

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: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/14/2021 10:20 am
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only

1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for Full or "L" for Low.

Date: 7/14/2021 Time: 10:20 am

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COLUMBUS REGIONAL HOSPITAL (15-0112) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	672,540	41,669	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	55,970	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
200.00 Total	0	728,510	41,669	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/14/2021 10:20 am
---	--	-----------------------	---	--

1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47201-		County: BARTHOLOMEW		1.00
2.00 Street: 2400 EAST 17TH STREET		3.00 City: COLUMBUS		4.00		5.00		6.00		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	COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	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
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2020	12/31/2020	20.00
21.00	Type of Control (see instructions)	8		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112			Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/14/2021 10:20 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			
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.	1,770	618	0	16	5,252	94		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	158	0	0	326			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y		40.00	
						V	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/14/2021 10:20 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02	
		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		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/14/2021 10:20 am			
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col . 1/ (col . 1 + col . 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col . 3/ (col . 3 + col . 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col . 1/ (col . 1 + col . 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col . 3/ (col . 3 + col . 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/14/2021 10:20 am		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	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
		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 1.00			XIX 2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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. 1, 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		Y		98.06
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/14/2021 10:20 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				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:	669,856		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/14/2021 10:20 am	
		1.00		2.00			
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				140.00	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/14/2021 10:20 am
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/14/2021 10:20 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/28/2021			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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)	Y	04/08/2021	Y	04/08/2021		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/08/2021	Y	04/08/2021		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/14/2021 10:20 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:	MGD CARE PART A DISCH & PT DAYS	Y	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	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.			N	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			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	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.	KERRY		BEJARANO	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-383-4000		KBEJARANO@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/14/2021 10:20 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.	DI RECTOR		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: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
7/14/2021 10:20 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle 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	210	76,860	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)		210	76,860	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	19	6,954	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		229	83,814	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,052		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		251				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: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
7/14/2021 10:20 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)	10,250	6,364	26,115			1.00
2.00 HMO and other (see instructions)	3,385	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	342	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	10,250	6,364	26,115			7.00
8.00 INTENSIVE CARE UNIT	915	248	3,186			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,138	3,003			13.00
14.00 Total (see instructions)	11,165	7,750	32,304	0.00	1,265.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,094	484	3,712	0.00	24.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						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)			0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,289.00	27.00
28.00 Observation Bed Days		643	3,099			28.00
29.00 Ambulance Trips	4,061					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			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: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
7/14/2021 10:20 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,995	1,796	8,417	1.00
2.00 HMO and other (see instructions)				830	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		2,995	1,796	8,417	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0		159	33	281	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							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
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

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

Worksheet S-3
Part II
Date/Time Prepared:
7/14/2021 10:20 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	85,893,888	-860,368	85,033,520	2,642,040.00	32.18
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		2,036,275	0	2,036,275	8,096.00	251.52
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		203,440	0	203,440	3,985.00	51.05
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,568,376	764,048	7,332,424	268,316.00	27.33
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		14,143,669	0	14,143,669	262,131.00	53.96
12.00	Contract Labor: Top level management and other management and administrative services		924,623	241,825	1,166,448	22,459.00	51.94
13.00	Contract Labor: Physician-Part A - Administrative		6,356,364	0	6,356,364	54,629.00	116.36
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		4,402,059	0	4,402,059	40,712.00	108.13
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,932,907	0	22,932,907		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,203,393	0	2,203,393		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		673,034	0	673,034		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		1,416,597	0	1,416,597		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

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

Worksheet S-3
Part II
Date/Time Prepared:
7/14/2021 10:20 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	141,863	-128,645	13,218	316.00	41.83	26.00
27.00	Administrative & General	18,327,333	16,776	18,344,109	487,861.00	37.60	27.00
28.00	Administrative & General under contract (see inst.)	7,082,704	0	7,082,704	87,364.00	81.07	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,696,682	22,642	2,719,324	81,506.00	33.36	30.00
31.00	Laundry & Linen Service	35,822	0	35,822	2,081.00	17.21	31.00
32.00	Housekeeping	2,088,485	-18,338	2,070,147	122,275.00	16.93	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,019,243	-1,205,947	813,296	42,305.00	19.22	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,171,323	1,171,323	64,538.00	18.15	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,732,643	214,080	4,946,723	117,686.00	42.03	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	3,160,194	-350,523	2,809,671	60,811.00	46.20	40.00
41.00	Medical Records & Medical Records Library	1,867,614	-860,083	1,007,531	35,905.00	28.06	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

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

Worksheet S-3
Part III
Date/Time Prepared:
7/14/2021 10:20 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	90,736,877	-860,368	89,876,509	2,717,323.00	33.08	1.00
2.00	Excluded area salaries (see instructions)	6,568,376	764,048	7,332,424	268,316.00	27.33	2.00
3.00	Subtotal salaries (line 1 minus line 2)	84,168,501	-1,624,416	82,544,085	2,449,007.00	33.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,826,715	241,825	26,068,540	379,931.00	68.61	4.00
5.00	Subtotal wage-related costs (see inst.)	24,349,504	0	24,349,504	0.00	29.50	5.00
6.00	Total (sum of lines 3 thru 5)	134,344,720	-1,382,591	132,962,129	2,828,938.00	47.00	6.00
7.00	Total overhead cost (see instructions)	42,152,583	-1,138,715	41,013,868	1,102,648.00	37.20	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/14/2021 10:20 am
-----------------------------	-----------------------	---	---

