		16,339	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	221	0		51,950	52.00
53.00	05300	ANESTHESIOLOGY	0	316	0		66,747	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,192	0		541,480	54.00
54.01	05401	ULTRASOUND	0	390	0		119,104	54.01
54.02	03040	AUDIOLOGY	0	0	0		0	54.02
56.00	05600	RADIOISOTOPE	0	523	0		68,842	56.00
57.00	05700	CT SCAN	0	1,513	0		173,399	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,376	0		497,272	59.00
60.00	06000	LABORATORY	0	3,341	0		336,096	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	157	0		49,805	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		0	62.30
63.02	06301	NONINVASIVE LAB	0	767	0		245,852	63.02
65.00	06500	RESPIRATORY THERAPY	0	509	0		83,468	65.00
66.00	06600	PHYSICAL THERAPY	0	649	0		138,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	306	0		39,388	67.00
68.00	06800	SPEECH PATHOLOGY	0	77	0		18,058	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	224	0		57,626	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	552	0		13,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	445	0		11,994	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	203,387	3,497	0		220,413	73.00
74.00	07400	RENAL DIALYSIS	0	198	0		10,670	74.00
75.01	03480	ONCOLOGY	0	168	0		62,592	75.01
76.97	07697	CARDIAC REHABILITATION	0	35	0		75,181	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		0	76.98
76.99	07699	LITHOTRIPSY	0	0	0		0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	22	0		39,666	90.00
90.01	09001	OP PSYCH	0	32	0		14,860	90.01
91.00	09100	EMERGENCY	0	3,448	0		237,025	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	203,387	27,651	0	0	5,916,476	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		10,130	190.00
191.00	19100	RESEARCH	0	0	0		22	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		227,948	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0		0	194.00
194.01	07954	RETAIL PHARMACY	0	0	0		66,382	194.01
194.03	07951	ADVERTISING EXPENSE	0	0	0		14,882	194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
			15.00	16.00	17.00	19.00	24.00	
194.04	07952	REGENCY HOSPITAL	0	0	0		169,545	194.04
194.05	07953	UNUSED SPACE	0	0	0		0	194.05
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	203,387	27,651	0	0	6,405,385	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	MAINTENANCE OF PERSONNEL				4.01
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00570	ADMITTING				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER ADMIN & GENERAL				5.05
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,083,128		30.00
31.00	03100	INTENSIVE CARE UNIT	0	240,714		31.00
40.00	04000	SUBPROVIDER - IPF	0	146,851		40.00
41.00	04100	SUBPROVIDER - IRF	0	238,449		41.00
43.00	04300	NURSERY	0	23,480		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	994,348		50.00
51.00	05100	RECOVERY ROOM	0	16,339		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	51,950		52.00
53.00	05300	ANESTHESIOLOGY	0	66,747		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	541,480		54.00
54.01	05401	ULTRASOUND	0	119,104		54.01
54.02	03040	AUDIOLOGY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	68,842		56.00
57.00	05700	CT SCAN	0	173,399		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	497,272		59.00
60.00	06000	LABORATORY	0	336,096		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	49,805		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.02	06301	NONINVASIVE LAB	0	245,852		63.02
65.00	06500	RESPIRATORY THERAPY	0	83,468		65.00
66.00	06600	PHYSICAL THERAPY	0	138,313		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	39,388		67.00
68.00	06800	SPEECH PATHOLOGY	0	18,058		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	57,626		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,366		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,994		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	220,413		73.00
74.00	07400	RENAL DIALYSIS	0	10,670		74.00
75.01	03480	ONCOLOGY	0	62,592		75.01
76.97	07697	CARDIAC REHABILITATION	0	75,181		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	39,666		90.00
90.01	09001	OP PSYCH	0	14,860		90.01
91.00	09100	EMERGENCY	0	237,025		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,916,476		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,130		190.00
191.00	19100	RESEARCH	0	22		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	227,948		192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0		194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
194.01	07954	RETAIL PHARMACY	0	66,382	194.01
194.03	07951	ADVERTISING EXPENSE	0	14,882	194.03
194.04	07952	REGENCY HOSPITAL	0	169,545	194.04
194.05	07953	UNUSED SPACE	0	0	194.05
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	6,405,385	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPRECIATI EXPENSE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (FTE'S)	NONPATIENT TELEPHONES (NUMBER OF TELEPHONES)	
			1.00	2.00	4.00	4.01	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	425,578					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,545,788				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	354	359	52,757,460			4.00
4.01	00401	MAINTENANCE OF PERSONNEL	1,907	0	312,030	84,763		4.01
5.01	00540	NONPATIENT TELEPHONES	842	0	0	0	1,116	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	7,983	787	292,616	827	17	5.02
5.03	00570	ADMITTING	3,460	240	965,797	2,629	17	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.04
5.05	00590	OTHER ADMIN & GENERAL	39,232	81,923	4,258,621	4,943	203	5.05
6.00	00600	MAINTENANCE & REPAIRS	59,793	91,035	1,269,383	1,870	7	6.00
7.00	00700	OPERATION OF PLANT	17,618	24,118	925,980	1,645	18	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,634	1,069	98,783	280	2	8.00
9.00	00900	HOUSEKEEPING	7,182	11,187	1,844,142	5,463	12	9.00
10.00	01000	DIETARY	11,317	31,960	1,029,656	2,822	24	10.00
11.00	01100	CAFETERIA	4,586	18,641	600,483	1,646	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,192	82,774	800,548	923	3	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	4,150	96,951	1,832,517	1,805	33	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,504	0	0	0	18	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	65,473	144,574	11,709,324	19,604	221	30.00
31.00	03100	INTENSIVE CARE UNIT	9,231	81,418	2,457,180	3,409	29	31.00
40.00	04000	SUBPROVIDER - IPF	7,509	28,473	1,621,885	2,835	14	40.00
41.00	04100	SUBPROVIDER - IRF	14,169	42,162	1,804,639	3,448	57	41.00
43.00	04300	NURSERY	2,119	0	381,291	540	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,432	445,976	3,201,961	4,502	71	50.00
51.00	05100	RECOVERY ROOM	1,214	654	326,696	389	4	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,711	0	847,440	1,200	0	52.00
53.00	05300	ANESTHESIOLOGY	320	41,401	0	714	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,871	305,092	1,706,017	2,870	37	54.00
54.01	05401	ULTRASOUND	1,074	72,229	380,649	361	8	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	1,542	33,816	488,653	437	9	56.00
57.00	05700	CT SCAN	1,213	106,470	436,334	616	4	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,278	290,670	999,905	1,172	54	59.00
60.00	06000	LABORATORY	9,883	138,051	2,368,677	4,170	58	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	736	26,941	109,102	172	7	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	2,115	151,981	636,997	920	8	63.02
65.00	06500	RESPIRATORY THERAPY	1,716	40,096	1,107,450	1,654	10	65.00
66.00	06600	PHYSICAL THERAPY	10,504	17,013	2,114,777	2,765	36	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,979	4,403	761,151	974	0	67.00
68.00	06800	SPEECH PATHOLOGY	565	7,248	346,428	406	2	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,550	22,595	159,301	294	7	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	842	0	0	0	0	74.00
75.01	03480	ONCOLOGY	6,085	3,042	411,617	643	2	75.01
76.97	07697	CARDIAC REHABILITATION	5,550	14,827	440,349	589	8	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,242	280	221,104	168	0	90.00
90.01	09001	OP PSYCH	1,592	0	132,867	161	0	90.01
91.00	09100	EMERGENCY	10,044	60,325	2,960,256	4,464	42	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	379,313	2,520,781	52,362,606	84,330	1,048	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,117	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPRECIATI EXPENSE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (FTE'S)	NONPATIENT TELEPHONES (NUMBER OF TELEPHONES)	
			1.00	2.00	4.00	4.01	5.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,971	0	0	0	2	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00
194.01	07954	RETAIL PHARMACY	1,073	24,086	394,521	433	0	194.01
194.03	07951	ADVERTISING EXPENSE	1,558	0	333	0	5	194.03
194.04	07952	REGENCY HOSPITAL	16,546	921	0	0	61	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,716,100	3,689,285	8,874,902	528,093	337,203	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.382144	1.449172	0.168221	6.230230	302.153226	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			2,779	12,188	5,374	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000053	0.143789	4.815412	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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM COST)	
			5.02	5.03	5.04	5A.05	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	396,868					5.02
5.03	00570	ADMITTING	876	535,785,359				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	535,785,359			5.04
5.05	00590	OTHER ADMIN & GENERAL	1,511	0	0	-18,093,189	114,765,493	5.05
6.00	00600	MAINTENANCE & REPAIRS	763	0	0	0	4,468,063	6.00
7.00	00700	OPERATION OF PLANT	172	0	0	0	4,803,297	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	132	0	0	0	717,409	8.00
9.00	00900	HOUSEKEEPING	1,226	0	0	0	2,833,453	9.00
10.00	01000	DIETARY	6,523	0	0	0	2,208,972	10.00
11.00	01100	CAFETERIA	3,804	0	0	0	987,161	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,142	0	0	0	1,359,761	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	7,053	0	0	0	7,051,327	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,605,752	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	63,690	69,562,898	69,562,898	0	17,438,958	30.00
31.00	03100	INTENSIVE CARE UNIT	19,707	7,201,029	7,201,029	0	3,767,882	31.00
40.00	04000	SUBPROVIDER - IPF	2,359	14,137,240	14,137,240	0	2,339,253	40.00
41.00	04100	SUBPROVIDER - IRF	8,886	7,199,592	7,199,592	0	3,200,529	41.00
43.00	04300	NURSERY	0	1,914,164	1,914,164	0	572,690	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	63,910	45,331,334	45,331,334	0	7,869,004	50.00
51.00	05100	RECOVERY ROOM	627	2,610,159	2,610,159	0	458,753	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,254,338	4,254,338	0	1,272,844	52.00
53.00	05300	ANESTHESIOLOGY	9,225	6,073,948	6,073,948	0	374,334	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,587	22,924,038	22,924,038	0	3,355,010	54.00
54.01	05401	ULTRASOUND	4,070	7,504,195	7,504,195	0	785,020	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	775	10,054,543	10,054,543	0	1,301,767	56.00
57.00	05700	CT SCAN	4,961	29,097,888	29,097,888	0	1,315,619	57.00
59.00	05900	CARDIAC CATHETERIZATION	14,531	26,455,380	26,455,380	0	2,547,498	59.00
60.00	06000	LABORATORY	106,783	64,249,615	64,249,615	0	6,576,056	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,356	3,026,349	3,026,349	0	870,787	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	1,430	14,757,713	14,757,713	0	1,201,678	63.02
65.00	06500	RESPIRATORY THERAPY	7,666	9,791,052	9,791,052	0	1,765,713	65.00
66.00	06600	PHYSICAL THERAPY	10,874	12,489,150	12,489,150	0	3,625,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	809	5,879,864	5,879,864	0	1,554,595	67.00
68.00	06800	SPEECH PATHOLOGY	75	1,490,105	1,490,105	0	592,606	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,244	4,298,350	4,298,350	0	320,068	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,608,839	10,608,839	0	3,819,970	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,554,288	8,554,288	0	3,456,324	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	71,281,144	71,281,144	0	3,230,057	73.00
74.00	07400	RENAL DIALYSIS	470	3,805,148	3,805,148	0	861,978	74.00
75.01	03480	ONCOLOGY	3,540	3,222,150	3,222,150	0	724,535	75.01
76.97	07697	CARDIAC REHABILITATION	386	666,416	666,416	0	624,517	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	438	418,048	418,048	0	327,327	90.00
90.01	09001	OP PSYCH	5	624,128	624,128	0	185,597	90.01
91.00	09100	EMERGENCY	34,379	66,302,254	66,302,254	0	5,045,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	395,985	535,785,359	535,785,359	-18,093,189	107,417,165	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	7,129	190.00
191.00	19100	RESEARCH	0	0	0	0	6,874	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	254,091	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM COST)	
			5.02	5.03	5.04	5A.05	5.05	
194.01	07954	RETAIL PHARMACY	843	0	0	0	6,578,838	194.01
194.03	07951	ADVERTISING EXPENSE	6	0	0	0	361,226	194.03
194.04	07952	REGENCY HOSPITAL	34	0	0	0	140,170	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	427,810	1,320,620	1,988,059		18,093,189	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.077965	0.002465	0.003711		0.157654	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	52,306	23,056	0		371,219	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.131797	0.000043	0.000000		0.003235	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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOUSEKEEP HOURS)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	312,007					6.00
7.00	00700	OPERATION OF PLANT	17,618	294,389				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,634	1,634	113,649			8.00
9.00	00900	HOUSEKEEPING	7,182	7,182	0	159,407		9.00
10.00	01000	DIETARY	11,317	11,317	0	5,140	139,353	10.00
11.00	01100	CAFETERIA	4,586	4,586	0	1,680	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,192	2,192	0	540	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	4,150	4,150	0	570	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,504	2,504	0	900	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	65,473	65,473	38,241	42,310	94,750	30.00
31.00	03100	INTENSIVE CARE UNIT	9,231	9,231	5,515	7,398	4,674	31.00
40.00	04000	SUBPROVIDER - IPF	7,509	7,509	5,451	7,000	11,091	40.00
41.00	04100	SUBPROVIDER - IRF	14,169	14,169	8,664	8,047	16,790	41.00
43.00	04300	NURSERY	2,119	2,119	1,342	280	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,432	31,432	15,794	19,830	0	50.00
51.00	05100	RECOVERY ROOM	1,214	1,214	3,372	1,003	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,711	4,711	3,611	0	0	52.00
53.00	05300	ANESTHESIOLOGY	320	320	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,871	8,871	3,175	6,726	0	54.00
54.01	05401	ULTRASOUND	1,074	1,074	3,138	422	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	1,542	1,542	1,166	505	0	56.00
57.00	05700	CT SCAN	1,213	1,213	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,278	6,278	2,332	4,160	0	59.00
60.00	06000	LABORATORY	9,883	9,883	0	4,450	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	736	736	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	2,115	2,115	960	436	0	63.02
65.00	06500	RESPIRATORY THERAPY	1,716	1,716	0	860	0	65.00
66.00	06600	PHYSICAL THERAPY	10,504	10,504	2,370	5,986	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,979	2,979	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	565	565	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,550	2,550	1,456	631	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	842	842	0	190	0	74.00
75.01	03480	ONCOLOGY	6,085	6,085	0	1,910	0	75.01
76.97	07697	CARDIAC REHABILITATION	5,550	5,550	0	450	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,242	4,242	366	350	0	90.00
90.01	09001	OP PSYCH	1,592	1,592	0	150	0	90.01
91.00	09100	EMERGENCY	10,044	10,044	8,975	21,205	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	265,742	248,124	105,928	143,129	127,305	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,117	1,117	0	630	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,971	25,971	0	600	0	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00
194.01	07954	RETAIL PHARMACY	1,073	1,073	0	240	0	194.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOUSEKEEP HOURS)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
194.03	07951	ADVERTISING EXPENSE	1,558	1,558	0	150	0	194.03
194.04	07952	REGENCY HOSPITAL	16,546	16,546	7,721	14,658	12,048	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,172,471	5,852,628	890,085	3,542,004	3,084,038	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.578061	19.880593	7.831877	22.219877	22.131120	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	528,458	193,167	18,210	89,196	156,596	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.693738	0.656162	0.160230	0.559549	1.123736	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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	MAINTENANCE OF PERSONNEL						4.01
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	62,638					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	923	0	880,258			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	1,805	0	0	0	10,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,604	0	407,764	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,409	0	70,912	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	2,835	0	58,977	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,448	0	71,714	0	0	41.00
43.00	04300	NURSERY	540	0	11,227	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,502	0	93,637	0	0	50.00
51.00	05100	RECOVERY ROOM	389	0	8,091	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,200	0	24,954	0	0	52.00
53.00	05300	ANESTHESIOLOGY	714	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,870	0	0	0	0	54.00
54.01	05401	ULTRASOUND	361	0	0	0	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	437	0	0	0	0	56.00
57.00	05700	CT SCAN	616	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,172	0	24,381	0	0	59.00
60.00	06000	LABORATORY	4,170	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	172	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	920	0	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	1,654	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,765	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	974	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	406	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	294	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	10,000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03480	ONCOLOGY	643	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	589	0	12,244	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	168	0	3,502	0	0	90.00
90.01	09001	OP PSYCH	161	0	0	0	0	90.01
91.00	09100	EMERGENCY	4,464	0	92,855	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	62,205	0	880,258	0	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
194.01	07954	RETAIL PHARMACY	433	0	0	0	0	194.01
194.03	07951	ADVERTISING EXPENSE	0	0	0	0	0	194.03
194.04	07952	REGENCY HOSPITAL	0	0	0	0	0	194.04
194.05	07953	UNUSED SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,347,319	0	1,685,902	0	8,365,790	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.509611	0.000000	1.915236	0.000000	836.579000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	71,962	0	145,196	0	203,387	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.148855	0.000000	0.164947	0.000000	20.338700	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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			16.00	17.00	19.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	MAINTENANCE OF PERSONNEL					4.01
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMIN & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	535,785,359				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	69,562,898	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	7,201,029	0	0		31.00
40.00	04000	SUBPROVIDER - IPF	14,137,240	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	7,199,592	0	0		41.00
43.00	04300	NURSERY	1,914,164	0	0		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	45,331,334	0	0		50.00
51.00	05100	RECOVERY ROOM	2,610,159	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,254,338	0	0		52.00
53.00	05300	ANESTHESIOLOGY	6,073,948	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,924,038	0	0		54.00
54.01	05401	ULTRASOUND	7,504,195	0	0		54.01
54.02	03040	AUDIOLOGY	0	0	0		54.02
56.00	05600	RADIOISOTOPE	10,054,543	0	0		56.00
57.00	05700	CT SCAN	29,097,888	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	26,455,380	0	0		59.00
60.00	06000	LABORATORY	64,249,615	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,026,349	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.02	06301	NONINVASIVE LAB	14,757,713	0	0		63.02
65.00	06500	RESPIRATORY THERAPY	9,791,052	0	0		65.00
66.00	06600	PHYSICAL THERAPY	12,489,150	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,879,864	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	1,490,105	0	0		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,298,350	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,608,839	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,554,288	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,281,144	0	0		73.00
74.00	07400	RENAL DIALYSIS	3,805,148	0	0		74.00
75.01	03480	ONCOLOGY	3,222,150	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	666,416	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	418,048	0	0		90.00
90.01	09001	OP PSYCH	624,128	0	0		90.01
91.00	09100	EMERGENCY	66,302,254	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
		OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	535,785,359	0	0		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07950	OTHER NON REIM COST CENTER	0	0	0		194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 10:13 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			16.00	17.00	19.00		
194.01	07954	RETAIL PHARMACY	0	0	0		194.01
194.03	07951	ADVERTISING EXPENSE	0	0	0		194.03
194.04	07952	REGENCY HOSPITAL	0	0	0		194.04
194.05	07953	UNUSED SPACE	0	0	0		194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,970,195	0	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003677	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	27,651	0	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000052	0.000000	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