			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		3,688,818	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		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)		12,786,442	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		305,658	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		57,073	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)		1,445,063	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,069,049	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		6,131,978	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		170,081	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		155,173	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		25,809,335	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 7/14/2021 10:20 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	14,143,669	25,809,335	1.00
2.00	Hospital	14,143,669	25,809,335	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/14/2021 10:20 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)			0.346670	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			15,892,771	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			7,151,109	5.00	
6.00	Medicaid charges			110,592,356	6.00	
7.00	Medicaid cost (line 1 times line 6)			38,339,052	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)			15,295,172	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			0	9.00	
10.00	Stand-alone CHIP charges			0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			15,295,172	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)	16,129,571	4,064,134	20,193,705	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,591,638	4,064,134	9,655,772	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)	5,591,638	4,064,134	9,655,772	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)			6,437,879	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			581,763	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			895,021	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			5,542,858	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,234,801	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			11,890,573	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			27,185,745	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/14/2021 10:20 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		22,936,146	22,936,146	-12,728,568	10,207,578	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	14,581,858	14,581,858	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	141,863	29,155,058	29,296,921	-1,671,852	27,625,069	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,327,333	48,341,083	66,668,416	-5,135,015	61,533,401	5.00
7.00	00700	OPERATION OF PLANT	2,696,682	7,098,961	9,795,643	-2,818,985	6,976,658	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	35,822	728,624	764,446	0	764,446	8.00
9.00	00900	HOUSEKEEPING	2,088,485	576,507	2,664,992	-18,338	2,646,654	9.00
10.00	01000	DIETARY	2,019,243	819,469	2,838,712	-1,689,604	1,149,108	10.00
11.00	01100	CAFETERIA	0	0	0	1,654,980	1,654,980	11.00
13.00	01300	NURSING ADMINISTRATION	4,732,643	722,500	5,455,143	218,974	5,674,117	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	687,576	687,576	219,746	907,322	14.00
15.00	01500	PHARMACY	3,160,194	1,788,691	4,948,885	-312,930	4,635,955	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,867,614	462,963	2,330,577	-996,679	1,333,898	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	158,969	9,860	168,829	369,898	538,727	23.01
23.02	02302	PHARMACY RESIDENCY PROG	210,659	4,627	215,286	196,637	411,923	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,313,064	1,998,507	17,311,571	351,057	17,662,628	30.00
31.00	03100	INTENSIVE CARE UNIT	2,513,455	1,200,001	3,713,456	-202,025	3,511,431	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	1,452,620	135,040	1,587,660	298,037	1,885,697	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	979,270	44,727	1,023,997	-25,781	998,216	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	878,271	24,481,140	25,359,411	-6,564,166	18,795,245	50.00
51.00	05100	RECOVERY ROOM	4,244	921,176	925,420	255,281	1,180,701	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	86,053	86,053	60,000	146,053	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,608,771	572,866	2,181,637	-225,529	1,956,108	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	431,867	1,143,145	1,575,012	202,319	1,777,331	54.01
54.02	05404	ULTRA SOUND	459,667	49,379	509,046	75,440	584,486	54.02
54.03	05405	MAMMOGRAPHY	603,690	161,384	765,074	355,823	1,120,897	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	638,453	1,278,748	1,917,201	883,027	2,800,228	55.00
57.00	05700	CT SCAN	704,783	589,155	1,293,938	198,739	1,492,677	57.00
58.00	05800	MRI	287,919	53,432	341,351	129,349	470,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,519,863	3,722,001	5,241,864	-3,175,200	2,066,664	59.00
60.00	06000	LABORATORY	3,871,860	6,121,142	9,993,002	212,216	10,205,218	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	346,237	544,633	890,870	235,200	1,126,070	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	492,180	492,180	78,556	570,736	62.00
65.00	06500	RESPIRATORY THERAPY	1,870,192	492,266	2,362,458	-61,941	2,300,517	65.00
66.00	06600	PHYSICAL THERAPY	2,255,997	1,824,684	4,080,681	-29,536	4,051,145	66.00
67.00	06700	OCCUPATIONAL THERAPY	399,523	402,360	801,883	606,481	1,408,364	67.00
68.00	06800	SPEECH PATHOLOGY	432,657	362,831	795,488	-88,479	707,009	68.00
69.00	06900	ELECTROCARDIOLOGY	600,349	300,067	900,416	46,330	946,746	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	569,318	117,502	686,820	145,587	832,407	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,738,858	6,738,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,405,553	6,405,553	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,682,389	22,682,389	0	22,682,389	73.00
74.00	07400	RENAL DIALYSIS	0	862,882	862,882	0	862,882	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	195,987	68,704	264,691	-2,363	262,328	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,342,143	129,578	1,471,721	12,911	1,484,632	90.00
90.01	09001	DIABETES CENTER	86,019	67,508	153,527	0	153,527	90.01
90.02	09002	NEUROPSYCH	285,617	9,539	295,156	4,582	299,738	90.02
90.03	09003	WOUND CENTER	581,355	991,402	1,572,757	16,016	1,588,773	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	209,833	209,833	90.04
90.05	09005	VIMCARE CLINIC	518,186	63,318	581,504	12,375	593,879	90.05
90.06	09006	MEDIATION MGMT CLINIC	242,037	2,395	244,432	-10,185	234,247	90.06
91.00	09100	EMERGENCY	4,714,839	1,254,795	5,969,634	2,560,268	8,529,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,368,787	326,375	3,695,162	44,034	3,739,196	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
7/14/2021 10:20 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	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		1,181,826	1,181,826	-1,181,826	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,516,547	188,067,195	272,583,742	440,963	273,024,705	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	256,304	256,304	194.00
194.01	07951	BUILDING RENTALS	0	2,106,897	2,106,897	-1,862,438	244,459	194.01
194.02	07952	HOSPICE	0	99,093	99,093	0	99,093	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	158,427	158,427	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	535,757	535,757	194.05
194.06	07956	CRH FOUNDATION	45,957	536	46,493	0	46,493	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	1,331,384	1,168,338	2,499,722	470,987	2,970,709	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	85,893,888	191,442,059	277,335,947	0	277,335,947	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
7/14/2021 10:20 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	-807,805	9,399,773	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-174,457	14,407,401	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-427,512	27,197,557	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-20,852,551	40,680,850	5.00
7.00	00700	OPERATION OF PLANT	-420,715	6,555,943	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	764,446	8.00
9.00	00900	HOUSEKEEPING	0	2,646,654	9.00
10.00	01000	DIETARY	-17,310	1,131,798	10.00
11.00	01100	CAFETERIA	-637,052	1,017,928	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,674,117	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	907,322	14.00
15.00	01500	PHARMACY	-72,040	4,563,915	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,149	1,330,749	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED ED PRGM	0	0	23.00
23.01	02301	XRAY EDUCATION	-25,348	513,379	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	411,923	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	377,183	18,039,811	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,511,431	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	1,885,697	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	998,216	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,530,311	15,264,934	50.00
51.00	05100	RECOVERY ROOM	0	1,180,701	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-8,588	137,465	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-80,612	1,875,496	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,777,331	54.01
54.02	05404	ULTRA SOUND	0	584,486	54.02
54.03	05405	MAMMOGRAPHY	-1,066	1,119,831	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-18,247	2,781,981	55.00
57.00	05700	CT SCAN	0	1,492,677	57.00
58.00	05800	MRI	0	470,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,066,664	59.00
60.00	06000	LABORATORY	0	10,205,218	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-37,356	1,088,714	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	570,736	62.00
65.00	06500	RESPIRATORY THERAPY	-15,462	2,285,055	65.00
66.00	06600	PHYSICAL THERAPY	-24,443	4,026,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,408,364	67.00
68.00	06800	SPEECH PATHOLOGY	-859	706,150	68.00
69.00	06900	ELECTROCARDIOLOGY	-11,112	935,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	832,407	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,738,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,405,553	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,682,389	73.00
74.00	07400	RENAL DIALYSIS	0	862,882	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	262,328	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	1,484,632	90.00
90.01	09001	DIABETES CENTER	0	153,527	90.01
90.02	09002	NEUROPSYCH	-203,440	96,298	90.02
90.03	09003	WOUND CENTER	-24,813	1,563,960	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	-986	208,847	90.04
90.05	09005	VIMCARE CLINIC	0	593,879	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	234,247	90.06
91.00	09100	EMERGENCY	-676,605	7,853,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-747,436	2,991,760	95.00
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-28,442,092	244,582,613	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 WELLNESS COMMUNITY	0	256,304	194.00
194.01	07951 BUILDING RENTALS	0	244,459	194.01
194.02	07952 HOSPICE	0	99,093	194.02
194.03	07953 OUTREACH CLINICS	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	158,427	194.04
194.05	07955 NONALLOWABLE MARKETING	0	535,757	194.05
194.06	07956 CRH FOUNDATION	0	46,493	194.06
194.07	07957 HEALTHY COMMUNITIES	0	0	194.07
194.08	07958 CRHP	-354,200	2,616,509	194.08
194.09	07959 NEUROPSYCH PART B	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-28,796,292	248,539,655	200.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
7/14/2021 10:20 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - RECLASS INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	899,744	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	282,082	2.00
	0		0	1,181,826	
C - RECLASS INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	671,464	1.00
2.00	LABORATORY	60.00	0	4,760	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	2,333	3.00
4.00	AMBULANCE SERVICES	95.00	0	55,298	4.00
	0		0	733,855	
D - RECLASS BILLING COST					
1.00	ADMINISTRATIVE & GENERAL	5.00	851,181	136,596	1.00
	0		851,181	136,596	
E - RECLASS HYPERBARIC THERAPY EXPENSE					
1.00	HYPERBARIC OXYGEN THERAPY	90.04	100,624	51,313	1.00
	0		100,624	51,313	
F - RECLASS CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	1,191,758	483,657	1.00
	0		1,191,758	483,657	
G - RECLASS WELLNESS					
1.00	WELLNESS COMMUNITY	194.00	136,552	36,135	1.00
	0		136,552	36,135	
H - RECLASS PHYSICIAN FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	722,740	1.00
2.00	SUBPROVIDER - IRF	41.00	0	229,241	2.00
3.00	OPERATING ROOM	50.00	0	954,822	3.00
4.00	ANESTHESIOLOGY	53.00	0	60,000	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,000	5.00
6.00	MAMMOGRAPHY	54.03	0	2,083	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	45,000	7.00
8.00	LABORATORY-PATHOLOGICAL	60.01	0	225,000	8.00
9.00	RESPIRATORY THERAPY	65.00	0	48,000	9.00
10.00	PHYSICAL THERAPY	66.00	0	49,750	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	53,717	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,625	12.00
13.00	WOUND CENTER	90.03	0	63,758	13.00
14.00	HYPERBARIC OXYGEN THERAPY	90.04	0	2,613	14.00
15.00	VIMCARE CLINIC	90.05	0	20,000	15.00
16.00	EMERGENCY	91.00	0	2,580,484	16.00
17.00	AMBULANCE SERVICES	95.00	0	13,125	17.00
	0		0	5,128,958	
I - RECLASS REHAB SERVICES					
1.00	WELLNESS COMMUNITY	194.00	8,786	505	1.00
2.00	ADULTS & PEDIATRICS	30.00	6,113	289	2.00
3.00	SUBPROVIDER - IRF	41.00	89,301	433	3.00
4.00	PHYSICAL THERAPY	66.00	18,827	1,083	4.00
5.00	OCCUPATIONAL THERAPY	67.00	10,041	578	5.00
6.00	SPEECH PATHOLOGY	68.00	11,682	361	6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	12,551	722	7.00
8.00	NEUROPSYCH	90.02	5,020	289	8.00
	0		162,321	4,260	
J - RECLASS PHARMACY RES PROGRAM					
1.00	PHARMACY RESIDENCY PROG	23.02	194,811	1,826	1.00
2.00		0.00	0	0	2.00
	0		194,811	1,826	
K - RECLASS RENT EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	196,271	1.00
2.00	OPERATION OF PLANT	7.00	0	106,734	2.00
3.00	XRAY EDUCATION	23.01	0	11,860	3.00
4.00	MAMMOGRAPHY	54.03	0	101,582	4.00
5.00	LABORATORY	60.00	0	24,663	5.00
6.00	PHYSICAL THERAPY	66.00	0	376,929	6.00
7.00	OCCUPATIONAL THERAPY	67.00	0	148,144	7.00
8.00	SPEECH PATHOLOGY	68.00	0	61,333	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	127,536	9.00
10.00	WOUND CENTER	90.03	0	100,379	10.00
11.00	HYPERBARIC OXYGEN THERAPY	90.04	0	55,283	11.00
12.00	AMBULANCE SERVICES	95.00	0	15,000	12.00
13.00	WELLNESS COMMUNITY	194.00	0	71,035	13.00
14.00	CRHP	194.08	0	465,689	14.00
	0		0	1,862,438	