POST STEPDOWN ADJUSTMENTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-2 | Date/Time Prepared: 11/25/2020 10:13 am

		Description	Worksheet CODE	Worksheet Line No.	Amount	
		1.00	2.00	3.00	4.00	
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	0	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,370,252		27,370,252	0	27,370,252	30.00
31.00	03100	INTENSIVE CARE UNIT	5,245,088		5,245,088	3,043	5,248,131	31.00
40.00	04000	SUBPROVIDER - IPF	3,651,419		3,651,419	0	3,651,419	40.00
41.00	04100	SUBPROVIDER - IRF	5,077,915		5,077,915	0	5,077,915	41.00
43.00	04300	NURSERY	797,120		797,120	0	797,120	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,262,726		11,262,726	0	11,262,726	50.00
51.00	05100	RECOVERY ROOM	657,495		657,495	0	657,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,762,798		1,762,798	0	1,762,798	52.00
53.00	05300	ANESTHESIOLOGY	482,708		482,708	0	482,708	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,527,708		4,527,708	11,157	4,538,865	54.00
54.01	05401	ULTRASOUND	1,017,250		1,017,250	0	1,017,250	54.01
54.02	03040	AUDIOLOGY	0		0	0	0	54.02
56.00	05600	RADIOISOTOPE	1,629,939		1,629,939	0	1,629,939	56.00
57.00	05700	CT SCAN	1,687,499		1,687,499	0	1,687,499	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,457,887		3,457,887	23,192	3,481,079	59.00
60.00	06000	LABORATORY	8,397,938		8,397,938	19,712	8,417,650	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,049,731		1,049,731	0	1,049,731	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.02	06301	NONINVASIVE LAB	1,559,497		1,559,497	0	1,559,497	63.02
65.00	06500	RESPIRATORY THERAPY	2,197,336	0	2,197,336	0	2,197,336	65.00
66.00	06600	PHYSICAL THERAPY	4,837,140	0	4,837,140	0	4,837,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,950,863	0	1,950,863	0	1,950,863	67.00
68.00	06800	SPEECH PATHOLOGY	720,845	0	720,845	0	720,845	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	511,051		511,051	0	511,051	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,461,213		4,461,213	0	4,461,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,032,681		4,032,681	0	4,032,681	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,367,290		12,367,290	0	12,367,290	73.00
74.00	07400	RENAL DIALYSIS	1,046,784		1,046,784	0	1,046,784	74.00
75.01	03480	ONCOLOGY	1,128,731		1,128,731	10,724	1,139,455	75.01
76.97	07697	CARDIAC REHABILITATION	973,888		973,888	0	973,888	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	556,089		556,089	3,612	559,701	90.00
90.01	09001	OP PSYCH	281,990		281,990	0	281,990	90.01
91.00	09100	EMERGENCY	7,266,113		7,266,113	0	7,266,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,535,735		4,535,735		4,535,735	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
200.00		Subtotal (see instructions)	126,502,719	0	126,502,719	71,440	126,574,159	200.00
201.00		Less Observation Beds	4,535,735		4,535,735		4,535,735	201.00
202.00		Total (see instructions)	121,966,984	0	121,966,984	71,440	122,038,424	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	56,984,529		56,984,529			30.00
31.00	03100	INTENSIVE CARE UNIT	7,201,029		7,201,029			31.00
40.00	04000	SUBPROVIDER - IPF	14,137,240		14,137,240			40.00
41.00	04100	SUBPROVIDER - IRF	7,199,592		7,199,592			41.00
43.00	04300	NURSERY	1,914,164		1,914,164			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,243,019	32,088,315	45,331,334	0.248453	0.000000	50.00
51.00	05100	RECOVERY ROOM	946,467	1,663,692	2,610,159	0.251898	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,036,870	1,217,468	4,254,338	0.414353	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,993,184	4,080,764	6,073,948	0.079472	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,365,349	17,558,689	22,924,038	0.197509	0.000000	54.00
54.01	05401	ULTRASOUND	1,020,715	6,483,480	7,504,195	0.135558	0.000000	54.01
54.02	03040	AUDIOLOGY	0	0	0	0.000000	0.000000	54.02
56.00	05600	RADIOISOTOPE	2,029,253	8,025,290	10,054,543	0.162110	0.000000	56.00
57.00	05700	CT SCAN	8,558,435	20,539,453	29,097,888	0.057994	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,757,435	13,697,945	26,455,380	0.130706	0.000000	59.00
60.00	06000	LABORATORY	22,474,712	41,774,903	64,249,615	0.130708	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,006,418	1,019,931	3,026,349	0.346864	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.02	06301	NONINVASIVE LAB	5,012,610	9,745,103	14,757,713	0.105673	0.000000	63.02
65.00	06500	RESPIRATORY THERAPY	8,165,576	1,625,476	9,791,052	0.224423	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,458,359	7,030,791	12,489,150	0.387307	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,395,968	1,483,896	5,879,864	0.331787	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	872,168	617,937	1,490,105	0.483755	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	316,065	3,982,285	4,298,350	0.118895	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,376,970	5,231,869	10,608,839	0.420518	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,959,618	4,594,670	8,554,288	0.471422	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,849,554	42,431,590	71,281,144	0.173500	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,418,329	386,819	3,805,148	0.275097	0.000000	74.00
75.01	03480	ONCOLOGY	36,965	3,185,185	3,222,150	0.350304	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	158,298	508,118	666,416	1.461381	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,344	416,704	418,048	1.330204	0.000000	90.00
90.01	09001	OP PSYCH	7,345	616,783	624,128	0.451814	0.000000	90.01
91.00	09100	EMERGENCY	15,194,869	51,107,385	66,302,254	0.109591	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,788,746	9,789,623	12,578,369	0.360598	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
200.00		Subtotal (see instructions)	244,881,195	290,904,164	535,785,359			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	244,881,195	290,904,164	535,785,359			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.248453		50.00
51.00	05100	RECOVERY ROOM	0.251898		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414353		52.00
53.00	05300	ANESTHESIOLOGY	0.079472		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197996		54.00
54.01	05401	ULTRASOUND	0.135558		54.01
54.02	03040	AUDIOLOGY	0.000000		54.02
56.00	05600	RADIOISOTOPE	0.162110		56.00
57.00	05700	CT SCAN	0.057994		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.131583		59.00
60.00	06000	LABORATORY	0.131015		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.346864		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.02	06301	NONINVASIVE LAB	0.105673		63.02
65.00	06500	RESPIRATORY THERAPY	0.224423		65.00
66.00	06600	PHYSICAL THERAPY	0.387307		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331787		67.00
68.00	06800	SPEECH PATHOLOGY	0.483755		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118895		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420518		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471422		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173500		73.00
74.00	07400	RENAL DIALYSIS	0.275097		74.00
75.01	03480	ONCOLOGY	0.353632		75.01
76.97	07697	CARDIAC REHABILITATION	1.461381		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1.338844		90.00
90.01	09001	OP PSYCH	0.451814		90.01
91.00	09100	EMERGENCY	0.109591		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.360598		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | 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	27,370,252		27,370,252	0	27,370,252	30.00
31.00	03100	INTENSIVE CARE UNIT	5,245,088		5,245,088	3,043	5,248,131	31.00
40.00	04000	SUBPROVIDER - IPF	3,651,419		3,651,419	0	3,651,419	40.00
41.00	04100	SUBPROVIDER - IRF	5,077,915		5,077,915	0	5,077,915	41.00
43.00	04300	NURSERY	797,120		797,120	0	797,120	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,262,726		11,262,726	0	11,262,726	50.00
51.00	05100	RECOVERY ROOM	657,495		657,495	0	657,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,762,798		1,762,798	0	1,762,798	52.00
53.00	05300	ANESTHESIOLOGY	482,708		482,708	0	482,708	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,527,708		4,527,708	11,157	4,538,865	54.00
54.01	05401	ULTRASOUND	1,017,250		1,017,250	0	1,017,250	54.01
54.02	03040	AUDIOLOGY	0		0	0	0	54.02
56.00	05600	RADIOISOTOPE	1,629,939		1,629,939	0	1,629,939	56.00
57.00	05700	CT SCAN	1,687,499		1,687,499	0	1,687,499	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,457,887		3,457,887	23,192	3,481,079	59.00
60.00	06000	LABORATORY	8,397,938		8,397,938	19,712	8,417,650	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,049,731		1,049,731	0	1,049,731	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.02	06301	NONINVASIVE LAB	1,559,497		1,559,497	0	1,559,497	63.02
65.00	06500	RESPIRATORY THERAPY	2,197,336	0	2,197,336	0	2,197,336	65.00
66.00	06600	PHYSICAL THERAPY	4,837,140	0	4,837,140	0	4,837,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,950,863	0	1,950,863	0	1,950,863	67.00
68.00	06800	SPEECH PATHOLOGY	720,845	0	720,845	0	720,845	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	511,051		511,051	0	511,051	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,461,213		4,461,213	0	4,461,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,032,681		4,032,681	0	4,032,681	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,367,290		12,367,290	0	12,367,290	73.00
74.00	07400	RENAL DIALYSIS	1,046,784		1,046,784	0	1,046,784	74.00
75.01	03480	ONCOLOGY	1,128,731		1,128,731	10,724	1,139,455	75.01
76.97	07697	CARDIAC REHABILITATION	973,888		973,888	0	973,888	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	556,089		556,089	3,612	559,701	90.00
90.01	09001	OP PSYCH	281,990		281,990	0	281,990	90.01
91.00	09100	EMERGENCY	7,266,113		7,266,113	0	7,266,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,535,735		4,535,735		4,535,735	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
200.00		Subtotal (see instructions)	126,502,719	0	126,502,719	71,440	126,574,159	200.00
201.00		Less Observation Beds	4,535,735		4,535,735		4,535,735	201.00
202.00		Total (see instructions)	121,966,984	0	121,966,984	71,440	122,038,424	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	56,984,529		56,984,529			30.00
31.00	03100	INTENSIVE CARE UNIT	7,201,029		7,201,029			31.00
40.00	04000	SUBPROVIDER - IPF	14,137,240		14,137,240			40.00
41.00	04100	SUBPROVIDER - IRF	7,199,592		7,199,592			41.00
43.00	04300	NURSERY	1,914,164		1,914,164			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,243,019	32,088,315	45,331,334	0.248453	0.000000	50.00
51.00	05100	RECOVERY ROOM	946,467	1,663,692	2,610,159	0.251898	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,036,870	1,217,468	4,254,338	0.414353	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,993,184	4,080,764	6,073,948	0.079472	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,365,349	17,558,689	22,924,038	0.197509	0.000000	54.00
54.01	05401	ULTRASOUND	1,020,715	6,483,480	7,504,195	0.135558	0.000000	54.01
54.02	03040	AUDIOLOGY	0	0	0	0.000000	0.000000	54.02
56.00	05600	RADIOISOTOPE	2,029,253	8,025,290	10,054,543	0.162110	0.000000	56.00
57.00	05700	CT SCAN	8,558,435	20,539,453	29,097,888	0.057994	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,757,435	13,697,945	26,455,380	0.130706	0.000000	59.00
60.00	06000	LABORATORY	22,474,712	41,774,903	64,249,615	0.130708	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,006,418	1,019,931	3,026,349	0.346864	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.02	06301	NONINVASIVE LAB	5,012,610	9,745,103	14,757,713	0.105673	0.000000	63.02
65.00	06500	RESPIRATORY THERAPY	8,165,576	1,625,476	9,791,052	0.224423	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,458,359	7,030,791	12,489,150	0.387307	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,395,968	1,483,896	5,879,864	0.331787	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	872,168	617,937	1,490,105	0.483755	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	316,065	3,982,285	4,298,350	0.118895	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,376,970	5,231,869	10,608,839	0.420518	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,959,618	4,594,670	8,554,288	0.471422	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,849,554	42,431,590	71,281,144	0.173500	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,418,329	386,819	3,805,148	0.275097	0.000000	74.00
75.01	03480	ONCOLOGY	36,965	3,185,185	3,222,150	0.350304	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	158,298	508,118	666,416	1.461381	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,344	416,704	418,048	1.330204	0.000000	90.00
90.01	09001	OP PSYCH	7,345	616,783	624,128	0.451814	0.000000	90.01
91.00	09100	EMERGENCY	15,194,869	51,107,385	66,302,254	0.109591	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,788,746	9,789,623	12,578,369	0.360598	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
200.00		Subtotal (see instructions)	244,881,195	290,904,164	535,785,359			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	244,881,195	290,904,164	535,785,359			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.248453		50.00
51.00	05100	RECOVERY ROOM	0.251898		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414353		52.00
53.00	05300	ANESTHESIOLOGY	0.079472		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197996		54.00
54.01	05401	ULTRASOUND	0.135558		54.01
54.02	03040	AUDIOLOGY	0.000000		54.02
56.00	05600	RADIOISOTOPE	0.162110		56.00
57.00	05700	CT SCAN	0.057994		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.131583		59.00
60.00	06000	LABORATORY	0.131015		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.346864		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.02	06301	NONINVASIVE LAB	0.105673		63.02
65.00	06500	RESPIRATORY THERAPY	0.224423		65.00
66.00	06600	PHYSICAL THERAPY	0.387307		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331787		67.00
68.00	06800	SPEECH PATHOLOGY	0.483755		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118895		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420518		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471422		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173500		73.00
74.00	07400	RENAL DIALYSIS	0.275097		74.00
75.01	03480	ONCOLOGY	0.353632		75.01
76.97	07697	CARDIAC REHABILITATION	1.461381		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1.338844		90.00
90.01	09001	OP PSYCH	0.451814		90.01
91.00	09100	EMERGENCY	0.109591		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.360598		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part II Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,262,726	994,348	10,268,378	0	0	50.00
51.00	05100	RECOVERY ROOM	657,495	16,339	641,156	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,762,798	51,950	1,710,848	0	0	52.00
53.00	05300	ANESTHESIOLOGY	482,708	66,747	415,961	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,527,708	541,480	3,986,228	0	0	54.00
54.01	05401	ULTRASOUND	1,017,250	119,104	898,146	0	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	1,629,939	68,842	1,561,097	0	0	56.00
57.00	05700	CT SCAN	1,687,499	173,399	1,514,100	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,457,887	497,272	2,960,615	0	0	59.00
60.00	06000	LABORATORY	8,397,938	336,096	8,061,842	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,049,731	49,805	999,926	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	1,559,497	245,852	1,313,645	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	2,197,336	83,468	2,113,868	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,837,140	138,313	4,698,827	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,950,863	39,388	1,911,475	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	720,845	18,058	702,787	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	511,051	57,626	453,425	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,461,213	13,366	4,447,847	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,032,681	11,994	4,020,687	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,367,290	220,413	12,146,877	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,046,784	10,670	1,036,114	0	0	74.00
75.01	03480	ONCOLOGY	1,128,731	62,592	1,066,139	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	973,888	75,181	898,707	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	556,089	39,666	516,423	0	0	90.00
90.01	09001	OP PSYCH	281,990	14,860	267,130	0	0	90.01
91.00	09100	EMERGENCY	7,266,113	237,025	7,029,088	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,535,735	179,493	4,356,242	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
200.00		Subtotal (sum of lines 50 thru 199)	84,360,925	4,363,347	79,997,578	0	0	200.00
201.00		Less Observation Beds	4,535,735	179,493	4,356,242	0	0	201.00
202.00		Total (line 200 minus line 201)	79,825,190	4,183,854	75,641,336	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part II Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	11,262,726	45,331,334	0.248453		50.00
51.00	05100	RECOVERY ROOM	657,495	2,610,159	0.251898		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,762,798	4,254,338	0.414353		52.00
53.00	05300	ANESTHESIOLOGY	482,708	6,073,948	0.079472		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,527,708	22,924,038	0.197509		54.00
54.01	05401	ULTRASOUND	1,017,250	7,504,195	0.135558		54.01
54.02	03040	AUDIOLOGY	0	0	0.000000		54.02
56.00	05600	RADIOISOTOPE	1,629,939	10,054,543	0.162110		56.00
57.00	05700	CT SCAN	1,687,499	29,097,888	0.057994		57.00
59.00	05900	CARDIAC CATHETERIZATION	3,457,887	26,455,380	0.130706		59.00
60.00	06000	LABORATORY	8,397,938	64,249,615	0.130708		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,049,731	3,026,349	0.346864		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
63.02	06301	NONINVASIVE LAB	1,559,497	14,757,713	0.105673		63.02
65.00	06500	RESPIRATORY THERAPY	2,197,336	9,791,052	0.224423		65.00
66.00	06600	PHYSICAL THERAPY	4,837,140	12,489,150	0.387307		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,950,863	5,879,864	0.331787		67.00
68.00	06800	SPEECH PATHOLOGY	720,845	1,490,105	0.483755		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	511,051	4,298,350	0.118895		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,461,213	10,608,839	0.420518		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,032,681	8,554,288	0.471422		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,367,290	71,281,144	0.173500		73.00
74.00	07400	RENAL DIALYSIS	1,046,784	3,805,148	0.275097		74.00
75.01	03480	ONCOLOGY	1,128,731	3,222,150	0.350304		75.01
76.97	07697	CARDIAC REHABILITATION	973,888	666,416	1.461381		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	556,089	418,048	1.330204		90.00
90.01	09001	OP PSYCH	281,990	624,128	0.451814		90.01
91.00	09100	EMERGENCY	7,266,113	66,302,254	0.109591		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,535,735	12,578,369	0.360598		92.00
		OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
200.00		Subtotal (sum of lines 50 thru 199)	84,360,925	448,348,805			200.00
201.00		Less Observation Beds	4,535,735	0			201.00
202.00		Total (line 200 minus line 201)	79,825,190	448,348,805			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part I Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,083,128	0	1,083,128	29,695	36.48	30.00
31.00	INTENSIVE CARE UNIT	240,714		240,714	2,719	88.53	31.00
40.00	SUBPROVIDER - IPF	146,851	0	146,851	3,667	40.05	40.00
41.00	SUBPROVIDER - IRF	238,449	0	238,449	5,623	42.41	41.00
43.00	NURSERY	23,480		23,480	1,064	22.07	43.00
200.00	Total (lines 30 through 199)	1,732,622		1,732,622	42,768		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,103	259,117				30.00
31.00	INTENSIVE CARE UNIT	915	81,005				31.00
40.00	SUBPROVIDER - IPF	1,526	61,116				40.00
41.00	SUBPROVIDER - IRF	3,654	154,966				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	13,198	556,204				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	994,348	45,331,334	0.021935	3,874,716	84,992	50.00
51.00	05100	RECOVERY ROOM	16,339	2,610,159	0.006260	226,966	1,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,950	4,254,338	0.012211	13,631	166	52.00
53.00	05300	ANESTHESIOLOGY	66,747	6,073,948	0.010989	531,063	5,836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	541,480	22,924,038	0.023621	1,951,471	46,096	54.00
54.01	05401	ULTRASOUND	119,104	7,504,195	0.015872	296,169	4,701	54.01
54.02	03040	AUDIOLOGY	0	0	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	68,842	10,054,543	0.006847	848,278	5,808	56.00
57.00	05700	CT SCAN	173,399	29,097,888	0.005959	2,910,618	17,344	57.00
59.00	05900	CARDIAC CATHETERIZATION	497,272	26,455,380	0.018797	4,884,978	91,823	59.00
60.00	06000	LABORATORY	336,096	64,249,615	0.005231	6,852,460	35,845	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	49,805	3,026,349	0.016457	506,047	8,328	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	245,852	14,757,713	0.016659	2,009,670	33,479	63.02
65.00	06500	RESPIRATORY THERAPY	83,468	9,791,052	0.008525	2,718,813	23,178	65.00
66.00	06600	PHYSICAL THERAPY	138,313	12,489,150	0.011075	927,843	10,276	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,388	5,879,864	0.006699	560,156	3,752	67.00
68.00	06800	SPEECH PATHOLOGY	18,058	1,490,105	0.012119	167,593	2,031	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,626	4,298,350	0.013407	130,553	1,750	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,366	10,608,839	0.001260	2,024,875	2,551	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,994	8,554,288	0.001402	1,416,703	1,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,413	71,281,144	0.003092	8,042,825	24,868	73.00
74.00	07400	RENAL DIALYSIS	10,670	3,805,148	0.002804	1,211,918	3,398	74.00
75.01	03480	ONCOLOGY	62,592	3,222,150	0.019426	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	75,181	666,416	0.112814	54,921	6,196	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	39,666	418,048	0.094884	0	0	90.00
90.01	09001	OP PSYCH	14,860	624,128	0.023809	2,325	55	90.01
91.00	09100	EMERGENCY	237,025	66,302,254	0.003575	4,358,622	15,582	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	179,493	12,578,369	0.014270	1,042,538	14,877	92.00
200.00		Total (lines 50 through 199)	4,363,347	448,348,805		47,565,752	446,339	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part III Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	29,695	0.00	7,103	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,719	0.00	915	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	3,667	0.00	1,526	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,623	0.00	3,654	41.00
43.00	04300	NURSERY		0	1,064	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	42,768		13,198	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
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03480	ONCOLOGY	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	45,331,334	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,610,159	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,254,338	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,073,948	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,924,038	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	7,504,195	0.000000	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	10,054,543	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	29,097,888	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,455,380	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	64,249,615	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,026,349	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	14,757,713	0.000000	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,791,052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,489,150	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,879,864	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,490,105	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,298,350	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,608,839	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,554,288	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	71,281,144	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,805,148	0.000000	74.00
75.01	03480	ONCOLOGY	0	0	0	3,222,150	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	666,416	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	418,048	0.000000	90.00
90.01	09001	OP PSYCH	0	0	0	624,128	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	66,302,254	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,578,369	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	448,348,805		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	3,874,716	0	7,797,163	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	226,966	0	239,552	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	13,631	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	531,063	0	800,798	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,951,471	0	3,028,107	0	54.00
54.01	05401	ULTRASOUND	0.000000	296,169	0	488,808	0	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	848,278	0	2,692,281	0	56.00
57.00	05700	CT SCAN	0.000000	2,910,618	0	3,696,766	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,884,978	0	4,852,373	0	59.00
60.00	06000	LABORATORY	0.000000	6,852,460	0	3,192,757	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	506,047	0	148,882	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.000000	2,009,670	0	2,354,273	0	63.02
65.00	06500	RESPIRATORY THERAPY	0.000000	2,718,813	0	342,102	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	927,843	0	628,282	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	560,156	0	13,338	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	167,593	0	37,681	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	130,553	0	614,733	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,024,875	0	1,670,248	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,416,703	0	1,354,445	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	8,042,825	0	13,706,428	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,211,918	0	141,177	0	74.00
75.01	03480	ONCOLOGY	0.000000	0	0	1,132,719	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	54,921	0	129,181	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	97,915	0	90.00
90.01	09001	OP PSYCH	0.000000	2,325	0	127,397	0	90.01
91.00	09100	EMERGENCY	0.000000	4,358,622	0	5,143,720	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,042,538	0	1,689,174	0	92.00
200.00		Total (lines 50 through 199)		47,565,752	0	56,120,300	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.248453	7,797,163	0	244,000	1,937,229	50.00
51.00	05100	RECOVERY ROOM	0.251898	239,552	0	0	60,343	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414353	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079472	800,798	0	0	63,641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197509	3,028,107	0	0	598,078	54.00
54.01	05401	ULTRASOUND	0.135558	488,808	0	0	66,262	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.162110	2,692,281	0	0	436,446	56.00
57.00	05700	CT SCAN	0.057994	3,696,766	0	0	214,390	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.130706	4,852,373	0	0	634,234	59.00
60.00	06000	LABORATORY	0.130708	3,192,757	0	0	417,319	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.346864	148,882	0	0	51,642	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.105673	2,354,273	0	0	248,783	63.02
65.00	06500	RESPIRATORY THERAPY	0.224423	342,102	0	0	76,776	65.00
66.00	06600	PHYSICAL THERAPY	0.387307	628,282	0	0	243,338	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331787	13,338	0	0	4,425	67.00
68.00	06800	SPEECH PATHOLOGY	0.483755	37,681	0	0	18,228	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118895	614,733	0	0	73,089	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420518	1,670,248	0	0	702,369	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471422	1,354,445	0	0	638,515	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173500	13,706,428	0	38,773	2,378,065	73.00
74.00	07400	RENAL DIALYSIS	0.275097	141,177	0	0	38,837	74.00
75.01	03480	ONCOLOGY	0.350304	1,132,719	0	0	396,796	75.01
76.97	07697	CARDIAC REHABILITATION	1.461381	129,181	0	0	188,783	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.330204	97,915	0	0	130,247	90.00
90.01	09001	OP PSYCH	0.451814	127,397	0	0	57,560	90.01
91.00	09100	EMERGENCY	0.109591	5,143,720	0	0	563,705	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.360598	1,689,174	0	0	609,113	92.00
200.00		Subtotal (see instructions)		56,120,300	0	282,773	10,848,213	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		56,120,300	0	282,773	10,848,213	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	60,623		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	05401	ULTRASOUND	0	0		54.01
54.02	03040	AUDIOLOGY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.02	06301	NONINVASIVE LAB	0	0		63.02
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,727		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	03480	ONCOLOGY	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OP PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	67,350		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	67,350		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	994,348	45,331,334	0.021935	45,778	1,004	50.00
51.00	05100	RECOVERY ROOM	16,339	2,610,159	0.006260	36,904	231	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,950	4,254,338	0.012211	0	0	52.00
53.00	05300	ANESTHESIOLOGY	66,747	6,073,948	0.010989	47,038	517	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	541,480	22,924,038	0.023621	42,132	995	54.00
54.01	05401	ULTRASOUND	119,104	7,504,195	0.015872	1,414	22	54.01
54.02	03040	AUDIOLOGY	0	0	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	68,842	10,054,543	0.006847	2,279	16	56.00
57.00	05700	CT SCAN	173,399	29,097,888	0.005959	78,223	466	57.00
59.00	05900	CARDIAC CATHETERIZATION	497,272	26,455,380	0.018797	7,460	140	59.00
60.00	06000	LABORATORY	336,096	64,249,615	0.005231	452,068	2,365	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	49,805	3,026,349	0.016457	4,566	75	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	245,852	14,757,713	0.016659	45,496	758	63.02
65.00	06500	RESPIRATORY THERAPY	83,468	9,791,052	0.008525	59,808	510	65.00
66.00	06600	PHYSICAL THERAPY	138,313	12,489,150	0.011075	108,250	1,199	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,388	5,879,864	0.006699	105,335	706	67.00
68.00	06800	SPEECH PATHOLOGY	18,058	1,490,105	0.012119	4,533	55	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,626	4,298,350	0.013407	6,583	88	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,366	10,608,839	0.001260	37,837	48	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,994	8,554,288	0.001402	2,111	3	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,413	71,281,144	0.003092	715,349	2,212	73.00
74.00	07400	RENAL DIALYSIS	10,670	3,805,148	0.002804	58,717	165	74.00
75.01	03480	ONCOLOGY	62,592	3,222,150	0.019426	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	75,181	666,416	0.112814	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	39,666	418,048	0.094884	0	0	90.00
90.01	09001	OP PSYCH	14,860	624,128	0.023809	0	0	90.01
91.00	09100	EMERGENCY	237,025	66,302,254	0.003575	209,832	750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	12,578,369	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	4,183,854	448,348,805		2,071,713	12,325	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03480	ONCOLOGY	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	45,331,334	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,610,159	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,254,338	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,073,948	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,924,038	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	7,504,195	0.000000	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	10,054,543	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	29,097,888	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,455,380	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	64,249,615	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,026,349	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	14,757,713	0.000000	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,791,052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,489,150	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,879,864	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,490,105	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,298,350	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,608,839	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,554,288	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	71,281,144	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,805,148	0.000000	74.00
75.01	03480	ONCOLOGY	0	0	0	3,222,150	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	666,416	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	418,048	0.000000	90.00
90.01	09001	OP PSYCH	0	0	0	624,128	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	66,302,254	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,578,369	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	448,348,805		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	45,778	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	36,904	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	47,038	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	42,132	0	188	0	54.00
54.01	05401	ULTRASOUND	0.000000	1,414	0	0	0	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	2,279	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	78,223	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,460	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	452,068	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,566	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.000000	45,496	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0.000000	59,808	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	108,250	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	105,335	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	4,533	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	6,583	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	37,837	0	32	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,111	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	715,349	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	58,717	0	0	0	74.00
75.01	03480	ONCOLOGY	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OP PSYCH	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	209,832	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		2,071,713	0	220	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.248453	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.251898	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414353	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079472	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197509	188	0	0	37	54.00
54.01	05401	ULTRASOUND	0.135558	0	0	0	0	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.162110	0	0	0	0	56.00
57.00	05700	CT SCAN	0.057994	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.130706	0	0	0	0	59.00
60.00	06000	LABORATORY	0.130708	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.346864	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.105673	0	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0.224423	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.387307	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331787	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.483755	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118895	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420518	32	0	0	13	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471422	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173500	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.275097	0	0	0	0	74.00