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
7/14/2021 10:20 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
L - RECLASS MARKETING EXPENSE						
1.00	NONALLOWABLE MARKETING	194.05	0	140,000	1.00	
	O		0	140,000		
M - RECLASS DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,299,776	1.00	
	TOTALS		0	14,299,776		
N - RECLASS MAINTENANCE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,750	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	4,894	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	79,692	3.00	
4.00	PHARMACY	15.00	0	37,593	4.00	
5.00	OPERATING ROOM	50.00	0	333,811	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	194,265	6.00	
7.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	202,737	7.00	
8.00	ULTRA SOUND	54.02	0	88,796	8.00	
9.00	MAMMOGRAPHY	54.03	0	301,621	9.00	
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	822,217	10.00	
11.00	CT SCAN	57.00	0	236,100	11.00	
12.00	MRI	58.00	0	129,349	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	172,211	13.00	
14.00	LABORATORY	60.00	0	289,459	14.00	
15.00	LABORATORY-PATHOLOGICAL	60.01	0	10,200	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	3,542	16.00	
17.00	EMERGENCY	91.00	0	32,124	17.00	
	O		0	2,948,361		
O - RECLASS DIRECTOR PHARMACY						
1.00	RADIOLOGY-THERAPEUTIC	55.00	15,819	0	1.00	
2.00	RESPIRATORY THERAPY	65.00	45,198	0	2.00	
3.00	CLINIC	90.00	15,819	0	3.00	
4.00	EMERGENCY	91.00	58,757	0	4.00	
5.00	AMBULANCE SERVICES	95.00	45,198	0	5.00	
	O		180,791	0		
Q - RECLASS XRAY EDUCATION EXPENSES						
1.00	XRAY EDUCATION	23.01	353,608	4,430	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	O		353,608	4,430		
S - RECLASS NON ALLOW ADVERTISING COSTS						
1.00	NONALLOWABLE MARKETING	194.05	0	395,757	1.00	
	O		0	395,757		
U - RECLASS CHARGEABLE SUPPLY COST						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,738,858	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,405,553	2.00	
3.00	SPEECH - HEARING AIDS	194.04	0	158,427	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
	O		0	13,302,838		
V - RECL PTO COST FOR STD ELIMINATION PD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	75,787	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,569	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,335	3.00	
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,864	4.00	
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,287	5.00	
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34,958	6.00	
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,538	7.00	
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,742	8.00	
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	192,293	9.00	
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39,703	10.00	
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33,982	11.00	
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,078	12.00	
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,012	13.00	
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,274	14.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
7/14/2021 10:20 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	418	15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,356	16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,144	17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9	18.00
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,129	19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19,280	20.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47,127	21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,234	22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,697	23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,581	24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,428	25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,387	26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,465	27.00
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,363	28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,854	29.00
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	727	30.00
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,100	31.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,865	32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,185	33.00
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	83,601	34.00
35.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	61,996	35.00
0			0	860,368	
X - RECLASS OT SALARIES AND OTHER EXP					
1.00	OCCUPATIONAL THERAPY	67.00	238,393	212,222	1.00
0			238,393	212,222	
Z - RECLASS LAB BLOOD SUPERVISOR					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	78,556	0	1.00
0			78,556	0	
WA - RECLASS CONTRACT LABOR BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	400,530	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	140,054	2.00
3.00	OPERATING ROOM	50.00	0	1,610,382	3.00
4.00	RECOVERY ROOM	51.00	0	250,268	4.00
0			0	2,401,234	
WB - RECLASS SALARIES TO HOME DEPT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39,516	1.00
2.00	OPERATION OF PLANT	7.00	30,211	0	2.00
3.00	HOUSEKEEPING	9.00	4,997	0	3.00
4.00	DIETARY	10.00	1,716	0	4.00
5.00	CAFETERIA	11.00	2,472	0	5.00
6.00	NURSING ADMINISTRATION	13.00	57,148	0	6.00
7.00	PHARMACY	15.00	31,617	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	12,664	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	35,139	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	5,058	0	10.00
11.00	SUBPROVIDER - IRF	41.00	18,346	0	11.00
12.00	OPERATING ROOM	50.00	5,117	33,467	12.00
13.00	RECOVERY ROOM	51.00	0	5,013	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	18,725	0	14.00
15.00	MAMMOGRAPHY	54.03	4,335	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	5,867	0	16.00
17.00	LABORATORY	60.00	20,025	0	17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,008	0	18.00
19.00	RESPIRATORY THERAPY	65.00	5,499	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	4,618	0	20.00
21.00	WOUND CENTER	90.03	4,916	0	21.00
22.00	EMERGENCY	91.00	4,826	0	22.00
23.00	AMBULANCE SERVICES	95.00	4,835	0	23.00
24.00	WELLNESS COMMUNITY	194.00	3,291	0	24.00
25.00	CRHP	194.08	5,298	0	25.00
0			287,728	77,996	
WC - RECLASS SEVERANCE PAY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,899	0	1.00
2.00	DIETARY	10.00	959	0	2.00
3.00	CAFETERIA	11.00	1,380	0	3.00
4.00	NURSING ADMINISTRATION	13.00	191,890	0	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	4,176	0	5.00
6.00	OPERATING ROOM	50.00	32,126	0	6.00
7.00	MAMMOGRAPHY	54.03	57,705	0	7.00
8.00	PHYSICAL THERAPY	66.00	7,145	0	8.00
9.00	OCCUPATIONAL THERAPY	67.00	1,351	0	9.00
10.00	CLINIC	90.00	5,946	0	10.00
0			309,577	0	

Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet A-6 Date/Time Prepared: 7/14/2021 10:20 am
-----------------------	---	--

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
500.00	Grand Total: Increases	4,085,900	44,263,846		500.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6

Date/Time Prepared:
7/14/2021 10:20 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
B - RECLASS INTEREST						
1.00	INTEREST EXPENSE	113.00	0	1,181,826	11	1.00
2.00		0.00	0	0	11	2.00
	0		0	1,181,826		
C - RECLASS INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	733,855	12	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
	0		0	733,855		
D - RECLASS BILLING COST						
1.00	MEDICAL RECORDS & LIBRARY	16.00	851,181	136,596	0	1.00
	0		851,181	136,596		
E - RECLASS HYPERBARIC THERAPY EXPENSE						
1.00	WOUND CENTER	90.03	100,624	51,313	0	1.00
	0		100,624	51,313		
F - RECLASS CAFETERIA EXPENSE						
1.00	DIETARY	10.00	1,191,758	483,657	0	1.00
	0		1,191,758	483,657		
G - RECLASS WELLNESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	136,552	36,135	0	1.00
	0		136,552	36,135		
H - RECLASS PHYSICIAN FEES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,683,070	0	1.00
2.00	OPERATING ROOM	50.00	0	445,888	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
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
	0		0	5,128,958		
I - RECLASS REHAB SERVICES						
1.00	ADMINISTRATIVE & GENERAL	5.00	162,321	4,260	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
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	0		162,321	4,260		
J - RECLASS PHARMACY RES PROGRAM						
1.00	PHARMACY	15.00	194,811	0	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,826	0	2.00
	0		194,811	1,826		
K - RECLASS RENT EXPENSE						
1.00	BUILDING RENTALS	194.01	0	1,862,438	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
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
	0		0	1,862,438		

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
7/14/2021 10:20 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
L - RECLASS MARKETING EXPENSE						
1.00 OPERATING ROOM	50.00	0	140,000	0		1.00
O		0	140,000			
M - RECLASS DEPRECIATION EXPENSE						
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	14,299,776	9		1.00
TOTALS		0	14,299,776			
N - RECLASS MAINTENANCE EXPENSE						
1.00 OPERATION OF PLANT	7.00	0	2,948,361	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
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
12.00	0.00	0	0	0		12.00
13.00	0.00	0	0	0		13.00
14.00	0.00	0	0	0		14.00
15.00	0.00	0	0	0		15.00
16.00	0.00	0	0	0		16.00
17.00	0.00	0	0	0		17.00
O		0	2,948,361			
O - RECLASS DIRECTOR PHARMACY						
1.00 PHARMACY	15.00	180,791	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
O		180,791	0			
Q - RECLASS XRAY EDUCATION EXPENSES						
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,896	0		1.00
2.00 RADIOLOGY-DIAGNOSTIC	54.00	353,545	534	0		2.00
3.00 RESPIRATORY THERAPY	65.00	63	0	0		3.00
O		353,608	4,430			
S - RECLASS NON ALLOW ADVERTISING COSTS						
1.00 ADMINISTRATIVE & GENERAL	5.00	0	395,757	0		1.00
O		0	395,757			
U - RECLASS CHARGEABLE SUPPLY COST						
1.00 ADULTS & PEDIATRICS	30.00	0	220,931	0		1.00
2.00 INTENSIVE CARE UNIT	31.00	0	167,380	0		2.00
3.00 SUBPROVIDER - IRF	41.00	0	5,302	0		3.00
4.00 NURSERY	43.00	0	2,703	0		4.00
5.00 OPERATING ROOM	50.00	0	8,934,991	0		5.00
6.00 RADIOLOGY-DIAGNOSTIC	54.00	0	110,166	0		6.00
7.00 MAMMOGRAPHY	54.03	0	109,359	0		7.00
8.00 CT SCAN	57.00	0	28,232	0		8.00
9.00 CARDIAC CATHETERIZATION	59.00	0	3,333,998	0		9.00
10.00 RESPIRATORY THERAPY	65.00	0	141,883	0		10.00
11.00 PHYSICAL THERAPY	66.00	0	23,958	0		11.00
12.00 SPEECH PATHOLOGY	68.00	0	158,427	0		12.00
13.00 VIMCARE CLINIC	90.05	0	5,760	0		13.00
14.00 EMERGENCY	91.00	0	32,322	0		14.00
15.00 AMBULANCE SERVICES	95.00	0	27,426	0		15.00
O		0	13,302,838			
V - RECL PTO COST FOR STD ELIMINATION PD						
1.00 ADMINISTRATIVE & GENERAL	5.00	75,787	0	0		1.00
2.00 OPERATION OF PLANT	7.00	7,569	0	0		2.00
3.00 HOUSEKEEPING	9.00	23,335	0	0		3.00
4.00 DIETARY	10.00	16,864	0	0		4.00
5.00 CAFETERIA	11.00	24,287	0	0		5.00
6.00 NURSING ADMINISTRATION	13.00	34,958	0	0		6.00
7.00 PHARMACY	15.00	6,538	0	0		7.00
8.00 MEDICAL RECORDS & LIBRARY	16.00	25,742	0	0		8.00
9.00 ADULTS & PEDIATRICS	30.00	192,293	0	0		9.00
10.00 INTENSIVE CARE UNIT	31.00	39,703	0	0		10.00
11.00 SUBPROVIDER - IRF	41.00	33,982	0	0		11.00
12.00 NURSERY	43.00	23,078	0	0		12.00
13.00 OPERATING ROOM	50.00	13,012	0	0		13.00
14.00 RADIOLOGY-DIAGNOSTIC	54.00	24,274	0	0		14.00
15.00 NUCLEAR MEDICINE-DIAGNOSTIC	54.01	418	0	0		15.00
16.00 ULTRA SOUND	54.02	13,356	0	0		16.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6

Date/Time Prepared:
7/14/2021 10:20 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00	MAMMOGRAPHY	54.03	2,144	0	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	9	0	0		18.00
19.00	CT SCAN	57.00	9,129	0	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	19,280	0	0		20.00
21.00	LABORATORY	60.00	47,127	0	0		21.00
22.00	RESPIRATORY THERAPY	65.00	22,234	0	0		22.00
23.00	PHYSICAL THERAPY	66.00	8,697	0	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	6,581	0	0		24.00
25.00	SPEECH PATHOLOGY	68.00	3,428	0	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	7,387	0	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	8,465	0	0		27.00
28.00	CARDIAC REHABILITATION	76.97	2,363	0	0		28.00
29.00	CLINIC	90.00	8,854	0	0		29.00
30.00	NEUROPSYCH	90.02	727	0	0		30.00
31.00	WOUND CENTER	90.03	1,100	0	0		31.00
32.00	VIMCARE CLINIC	90.05	1,865	0	0		32.00
33.00	MEDICATION MGMT CLINIC	90.06	10,185	0	0		33.00
34.00	EMERGENCY	91.00	83,601	0	0		34.00
35.00	AMBULANCE SERVICES	95.00	61,996	0	0		35.00
			860,368	0	0		
X - RECLASS OT SALARIES AND OTHER EXP							
1.00	PHYSICAL THERAPY	66.00	238,393	212,222	0		1.00
			238,393	212,222	0		
Z - RECLASS LAB BLOOD SUPERVISOR							
1.00	LABORATORY	60.00	78,556	0	0		1.00
			78,556	0	0		
WA - RECLASS CONTRACT LABOR BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,401,234	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
			0	2,401,234	0		
WB - RECLASS SALARIES TO HOME DEPT							
1.00	ADMINISTRATIVE & GENERAL	5.00	286,720	77,996	0		1.00
2.00	LABORATORY	60.00	1,008	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
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
			287,728	77,996	0		
WC - RECLASS SEVERANCE PAY							
1.00	ADMINISTRATIVE & GENERAL	5.00	309,577	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
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
			309,577	0	0		
500.00	Grand Total: Decreases		4,946,268	43,403,478			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part I
Date/Time Prepared:
7/14/2021 10:20 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	2,010,352	0	0	31,000	1.00
2.00	Land Improvements	20,982,896	37,802	0	0	2.00
3.00	Buildings and Fixtures	102,188,281	956,847	0	302,294	3.00
4.00	Building Improvements	106,574,178	315,955	0	61,968	4.00
5.00	Fixed Equipment	9,587,449	5,612	0	13,567	5.00
6.00	Movable Equipment	171,615,772	4,277,285	0	5,025,373	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	412,958,928	5,593,501	0	5,434,202	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	412,958,928	5,593,501	0	5,434,202	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,979,352	0			1.00
2.00	Land Improvements	21,020,698	0			2.00
3.00	Buildings and Fixtures	102,842,834	0			3.00
4.00	Building Improvements	106,828,165	0			4.00
5.00	Fixed Equipment	9,579,494	0			5.00
6.00	Movable Equipment	170,867,684	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	413,118,227	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	413,118,227	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part II
Date/Time Prepared:
7/14/2021 10:20 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	22,936,146	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	22,936,146	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	22,936,146				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	22,936,146				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part III
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	242,250,543	0	242,250,543	0.586395	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	170,867,684	0	170,867,684	0.413605	0	2.00
3.00	Total (sum of lines 1-2)	413,118,227	0	413,118,227	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,651,395	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,395,095	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,046,490	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	76,914	671,464	0	0	9,399,773	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	12,306	0	0	0	14,407,401	2.00
3.00	Total (sum of lines 1-2)	89,220	671,464	0	0	23,807,174	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