75.01	03480	ONCOLOGY	0.350304	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1.461381	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.330204	0	0	0	0	90.00
90.01	09001	OP PSYCH	0.451814	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.109591	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.360598	0	0	0	0	92.00
200.00		Subtotal (see instructions)		220	0	0	50	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		220	0	0	50	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	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	05401	ULTRASOUND	0	0		54.01
54.02	03040	AUDIOLOGY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.02	06301	NONINVASIVE LAB	0	0		63.02
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	03480	ONCOLOGY	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OP PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	994,348	45,331,334	0.021935	118,726	2,604	50.00
51.00	05100	RECOVERY ROOM	16,339	2,610,159	0.006260	5,200	33	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,950	4,254,338	0.012211	0	0	52.00
53.00	05300	ANESTHESIOLOGY	66,747	6,073,948	0.010989	18,151	199	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	541,480	22,924,038	0.023621	82,334	1,945	54.00
54.01	05401	ULTRASOUND	119,104	7,504,195	0.015872	9,579	152	54.01
54.02	03040	AUDIOLOGY	0	0	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	68,842	10,054,543	0.006847	14,749	101	56.00
57.00	05700	CT SCAN	173,399	29,097,888	0.005959	82,555	492	57.00
59.00	05900	CARDIAC CATHETERIZATION	497,272	26,455,380	0.018797	0	0	59.00
60.00	06000	LABORATORY	336,096	64,249,615	0.005231	789,530	4,130	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	49,805	3,026,349	0.016457	50,276	827	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	245,852	14,757,713	0.016659	64,408	1,073	63.02
65.00	06500	RESPIRATORY THERAPY	83,468	9,791,052	0.008525	356,201	3,037	65.00
66.00	06600	PHYSICAL THERAPY	138,313	12,489,150	0.011075	1,842,444	20,405	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,388	5,879,864	0.006699	1,763,686	11,815	67.00
68.00	06800	SPEECH PATHOLOGY	18,058	1,490,105	0.012119	277,356	3,361	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,626	4,298,350	0.013407	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,366	10,608,839	0.001260	265,686	335	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,994	8,554,288	0.001402	4,421	6	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,413	71,281,144	0.003092	1,822,534	5,635	73.00
74.00	07400	RENAL DIALYSIS	10,670	3,805,148	0.002804	503,640	1,412	74.00
75.01	03480	ONCOLOGY	62,592	3,222,150	0.019426	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	75,181	666,416	0.112814	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	39,666	418,048	0.094884	0	0	90.00
90.01	09001	OP PSYCH	14,860	624,128	0.023809	0	0	90.01
91.00	09100	EMERGENCY	237,025	66,302,254	0.003575	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	12,578,369	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	4,183,854	448,348,805		8,071,476	57,562	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03480	ONCOLOGY	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	45,331,334	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,610,159	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,254,338	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,073,948	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,924,038	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	7,504,195	0.000000	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	10,054,543	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	29,097,888	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,455,380	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	64,249,615	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,026,349	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	14,757,713	0.000000	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,791,052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,489,150	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,879,864	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,490,105	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,298,350	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,608,839	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,554,288	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	71,281,144	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,805,148	0.000000	74.00
75.01	03480	ONCOLOGY	0	0	0	3,222,150	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	666,416	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	418,048	0.000000	90.00
90.01	09001	OP PSYCH	0	0	0	624,128	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	66,302,254	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,578,369	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	448,348,805		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	118,726	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	5,200	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	18,151	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	82,334	0	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	9,579	0	0	0	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	14,749	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	82,555	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	789,530	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	50,276	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.000000	64,408	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0.000000	356,201	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,842,444	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,763,686	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	277,356	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	265,686	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,421	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,822,534	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	503,640	0	0	0	74.00
75.01	03480	ONCOLOGY	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OP PSYCH	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		8,071,476	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.248453	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.251898	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414353	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079472	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197509	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0.135558	0	0	0	0	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.162110	0	0	0	0	56.00
57.00	05700	CT SCAN	0.057994	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.130706	0	0	0	0	59.00
60.00	06000	LABORATORY	0.130708	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.346864	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.105673	0	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0.224423	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.387307	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331787	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.483755	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118895	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420518	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471422	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173500	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.275097	0	0	0	0	74.00
75.01	03480	ONCOLOGY	0.350304	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1.461381	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.330204	0	0	0	0	90.00
90.01	09001	OP PSYCH	0.451814	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.109591	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.360598	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	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	05401	ULTRASOUND	0	0		54.01
54.02	03040	AUDIOLOGY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.02	06301	NONINVASIVE LAB	0	0		63.02
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	03480	ONCOLOGY	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OP PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part I | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,083,128	0	1,083,128	29,695	36.48	30.00
31.00	INTENSIVE CARE UNIT	240,714		240,714	2,719	88.53	31.00
40.00	SUBPROVIDER - IPF	146,851	0	146,851	3,667	40.05	40.00
41.00	SUBPROVIDER - IRF	238,449	0	238,449	5,623	42.41	41.00
43.00	NURSERY	23,480		23,480	1,064	22.07	43.00
200.00	Total (lines 30 through 199)	1,732,622		1,732,622	42,768		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,342	85,436				30.00
31.00	INTENSIVE CARE UNIT	17	1,505				31.00
40.00	SUBPROVIDER - IPF	278	11,134				40.00
41.00	SUBPROVIDER - IRF	87	3,690				41.00
43.00	NURSERY	222	4,900				43.00
200.00	Total (lines 30 through 199)	2,946	106,665				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	994,348	45,331,334	0.021935	580,969	12,744	50.00
51.00	05100	RECOVERY ROOM	16,339	2,610,159	0.006260	60,180	377	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,950	4,254,338	0.012211	273,740	3,343	52.00
53.00	05300	ANESTHESIOLOGY	66,747	6,073,948	0.010989	140,846	1,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	541,480	22,924,038	0.023621	224,512	5,303	54.00
54.01	05401	ULTRASOUND	119,104	7,504,195	0.015872	58,362	926	54.01
54.02	03040	AUDIOLOGY	0	0	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	68,842	10,054,543	0.006847	24,083	165	56.00
57.00	05700	CT SCAN	173,399	29,097,888	0.005959	280,707	1,673	57.00
59.00	05900	CARDIAC CATHETERIZATION	497,272	26,455,380	0.018797	381,502	7,171	59.00
60.00	06000	LABORATORY	336,096	64,249,615	0.005231	1,017,528	5,323	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	49,805	3,026,349	0.016457	22,354	368	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	245,852	14,757,713	0.016659	135,042	2,250	63.02
65.00	06500	RESPIRATORY THERAPY	83,468	9,791,052	0.008525	242,045	2,063	65.00
66.00	06600	PHYSICAL THERAPY	138,313	12,489,150	0.011075	90,975	1,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,388	5,879,864	0.006699	57,341	384	67.00
68.00	06800	SPEECH PATHOLOGY	18,058	1,490,105	0.012119	63,461	769	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,626	4,298,350	0.013407	15,302	205	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,366	10,608,839	0.001260	255,103	321	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,994	8,554,288	0.001402	46,541	65	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,413	71,281,144	0.003092	1,167,002	3,608	73.00
74.00	07400	RENAL DIALYSIS	10,670	3,805,148	0.002804	134,879	378	74.00
75.01	03480	ONCOLOGY	62,592	3,222,150	0.019426	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	75,181	666,416	0.112814	6,060	684	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	39,666	418,048	0.094884	0	0	90.00
90.01	09001	OP PSYCH	14,860	624,128	0.023809	0	0	90.01
91.00	09100	EMERGENCY	237,025	66,302,254	0.003575	360,919	1,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	179,493	12,578,369	0.014270	0	0	92.00
200.00		Total (lines 50 through 199)	4,363,347	448,348,805		5,639,453	51,966	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part III Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	29,695	0.00	2,342	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,719	0.00	17	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	3,667	0.00	278	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,623	0.00	87	41.00
43.00	04300	NURSERY		0	1,064	0.00	222	43.00
200.00		Total (lines 30 through 199)		0	42,768		2,946	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
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03480	ONCOLOGY	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	45,331,334	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,610,159	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,254,338	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,073,948	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,924,038	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	7,504,195	0.000000	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	10,054,543	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	29,097,888	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,455,380	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	64,249,615	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,026,349	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	14,757,713	0.000000	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,791,052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,489,150	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,879,864	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,490,105	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,298,350	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,608,839	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,554,288	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	71,281,144	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,805,148	0.000000	74.00
75.01	03480	ONCOLOGY	0	0	0	3,222,150	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	666,416	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	418,048	0.000000	90.00
90.01	09001	OP PSYCH	0	0	0	624,128	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	66,302,254	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,578,369	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	448,348,805		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	580,969	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	60,180	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	273,740	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	140,846	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	224,512	0	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	58,362	0	0	0	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	24,083	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	280,707	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	381,502	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,017,528	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	22,354	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.000000	135,042	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0.000000	242,045	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	90,975	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	57,341	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	63,461	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	15,302	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	255,103	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	46,541	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,167,002	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	134,879	0	0	0	74.00
75.01	03480	ONCOLOGY	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	6,060	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OP PSYCH	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	360,919	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		5,639,453	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	994,348	45,331,334	0.021935	0	0	50.00
51.00	05100	RECOVERY ROOM	16,339	2,610,159	0.006260	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,950	4,254,338	0.012211	0	0	52.00
53.00	05300	ANESTHESIOLOGY	66,747	6,073,948	0.010989	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	541,480	22,924,038	0.023621	5,827	138	54.00
54.01	05401	ULTRASOUND	119,104	7,504,195	0.015872	688	11	54.01
54.02	03040	AUDIOLOGY	0	0	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	68,842	10,054,543	0.006847	0	0	56.00
57.00	05700	CT SCAN	173,399	29,097,888	0.005959	9,577	57	57.00
59.00	05900	CARDIAC CATHETERIZATION	497,272	26,455,380	0.018797	1,680	32	59.00
60.00	06000	LABORATORY	336,096	64,249,615	0.005231	73,851	386	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	49,805	3,026,349	0.016457	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	245,852	14,757,713	0.016659	12,733	212	63.02
65.00	06500	RESPIRATORY THERAPY	83,468	9,791,052	0.008525	9,668	82	65.00
66.00	06600	PHYSICAL THERAPY	138,313	12,489,150	0.011075	21,752	241	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,388	5,879,864	0.006699	16,980	114	67.00
68.00	06800	SPEECH PATHOLOGY	18,058	1,490,105	0.012119	1,292	16	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,626	4,298,350	0.013407	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,366	10,608,839	0.001260	4,241	5	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,994	8,554,288	0.001402	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,413	71,281,144	0.003092	158,115	489	73.00
74.00	07400	RENAL DIALYSIS	10,670	3,805,148	0.002804	9,735	27	74.00
75.01	03480	ONCOLOGY	62,592	3,222,150	0.019426	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	75,181	666,416	0.112814	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	39,666	418,048	0.094884	1,106	105	90.00
90.01	09001	OP PSYCH	14,860	624,128	0.023809	0	0	90.01
91.00	09100	EMERGENCY	237,025	66,302,254	0.003575	58,690	210	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	12,578,369	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	4,183,854	448,348,805		385,935	2,125	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008
Component CCN: 15-S008
Period: From 07/01/2019 To 06/30/2020
Worksheet D Part IV Date/Time Prepared: 11/25/2020 10:13 am
Title XIX
Subprovider - IPF
PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03480	ONCOLOGY	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008
Component CCN: 15-S008