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

Worksheet A-8

Date/Time Prepared:
7/14/2021 10:20 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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-822,830	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-131,065	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-58,674	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-105,828	ADMINISTRATIVE & GENERAL	5.00	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	-143,589	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-8,846	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,762,104			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	-471,383			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-532,014	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-3,149	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-25,348	XRAY EDUCATION	23.01	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		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

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

Worksheet A-8

Date/Time Prepared:
7/14/2021 10:20 am

31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00	31.00			
				Basis/Code (2)	Amount			Cost Center	Line #	Wkst. A-7 Ref.
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00			
33.00	DEPR PAT PHONES NEW EQUIP	A	-4,771	CAP REL COSTS-MVBLE EQUIP	2.00		9 33.00			
34.00	TV DEPR NEW EQUIP	A	-8,313	CAP REL COSTS-MVBLE EQUIP	2.00		9 34.00			
35.00	CAFETERIA VISITORS	A	-105,038	CAFETERIA	11.00		0 35.00			
36.00	MEALS TO GO	A	-16,881	DIETARY	10.00		0 36.00			
37.00	OPERATING ROOM OTHER REV	B	-1,477	OPERATING ROOM	50.00		0 37.00			
38.00	BOND AMORTIZATION	A	82,092	CAP REL COSTS-BLDG & FIXT	1.00		9 38.00			
40.00	TELEPHONE SEVICES	B	-300	ADMINISTRATIVE & GENERAL	5.00		0 40.00			
41.00	LAND RENT MOB	B	-2,000	ADMINISTRATIVE & GENERAL	5.00		0 41.00			
42.00	SPEECH THERAPY OTHER REV	B	-602	SPEECH PATHOLOGY	68.00		0 42.00			
43.00	EMPLOY BENEFITS OTHER REVENUE	B	-23,426	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 43.00			
44.00	EMERGENCY ROOM OTHER REV	B	-32,309	EMERGENCY	91.00		0 44.00			
44.01	MEDICAL STAFF INCOME	B	-4,100	ADMINISTRATIVE & GENERAL	5.00		0 44.01			
45.00	RADIOLOGY OTHER REVENUE	B	-76,103	RADIOLOGY-DIAGNOSTIC	54.00		0 45.00			
45.01	FACILITIES OTHER REVENUE	B	-403,369	OPERATION OF PLANT	7.00		0 45.01			
45.02	RADIATION ONCOLOGY OTHER REVENUE	B	-3,967	RADIOLOGY-THERAPEUTIC	55.00		0 45.02			
45.03	CRHP OTHER REVENUE ADMIN	B	-2,313,406	ADMINISTRATIVE & GENERAL	5.00		0 45.03			
45.04	CRHP OTHER REVENUE BUILDING RENTALS	B	-354,200	CRHP	194.08		0 45.04			
45.05	CRHP OTHER REVENUE EMPLOYEE BENEFITS	B	-385,344	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 45.05			
45.07	FOOD OTHER REVENUE	B	-429	DIETARY	10.00		0 45.07			
45.08	PROTECTIVE SERV OTHER REVENUE	B	-8,500	OPERATION OF PLANT	7.00		0 45.08			
45.09	PHARMACY OTHER REVENUE	B	-72,040	PHARMACY	15.00		0 45.09			
45.10	HUMAN RESOURCES OTHER REVENUE	B	-18,742	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 45.10			
45.11	LACTATION AND PREPARE OTHER REVENUE	B	-100	ADULTS & PEDIATRICS	30.00		0 45.11			
45.12	VOLUNTEER OTHER REVENUE	B	-53,266	ADMINISTRATIVE & GENERAL	5.00		0 45.12			
45.13	RENTAL PROPERTIES DEPRECIATION	A	-115,146	CAP REL COSTS-BLDG & FIXT	1.00		9 45.13			
45.14	LOSS ON DISPOSAL DEMOLITION	A	11,218	CAP REL COSTS-BLDG & FIXT	1.00		9 45.14			
45.15	UNALLOWABLE PHYS RECRUITMENT	A	-28,000	ADMINISTRATIVE & GENERAL	5.00		0 45.15			
45.16	DEPRECIATION RELIFED BUILDING	A	30,150	CAP REL COSTS-BLDG & FIXT	1.00		9 45.16			
45.17	DEPRECIATION RELIFED EQUIPMENT	A	108,403	CAP REL COSTS-MVBLE EQUIP	2.00		9 45.17			
45.18	PRIOR YEAR AUDIT ADJUSTMENT	A	6,711	CAP REL COSTS-BLDG & FIXT	1.00		9 45.18			
45.19	NONALLOWABLE INT EXP 1993 BONDS	A	-39,148	CAP REL COSTS-MVBLE EQUIP	2.00		11 45.19			
45.21	NONALLOWABLE INT EXP 2003/2009 BONDS	A	-99,563	CAP REL COSTS-MVBLE EQUIP	2.00		11 45.21			
45.22	UNALLOWABLE AHA MEMBERSHIP DUES	A	-16,674	ADMINISTRATIVE & GENERAL	5.00		0 45.22			
45.23	AMBULANCE SERVICES	B	-747,436	AMBULANCE SERVICES	95.00		0 45.23			
45.24	HAF ADJUSTMENT	A	-15,031,174	ADMINISTRATIVE & GENERAL	5.00		0 45.24			
45.25	OTHER OPERATING REVENUE - MISC SALES	B	-3,943	ADMINISTRATIVE & GENERAL	5.00		0 45.25			
45.27	AUDIOLOGY - OTHER REVENUE	B	-257	SPEECH PATHOLOGY	68.00		0 45.27			
45.28	OUTPATIENT PT AND OT	B	-12	PHYSICAL THERAPY	66.00		0 45.28			
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,796,292				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: 15-0112

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

Worksheet A-8-1

Date/Time Prepared:
7/14/2021 10:20 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	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	4,978,041	5,935,995 1.00
2.00	30.00	ADULTS & PEDIATRICS	HOSPITAL BASED PHYS PART A S	486,571	0 2.00
3.00	0.00			0	0 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5,464,612	5,935,995 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.