Period: From 07/01/2019 To 06/30/2020

Worksheet D Part IV Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	45,331,334	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,610,159	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,254,338	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,073,948	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,924,038	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	7,504,195	0.000000	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	10,054,543	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	29,097,888	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,455,380	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	64,249,615	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,026,349	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	14,757,713	0.000000	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,791,052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,489,150	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,879,864	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,490,105	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,298,350	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,608,839	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,554,288	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	71,281,144	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,805,148	0.000000	74.00
75.01	03480	ONCOLOGY	0	0	0	3,222,150	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	666,416	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	418,048	0.000000	90.00
90.01	09001	OP PSYCH	0	0	0	624,128	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	66,302,254	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,578,369	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	448,348,805		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,827	0	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	688	0	0	0	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	9,577	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,680	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	73,851	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.000000	12,733	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0.000000	9,668	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	21,752	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	16,980	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,292	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,241	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	158,115	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	9,735	0	0	0	74.00
75.01	03480	ONCOLOGY	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	1,106	0	0	0	90.00
90.01	09001	OP PSYCH	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	58,690	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		385,935	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	994,348	45,331,334	0.021935	0	0	50.00
51.00	05100	RECOVERY ROOM	16,339	2,610,159	0.006260	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,950	4,254,338	0.012211	0	0	52.00
53.00	05300	ANESTHESIOLOGY	66,747	6,073,948	0.010989	755	8	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	541,480	22,924,038	0.023621	669	16	54.00
54.01	05401	ULTRASOUND	119,104	7,504,195	0.015872	285	5	54.01
54.02	03040	AUDIOLOGY	0	0	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	68,842	10,054,543	0.006847	0	0	56.00
57.00	05700	CT SCAN	173,399	29,097,888	0.005959	1,424	8	57.00
59.00	05900	CARDIAC CATHETERIZATION	497,272	26,455,380	0.018797	5,093	96	59.00
60.00	06000	LABORATORY	336,096	64,249,615	0.005231	9,047	47	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	49,805	3,026,349	0.016457	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	245,852	14,757,713	0.016659	331	6	63.02
65.00	06500	RESPIRATORY THERAPY	83,468	9,791,052	0.008525	1,904	16	65.00
66.00	06600	PHYSICAL THERAPY	138,313	12,489,150	0.011075	43,858	486	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,388	5,879,864	0.006699	41,955	281	67.00
68.00	06800	SPEECH PATHOLOGY	18,058	1,490,105	0.012119	5,020	61	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,626	4,298,350	0.013407	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,366	10,608,839	0.001260	4,450	6	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,994	8,554,288	0.001402	2,111	3	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,413	71,281,144	0.003092	45,098	139	73.00
74.00	07400	RENAL DIALYSIS	10,670	3,805,148	0.002804	16,360	46	74.00
75.01	03480	ONCOLOGY	62,592	3,222,150	0.019426	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	75,181	666,416	0.112814	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	39,666	418,048	0.094884	0	0	90.00
90.01	09001	OP PSYCH	14,860	624,128	0.023809	0	0	90.01
91.00	09100	EMERGENCY	237,025	66,302,254	0.003575	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	12,578,369	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	4,183,854	448,348,805		178,360	1,224	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008
Component CCN: 15-T008

Period:
From 07/01/2019
To 06/30/2020

Worksheet D
Part IV
Date/Time Prepared:
11/25/2020 10:13 am

Title XIX

Subprovider - IRF

PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03480	ONCOLOGY	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008
Component CCN: 15-T008

Period: From 07/01/2019 To 06/30/2020

Worksheet D Part IV Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	45,331,334	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,610,159	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,254,338	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,073,948	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,924,038	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	7,504,195	0.000000	54.01
54.02	03040	AUDIOLOGY	0	0	0	0	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	10,054,543	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	29,097,888	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,455,380	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	64,249,615	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,026,349	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.02	06301	NONINVASIVE LAB	0	0	0	14,757,713	0.000000	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,791,052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,489,150	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,879,864	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,490,105	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,298,350	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,608,839	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,554,288	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	71,281,144	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,805,148	0.000000	74.00
75.01	03480	ONCOLOGY	0	0	0	3,222,150	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	666,416	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	418,048	0.000000	90.00
90.01	09001	OP PSYCH	0	0	0	624,128	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	66,302,254	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,578,369	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	448,348,805		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	755	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	669	0	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	285	0	0	0	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	1,424	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,093	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	9,047	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.000000	331	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0.000000	1,904	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	43,858	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	41,955	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	5,020	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,450	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,111	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	45,098	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	16,360	0	0	0	74.00
75.01	03480	ONCOLOGY	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OP PSYCH	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		178,360	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	29,695	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	29,695	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)	24,774	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)	7,103	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)	27,370,252	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)	27,370,252	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)	27,370,252	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)	921.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,546,906	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	6,546,906	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,248,131	2,719	1,930.17	915	1,766,106	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	9,164,077	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	17,477,089	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)	340,122	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	446,339	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	786,461	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	16,690,628	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)	4,921	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	921.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,535,735	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,083,128	27,370,252	0.039573	4,535,735	179,493	90.00
91.00	Nursing School cost	0	27,370,252	0.000000	4,535,735	0	91.00
92.00	Allied health cost	0	27,370,252	0.000000	4,535,735	0	92.00
93.00	All other Medical Education	0	27,370,252	0.000000	4,535,735	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0008 Component CCN: 15-S008	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,667	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,667	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)	3,667	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)	1,526	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)	3,651,419	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)	3,651,419	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)	3,651,419	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)	995.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,519,515	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)	1,519,515	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)	377,890	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,897,405	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)	61,116	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	12,325	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	73,441	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,823,964	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0008
Component CCN: 15-S008