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

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

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

6.00	E	J BICKEL	0.00	SI HEALTH MANAGEMENT	0.00	6.00
7.00	E	D TRAPP	0.00	SI HEALTH MANAGEMENT	0.00	7.00
8.00	E	Z ELLISON	0.00	SI HEALTH MANAGEMENT	0.00	8.00
9.00	E	R SHEDD	0.00	SI HEALTH MANAGEMENT	0.00	9.00
10.00	E	S STARK	0.00	SI HEALTH MANAGEMENT	0.00	10.00
10.01	E	D DOUP	0.00	SI HEALTH MANAGMENT	0.00	10.01
10.02	E	D MICHAEL	0.00	SI HEALTH MANAGMENT	0.00	10.02
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0112

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

Worksheet A-8-1

Date/Time Prepared:
7/14/2021 10:20 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	-957,954	0		1.00
2.00	486,571	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-471,383			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	MANAGEMENT COMPANY		6.00
7.00	MANAGEMENT COMPANY		7.00
8.00	MANAGEMENT COMPANY		8.00
9.00	MANAGEMENT COMPANY		9.00
10.00	MANAGEMENT COMPANY		10.00
10.01	MANAGEMENT COMPANY		10.01
10.02	MANAGEMENT COMPANY		10.02
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: 15-0112

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

Worksheet A-8-2
Date/Time Prepared:
7/14/2021 10:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	2,221,700	2,035,450	186,250	211,500	866	1.00
2.00	30.00	ADULTS & PEDIATRICS	722,740	0	722,740	211,500	6,033	2.00
3.00	41.00	SUBPROVIDER - IRF	229,241	0	229,241	211,500	9,323	3.00
4.00	50.00	OPERATING ROOM	5,876,162	3,528,834	2,347,328	246,400	19,848	4.00
5.00	53.00	ANESTHESIOLOGY	60,000	0	60,000	246,400	434	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	50,000	0	50,000	271,900	348	6.00
7.00	54.03	MAMMOGRAPHY	2,083	0	2,083	211,500	10	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	45,000	0	45,000	271,900	235	8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	225,000	0	225,000	260,200	1,500	9.00
10.00	65.00	RESPIRATORY THERAPY	48,000	0	48,000	211,500	320	10.00
11.00	66.00	PHYSICAL THERAPY	49,750	0	49,750	211,500	249	11.00
12.00	69.00	ELECTROCARDIOLOGY	53,717	0	53,717	211,500	419	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	8,625	0	8,625	211,500	86	13.00
14.00	90.02	NEUROPSYCH	203,440	203,440	0	211,500	0	14.00
15.00	90.03	WOUND CENTER	63,758	0	63,758	211,500	383	15.00
16.00	90.04	HYPERBARIC OXYGEN THERAPY	2,613	0	2,613	211,500	16	16.00
17.00	90.05	VIMCARE CLINIC	20,000	0	20,000	211,500	416	17.00
18.00	91.00	EMERGENCY	3,030,484	558,984	2,471,500	211,500	23,467	18.00
19.00	95.00	AMBULANCE SERVICES	13,125	0	13,125	211,500	180	19.00
200.00			12,925,438	6,326,708	6,598,730		64,133	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0112

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

Worksheet A-8-2
Date/Time Prepared:
7/14/2021 10:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	88,057	4,403	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	613,452	30,673	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	947,988	47,399	0	0	0	3.00
4.00	50.00	OPERATING ROOM	2,351,225	117,561	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	51,412	2,571	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	45,491	2,275	0	0	0	6.00
7.00	54.03	MAMMOGRAPHY	1,017	51	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	30,720	1,536	0	0	0	8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	187,644	9,382	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	32,538	1,627	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	25,319	1,266	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	42,605	2,130	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	8,745	437	0	0	0	13.00
14.00	90.02	NEUROPSYCH	0	0	0	0	0	14.00
15.00	90.03	WOUND CENTER	38,945	1,947	0	0	0	15.00
16.00	90.04	HYPERBARIC OXYGEN THERAPY	1,627	81	0	0	0	16.00
17.00	90.05	VIMCARE CLINIC	42,300	2,115	0	0	0	17.00
18.00	91.00	EMERGENCY	2,386,188	119,309	0	0	0	18.00
19.00	95.00	AMBULANCE SERVICES	18,303	915	0	0	0	19.00
200.00			6,913,576	345,678	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0112