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1
Date/Time Prepared:
11/25/2020 10:13 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	146,851	3,651,419	0.040218	0	0	90.00
91.00	Nursing School cost	0	3,651,419	0.000000	0	0	91.00
92.00	Allied health cost	0	3,651,419	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,651,419	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,623	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,623	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)	5,623	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)	3,654	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)	5,077,915	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)	5,077,915	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)	5,077,915	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)	903.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,299,781	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)	3,299,781	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)	2,266,156	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,565,937	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)	154,966	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	57,562	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	212,528	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,353,409	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	238,449	5,077,915	0.046958	0	0	90.00
91.00	Nursing School cost	0	5,077,915	0.000000	0	0	91.00
92.00	Allied health cost	0	5,077,915	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,077,915	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	29,695	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	29,695	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)	24,774	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	2,342	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)	1,064	15.00
16.00	Nursery days (title V or XIX only)	222	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)	27,370,252	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)	27,370,252	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)	27,370,252	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)	921.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,158,645	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)	2,158,645	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	797,120	1,064	749.17	222	166,316	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,248,131	2,719	1,930.17	17	32,813	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)	1,120,503	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,478,277	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)	91,841	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	51,966	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	143,807	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,334,470	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)	4,921	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	921.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,535,735	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,083,128	27,370,252	0.039573	4,535,735	179,493	90.00
91.00	Nursing School cost	0	27,370,252	0.000000	4,535,735	0	91.00
92.00	Allied health cost	0	27,370,252	0.000000	4,535,735	0	92.00
93.00	All other Medical Education	0	27,370,252	0.000000	4,535,735	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0008 Component CCN: 15-S008	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 10:13 am
	Title XIX	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,667	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,667	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)	3,667	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)	278	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)	1,064	15.00
16.00	Nursery days (title V or XIX only)	222	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)	3,651,419	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)	3,651,419	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)	3,651,419	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)	995.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	276,819	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)	276,819	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)	69,706	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	346,525	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)	11,134	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,125	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	13,259	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	333,266	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0008
Component CCN: 15-S008

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1
Date/Time Prepared:
11/25/2020 10:13 am

Title XIX | Subprovider - IPF | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	146,851	3,651,419	0.040218	0	0	90.00
91.00	Nursing School cost	0	3,651,419	0.000000	0	0	91.00
92.00	Allied health cost	0	3,651,419	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,651,419	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 10:13 am
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,623	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,623	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)	5,623	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)	87	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)	1,064	15.00
16.00	Nursery days (title V or XIX only)	222	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)	5,077,915	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)	5,077,915	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)	5,077,915	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)	903.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	78,566	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)	78,566	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)	51,158	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	129,724	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)	3,690	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,224	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	4,914	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	124,810	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Subprovider - IRF | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	238,449	5,077,915	0.046958	0	0	90.00
91.00	Nursing School cost	0	5,077,915	0.000000	0	0	91.00
92.00	Allied health cost	0	5,077,915	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,077,915	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		14,081,808		30.00
31.00	03100	INTENSIVE CARE UNIT		2,361,370		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.248453	3,874,716	962,685	50.00
51.00	05100	RECOVERY ROOM	0.251898	226,966	57,172	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414353	13,631	5,648	52.00
53.00	05300	ANESTHESIOLOGY	0.079472	531,063	42,205	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197996	1,951,471	386,383	54.00
54.01	05401	ULTRASOUND	0.135558	296,169	40,148	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	0.162110	848,278	137,514	56.00
57.00	05700	CT SCAN	0.057994	2,910,618	168,798	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.131583	4,884,978	642,780	59.00
60.00	06000	LABORATORY	0.131015	6,852,460	897,775	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.346864	506,047	175,529	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.105673	2,009,670	212,368	63.02
65.00	06500	RESPIRATORY THERAPY	0.224423	2,718,813	610,164	65.00
66.00	06600	PHYSICAL THERAPY	0.387307	927,843	359,360	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331787	560,156	185,852	67.00
68.00	06800	SPEECH PATHOLOGY	0.483755	167,593	81,074	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118895	130,553	15,522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420518	2,024,875	851,496	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471422	1,416,703	667,865	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173500	8,042,825	1,395,430	73.00
74.00	07400	RENAL DIALYSIS	0.275097	1,211,918	333,395	74.00
75.01	03480	ONCOLOGY	0.353632	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1.461381	54,921	80,261	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.338844	0	0	90.00
90.01	09001	OP PSYCH	0.451814	2,325	1,050	90.01
91.00	09100	EMERGENCY	0.109591	4,358,622	477,666	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.360598	1,042,538	375,937	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		47,565,752	9,164,077	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		47,565,752		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		5,844,392		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.248453	45,778	11,374	50.00
51.00	05100	RECOVERY ROOM	0.251898	36,904	9,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414353	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079472	47,038	3,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197996	42,132	8,342	54.00
54.01	05401	ULTRASOUND	0.135558	1,414	192	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	0.162110	2,279	369	56.00
57.00	05700	CT SCAN	0.057994	78,223	4,536	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.131583	7,460	982	59.00
60.00	06000	LABORATORY	0.131015	452,068	59,228	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.346864	4,566	1,584	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.105673	45,496	4,808	63.02
65.00	06500	RESPIRATORY THERAPY	0.224423	59,808	13,422	65.00
66.00	06600	PHYSICAL THERAPY	0.387307	108,250	41,926	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331787	105,335	34,949	67.00
68.00	06800	SPEECH PATHOLOGY	0.483755	4,533	2,193	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118895	6,583	783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420518	37,837	15,911	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471422	2,111	995	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173500	715,349	124,113	73.00
74.00	07400	RENAL DIALYSIS	0.275097	58,717	16,153	74.00
75.01	03480	ONCOLOGY	0.353632	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1.461381	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.338844	0	0	90.00
90.01	09001	OP PSYCH	0.451814	0	0	90.01
91.00	09100	EMERGENCY	0.109591	209,832	22,996	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.360598	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,071,713	377,890	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		2,071,713		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		4,540,923		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.248453	118,726	29,498	50.00
51.00	05100	RECOVERY ROOM	0.251898	5,200	1,310	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414353	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079472	18,151	1,442	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197996	82,334	16,302	54.00
54.01	05401	ULTRASOUND	0.135558	9,579	1,299	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	0.162110	14,749	2,391	56.00
57.00	05700	CT SCAN	0.057994	82,555	4,788	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.131583	0	0	59.00
60.00	06000	LABORATORY	0.131015	789,530	103,440	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.346864	50,276	17,439	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.105673	64,408	6,806	63.02
65.00	06500	RESPIRATORY THERAPY	0.224423	356,201	79,940	65.00
66.00	06600	PHYSICAL THERAPY	0.387307	1,842,444	713,591	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331787	1,763,686	585,168	67.00
68.00	06800	SPEECH PATHOLOGY	0.483755	277,356	134,172	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118895	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420518	265,686	111,726	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471422	4,421	2,084	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173500	1,822,534	316,210	73.00
74.00	07400	RENAL DIALYSIS	0.275097	503,640	138,550	74.00
75.01	03480	ONCOLOGY	0.353632	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1.461381	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.338844	0	0	90.00
90.01	09001	OP PSYCH	0.451814	0	0	90.01
91.00	09100	EMERGENCY	0.109591	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.360598	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,071,476	2,266,156	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		8,071,476		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		2,248,678		30.00
31.00	03100	INTENSIVE CARE UNIT		372,209		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		345,190		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.248453	580,969	144,343	50.00
51.00	05100	RECOVERY ROOM	0.251898	60,180	15,159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414353	273,740	113,425	52.00
53.00	05300	ANESTHESIOLOGY	0.079472	140,846	11,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197996	224,512	44,452	54.00
54.01	05401	ULTRASOUND	0.135558	58,362	7,911	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	0.162110	24,083	3,904	56.00
57.00	05700	CT SCAN	0.057994	280,707	16,279	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.131583	381,502	50,199	59.00
60.00	06000	LABORATORY	0.131015	1,017,528	133,311	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.346864	22,354	7,754	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.105673	135,042	14,270	63.02
65.00	06500	RESPIRATORY THERAPY	0.224423	242,045	54,320	65.00
66.00	06600	PHYSICAL THERAPY	0.387307	90,975	35,235	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331787	57,341	19,025	67.00
68.00	06800	SPEECH PATHOLOGY	0.483755	63,461	30,700	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118895	15,302	1,819	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420518	255,103	107,275	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471422	46,541	21,940	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173500	1,167,002	202,475	73.00
74.00	07400	RENAL DIALYSIS	0.275097	134,879	37,105	74.00
75.01	03480	ONCOLOGY	0.353632	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1.461381	6,060	8,856	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.338844	0	0	90.00
90.01	09001	OP PSYCH	0.451814	0	0	90.01
91.00	09100	EMERGENCY	0.109591	360,919	39,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.360598	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,639,453	1,120,503	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		5,639,453		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		945,064		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.248453	0	0	50.00
51.00	05100	RECOVERY ROOM	0.251898	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414353	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079472	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197996	5,827	1,154	54.00
54.01	05401	ULTRASOUND	0.135558	688	93	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	0.162110	0	0	56.00
57.00	05700	CT SCAN	0.057994	9,577	555	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.131583	1,680	221	59.00
60.00	06000	LABORATORY	0.131015	73,851	9,676	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.346864	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.105673	12,733	1,346	63.02
65.00	06500	RESPIRATORY THERAPY	0.224423	9,668	2,170	65.00
66.00	06600	PHYSICAL THERAPY	0.387307	21,752	8,425	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331787	16,980	5,634	67.00
68.00	06800	SPEECH PATHOLOGY	0.483755	1,292	625	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118895	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420518	4,241	1,783	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471422	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173500	158,115	27,433	73.00
74.00	07400	RENAL DIALYSIS	0.275097	9,735	2,678	74.00
75.01	03480	ONCOLOGY	0.353632	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1.461381	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.338844	1,106	1,481	90.00
90.01	09001	OP PSYCH	0.451814	0	0	90.01
91.00	09100	EMERGENCY	0.109591	58,690	6,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.360598	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		385,935	69,706	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		385,935		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/25/2020 10:13 am

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		110,043		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.248453	0	0	50.00
51.00	05100	RECOVERY ROOM	0.251898	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414353	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079472	755	60	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197996	669	132	54.00
54.01	05401	ULTRASOUND	0.135558	285	39	54.01
54.02	03040	AUDIOLOGY	0.000000	0	0	54.02
56.00	05600	RADIOISOTOPE	0.162110	0	0	56.00
57.00	05700	CT SCAN	0.057994	1,424	83	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.131583	5,093	670	59.00
60.00	06000	LABORATORY	0.131015	9,047	1,185	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.346864	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.02	06301	NONINVASIVE LAB	0.105673	331	35	63.02
65.00	06500	RESPIRATORY THERAPY	0.224423	1,904	427	65.00
66.00	06600	PHYSICAL THERAPY	0.387307	43,858	16,987	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331787	41,955	13,920	67.00
68.00	06800	SPEECH PATHOLOGY	0.483755	5,020	2,428	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118895	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420518	4,450	1,871	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471422	2,111	995	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173500	45,098	7,825	73.00
74.00	07400	RENAL DIALYSIS	0.275097	16,360	4,501	74.00
75.01	03480	ONCOLOGY	0.353632	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1.461381	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.338844	0	0	90.00
90.01	09001	OP PSYCH	0.451814	0	0	90.01
91.00	09100	EMERGENCY	0.109591	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.360598	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		178,360	51,158	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		178,360		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 10:13 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)	3,941,427	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	11,049,691	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)	8,659	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	78,940	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)	133.48	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)	12.12	30.00
31.00	Percentage of Medicaid patient days (see instructions)	41.13	31.00
32.00	Sum of lines 30 and 31	53.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)	33.15	33.00
34.00	Disproportionate share adjustment (see instructions)	1,242,389	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 10:13 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)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000277445	0.000198454	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,295,264	1,657,212	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	578,533	1,240,645	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,819,178		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	2,266		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	238	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	238	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	10.50		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	1,391		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.834934		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81	447.81	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	88,986		46.00
47.00	Subtotal (see instructions)	18,229,270		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		18,229,270	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,329,738	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,559,008	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,559,008	61.00
62.00	Deductibles billed to program beneficiaries		1,264,956	62.00
63.00	Coinsurance billed to program beneficiaries		165,231	63.00
64.00	Allowable bad debts (see instructions)		531,318	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		345,357	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		200,823	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,474,178	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		53,393	70.93
70.94	HRR adjustment amount (see instructions)		-34,958	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,492,613	71.00
71.01	Sequestration adjustment (see instructions)		308,827	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		17,645,337	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		538,449	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		519,006	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	67,350	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	10,848,213	2.00
3.00	OPPS payments	8,746,295	3.00
4.00	Outlier payment (see instructions)	16,235	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	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	67,350	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	282,773	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)	282,773	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	282,773	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	215,423	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)	67,350	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)	8,762,530	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)	1,690,379	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)	7,139,501	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)	7,139,501	30.00
31.00	Primary payer payments	712	31.00
32.00	Subtotal (line 30 minus line 31)	7,138,789	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)	552,845	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	359,349	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	322,121	36.00
37.00	Subtotal (see instructions)	7,498,138	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-11	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	7,498,149	40.00
40.01	Sequestration adjustment (see instructions)	125,219	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	7,458,037	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-85,107	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008 Component CCN: 15-S008	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	50	2.00
3.00	OPPS payments	60	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	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)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	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)	0	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)	60	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)	12	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)	48	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)	48	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	48	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	48	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment 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)	48	40.00
40.01	Sequestration adjustment (see instructions)	1	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	47	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	0	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	OPPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	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)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	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)	0	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)	0	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)	0	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)	0	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)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment 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)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	0	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	0	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E-1 Part I | Date/Time Prepared: 11/25/2020 10:13 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		17,189,224		7,010,898	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		418,613		447,139	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	01/06/2020	37,500		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)		37,500		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		17,645,337		7,458,037	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		538,449		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		85,107	6.02
7.00	Total Medicare program liability (see instructions)		18,183,786		7,372,930	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0008 | Component CCN: 15-S008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E-1 Part I | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IPF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,350,685		47	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)		1,350,685		47	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		7,865		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,358,550		47	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0008 | Component CCN: 15-T008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E-1 Part I | Date/Time Prepared: 11/25/2020 10:13 am

Title XVIII | Subprovider - IRF | 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		6,949,332		0	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)		6,949,332		0	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		0	6.01
6.02	SETTLEMENT TO PROGRAM		28,329		0	6.02
7.00	Total Medicare program liability (see instructions)		6,921,003		0	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: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 11/25/2020 10:13 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: 15-0008 Component CCN: 15-S008	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,500,062	1.00
2.00	Net IPF PPS Outlier Payments	12,428	2.00
3.00	Net IPF PPS ECT Payments	10,789	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	10.019126	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,523,279	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,523,279	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,523,279	18.00
19.00	Deductibles	133,980	19.00
20.00	Subtotal (line 18 minus line 19)	1,389,299	20.00
21.00	Coinsurance	13,453	21.00
22.00	Subtotal (line 20 minus line 21)	1,375,846	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	8,888	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	5,777	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,140	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,381,623	26.00
27.00	Direct graduate medical education payments (see instructions)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,381,623	31.00
31.01	Sequestration adjustment (see instructions)	23,073	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	1,350,685	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	7,865	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	12,428	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	6,713,993	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0691	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	408,882	3.00
4.00	Outlier Payments	15,159	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	15.363388	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	7,138,034	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	7,138,034	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	7,138,034	19.00
20.00	Deductibles	26,312	20.00
21.00	Subtotal (line 19 minus line 20)	7,111,722	21.00
22.00	Coinsurance	95,711	22.00
23.00	Subtotal (line 21 minus line 22)	7,016,011	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	34,670	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	22,536	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	21,776	26.00
27.00	Subtotal (sum of lines 23 and 25)	7,038,547	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	7,038,547	32.00
32.01	Sequestration adjustment (see instructions)	117,544	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	6,949,332	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	-28,329	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	15,159	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2020 10:13 am
	Title XIX	Hospital	PPS

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	2,966,077		8.00
9.00	Ancillary service charges	5,639,453	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	8,605,530	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	8,605,530	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	8,605,530	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008 Component CCN: 15-S008	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2020 10:13 am
	Title XIX	Subprovider - IPF	PPS

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	945,064		8.00
9.00	Ancillary service charges	385,935	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,330,999	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,330,999	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,330,999	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2020 10:13 am
	Title XIX	Subprovider - IRF	PPS

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	110,043		8.00
9.00	Ancillary service charges	178,360	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	288,403	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	288,403	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	288,403	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet G | Date/Time Prepared: 11/25/2020 10:13 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	1,900	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	15,577,914	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	6,619,066	0	0	0	7.00
8.00	Prepaid expenses	1,724,035	0	0	0	8.00
9.00	Other current assets	604,251	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)	24,527,166	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	35,209,565	0	0	0	15.00
16.00	Accumulated depreciation	0	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	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	35,209,565	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	2,333,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,333,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	62,069,731	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	730,145	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,960,249	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	39,703,965	0	0	0	43.00
44.00	Other current liabilities	19,250,447	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	65,644,806	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,466,170	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,466,170	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	68,110,976	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	-6,041,245				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-6,041,245	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	62,069,731	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet G-1 | Date/Time Prepared: 11/25/2020 10:13 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		40,233,717		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		10,696,043				2.00
3.00	Total (sum of line 1 and line 2)		50,929,760		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	NET ASSETS RELEASED FROM RESTRICTIO	40,000		0		0	5.00
6.00	NET ASSETS TRANSFERRED	0		0		0	6.00
7.00	CONTRIBUTIONS	86,000		0		0	7.00
8.00	INVESTMENT INCOME	12,000		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		138,000		0		10.00
11.00	Subtotal (line 3 plus line 10)		51,067,760		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS	57,031,000		0		0	13.00
14.00	ASSET TRANSFERS	78,000		0		0	14.00
15.00	ROUNDING	5		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		57,109,005		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-6,041,245		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	NET ASSETS RELEASED FROM RESTRICTIO		0			5.00
6.00	NET ASSETS TRANSFERRED		0			6.00
7.00	CONTRIBUTIONS		0			7.00
8.00	INVESTMENT INCOME		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	TRANSFERS		0			13.00
14.00	ASSET TRANSFERS		0			14.00
15.00	ROUNDING		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: 15-0008 | Period: From 07/01/2019 To 06/30/2020 | Worksheet G-2 Parts I & II | Date/Time Prepared: 11/25/2020 10:13 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	57,664,864		57,664,864	1.00
2.00	SUBPROVIDER - IPF	14,132,305		14,132,305	2.00
3.00	SUBPROVIDER - IRF	6,988,658		6,988,658	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)	78,785,827		78,785,827	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	7,421,946		7,421,946	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)	7,421,946		7,421,946	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	86,207,773		86,207,773	17.00
18.00	Ancillary services	158,673,421	0	158,673,421	18.00
19.00	Outpatient services	0	286,062,059	286,062,059	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	2,272,994	4,343,908	6,616,902	27.00
27.02	REGENCY	0	4,845,495	4,845,495	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	247,154,188	295,251,462	542,405,650	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		146,008,611		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)		146,008,611		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet G-3 Date/Time Prepared: 11/25/2020 10:13 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	542,405,650	1.00
2.00	Less contractual allowances and discounts on patients' accounts	410,587,023	2.00
3.00	Net patient revenues (line 1 minus line 2)	131,818,627	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	146,008,611	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-14,189,984	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	264,638	6.00
7.00	Income from investments	108,024	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	304	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	734,672	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	788,661	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	6,305	21.00
22.00	Rental of hospital space	822,361	22.00
23.00	Governmental appropriations	0	23.00
24.00	GAIN ON SALE OF ASSETS	0	24.00
24.01	CAPITATION REVENUE	3,243,165	24.01
24.02	GRANT INCOME	0	24.02
24.03	OTHER INCOME	1,706,617	24.03
24.04	PHARMACY INCOME	6,465,289	24.04
24.05	CLASSES	28,716	24.05
24.06	TEMP RESTRICTED	38,075	24.06
24.50	COVID-19 PHE Funding	10,679,200	24.50
25.00	Total other income (sum of lines 6-24)	24,886,027	25.00
26.00	Total (line 5 plus line 25)	10,696,043	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)	10,696,043	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0008	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/25/2020 10:13 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,193,533	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	381	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)	75.54	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)	12.12	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	41.13	8.00
9.00	Sum of lines 7 and 8	53.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)	11.38	10.00
11.00	Disproportionate share adjustment (see instructions)	135,824	11.00
12.00	Total prospective capital payments (see instructions)	1,329,738	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