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

Worksheet A-8-2

Date/Time Prepared:
7/14/2021 10:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	88,057	98,193	2,133,643		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	613,452	109,288	109,288		2.00
3.00	41.00	SUBPROVIDER - IRF	0	947,988	0	0		3.00
4.00	50.00	OPERATING ROOM	0	2,351,225	0	3,528,834		4.00
5.00	53.00	ANESTHESIOLOGY	0	51,412	8,588	8,588		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	45,491	4,509	4,509		6.00
7.00	54.03	MAMMOGRAPHY	0	1,017	1,066	1,066		7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	30,720	14,280	14,280		8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	0	187,644	37,356	37,356		9.00
10.00	65.00	RESPIRATORY THERAPY	0	32,538	15,462	15,462		10.00
11.00	66.00	PHYSICAL THERAPY	0	25,319	24,431	24,431		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	42,605	11,112	11,112		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	8,745	0	0		13.00
14.00	90.02	NEUROPSYCH	0	0	0	203,440		14.00
15.00	90.03	WOUND CENTER	0	38,945	24,813	24,813		15.00
16.00	90.04	HYPERBARIC OXYGEN THERAPY	0	1,627	986	986		16.00
17.00	90.05	VIMCARE CLINIC	0	42,300	0	0		17.00
18.00	91.00	EMERGENCY	0	2,386,188	85,312	644,296		18.00
19.00	95.00	AMBULANCE SERVICES	0	18,303	0	0		19.00
200.00			0	6,913,576	435,396	6,762,104		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	9,399,773	9,399,773				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	14,407,401		14,407,401			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	27,197,557	159,259	6,473	27,363,289		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	40,680,850	747,050	7,590,192	5,248,960	54,267,052	5.00
7.00 00700 OPERATION OF PLANT	6,555,943	4,625,510	327,027	904,110	12,412,590	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	764,446	10,199	0	11,910	786,555	8.00
9.00 00900 HOUSEKEEPING	2,646,654	66,887	139,425	688,275	3,541,241	9.00
10.00 01000 DIETARY	1,131,798	101,270	13,525	270,401	1,516,994	10.00
11.00 01100 CAFETERIA	1,017,928	79,597	19,479	389,437	1,506,441	11.00
13.00 01300 NURSING ADMINISTRATION	5,674,117	129,370	37,165	1,644,666	7,485,318	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	907,322	97,832	64,129	0	1,069,283	14.00
15.00 01500 PHARMACY	4,563,915	61,813	168,863	930,266	5,724,857	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,330,749	47,042	2,898	334,980	1,715,669	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00
23.01 02301 XRAY EDUCATION	513,379	1,288	15,077	170,420	700,164	23.01
23.02 02302 PHARMACY RESIDENCY PROG	411,923	4,842	7,348	140,079	564,192	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	18,039,811	1,049,792	204,170	5,041,009	24,334,782	30.00
31.00 03100 INTENSIVE CARE UNIT	3,511,431	141,127	68,191	824,145	4,544,894	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/P	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/R	1,885,697	142,750	15,221	507,453	2,551,121	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	998,216	7,508	20,873	317,911	1,344,508	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	15,264,934	512,881	1,077,888	311,187	17,166,890	50.00
51.00 05100 RECOVERY ROOM	1,180,701	41,016	3,630	3,078	1,228,425	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	137,465	1,532	4,107	0	143,104	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,875,496	109,422	132,426	415,488	2,532,832	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	1,777,331	42,986	124,405	143,446	2,088,168	54.01
54.02 05404 ULTRA SOUND	584,486	19,368	75,209	148,388	827,451	54.02
54.03 05405 MAMMOGRAPHY	1,119,831	1,301	162,357	220,627	1,504,116	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	2,781,981	101,824	1,071,848	217,526	4,173,179	55.00
57.00 05700 CT SCAN	1,492,677	23,154	122,872	231,289	1,869,992	57.00
58.00 05800 MRI	470,700	11,590	4,068	95,726	582,084	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,066,664	116,943	164,684	500,859	2,849,150	59.00
60.00 06000 LABORATORY	10,205,218	140,032	223,345	1,251,836	11,820,431	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	1,088,714	15,608	11,339	115,115	1,230,776	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	570,736	5,512	1,943	26,118	604,309	62.00
65.00 06500 RESPIRATORY THERAPY	2,285,055	101,747	74,598	631,236	3,092,636	65.00
66.00 06600 PHYSICAL THERAPY	4,026,702	7,933	21,458	676,548	4,732,641	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,408,364	2,846	4,127	213,692	1,629,029	67.00
68.00 06800 SPEECH PATHOLOGY	706,150	0	19,035	146,592	871,777	68.00
69.00 06900 ELECTROCARDIOLOGY	935,634	18,003	273,969	197,146	1,424,752	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	832,407	0	9,985	192,179	1,034,571	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,738,858	0	0	0	6,738,858	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,405,553	0	0	0	6,405,553	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	22,682,389	0	0	0	22,682,389	73.00
74.00 07400 RENAL DIALYSIS	862,882	0	31	0	862,913	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	262,328	20,360	5,419	64,375	352,482	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	1,484,632	99,532	24,120	450,523	2,058,807	90.00
90.01 09001 DIABETES CENTER	153,527	9,980	622	28,599	192,728	90.01
90.02 09002 NEUROPSYCH	96,298	1,120	146	28,750	126,314	90.02
90.03 09003 WOUND CENTER	1,563,960	0	3,440	161,100	1,728,500	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	208,847	0	141	33,455	242,443	90.04
90.05 09005 VIMCARE CLINIC	593,879	54,795	6,789	171,664	827,127	90.05
90.06 09006 MEDICATION MGMT CLINIC	234,247	11,809	7,785	77,085	330,926	90.06
91.00 09100 EMERGENCY	7,853,297	232,507	208,534	1,560,915	9,855,253	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	2,991,760	103,434	285,575	1,116,064	4,496,833	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	244,582,613	9,280,371	12,825,951	26,854,628	242,373,100	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	9,362	181	0	9,543	190.00
194.00 07950	WELLNESS COMMUNITY	256,304	0	3,678	48,966	308,948	194.00
194.01 07951	BUILDING RENTALS	244,459	0	0	0	244,459	194.01
194.02 07952	HOSPICE	99,093	0	0	0	99,093	194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954	SPEECH - HEARING AIDS	158,427	0	0	0	158,427	194.04
194.05 07955	NONALLOWABLE MARKETING	535,757	0	0	0	535,757	194.05
194.06 07956	CRH FOUNDATION	46,493	15,389	0	15,280	77,162	194.06
194.07 07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08 07958	CRHP	2,616,509	87,749	1,576,692	444,415	4,725,365	194.08
194.09 07959	NEUROPSYCH PART B	0	6,902	899	0	7,801	194.09
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)	248,539,655	9,399,773	14,407,401	27,363,289	248,539,655	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/14/2021 10:20 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	54,267,052				5.00
7.00	00700	OPERATION OF PLANT	3,467,271	15,879,861			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	219,712	41,873	1,048,140		8.00
9.00	00900	HOUSEKEEPING	989,193	274,604	0	4,805,038	9.00
10.00	01000	DIETARY	423,750	415,765	0	49,462	2,405,971
11.00	01100	CAFETERIA	420,802	326,786	0	69,407	0
13.00	01300	NURSING ADMINISTRATION	2,090,911	531,126	0	18,349	0
14.00	01400	CENTRAL SERVICES & SUPPLY	298,688	401,649	0	63,823	0
15.00	01500	PHARMACY	1,599,153	253,773	0	39,091	0
16.00	01600	MEDICAL RECORDS & LIBRARY	479,246	193,132	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
23.01	02301	XRAY EDUCATION	195,580	5,287	0	798	0
23.02	02302	PHARMACY RESIDENCY PROG	157,599	19,879	0	3,191	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,797,470	4,309,915	366,855	1,935,415	1,844,330
31.00	03100	INTENSIVE CARE UNIT	1,269,548	579,396	44,391	273,639	224,550
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	712,617	586,058	43,085	205,828	261,629
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	375,568	30,823	12,765	798	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,795,313	2,105,631	216,061	532,918	11,340
51.00	05100	RECOVERY ROOM	343,142	168,389	46,701	43,878	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	39,974	6,291	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	707,509	449,232	75,725	115,678	2,306
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	583,298	176,478	0	63,025	0
54.02	05404	ULTRA SOUND	231,136	79,516	0	22,338	0
54.03	05405	MAMMOGRAPHY	420,152	5,340	4,573	47,867	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,165,715	418,039	13,460	77,385	12,454
57.00	05700	CT SCAN	522,354	95,059	0	12,765	0
58.00	05800	MRI	162,596	47,582	0	7,180	0
59.00	05900	CARDIAC CATHETERIZATION	795,867	480,107	62,469	90,149	6,400
60.00	06000	LABORATORY	3,301,860	574,902	0	98,925	0
60.01	06001	LABORATORY-PATHOLOGICAL	343,799	64,078	0	4,787	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	168,805	22,628	0	3,191	0
65.00	06500	RESPIRATORY THERAPY	863,881	417,721	0	119,667	0
66.00	06600	PHYSICAL THERAPY	1,321,992	32,568	28,942	798	0
67.00	06700	OCCUPATIONAL THERAPY	455,045	11,684	11,297	0	0
68.00	06800	SPEECH PATHOLOGY	243,518	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	397,983	73,911	0	1,596	0
70.00	07000	ELECTROENCEPHALOGRAPHY	288,992	0	920	146,792	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,882,399	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,789,295	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,335,985	0	0	0	0
74.00	07400	RENAL DIALYSIS	241,042	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	98,461	83,587	0	1,596	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	575,097	408,628	43,987	76,587	40,703
90.01	09001	DIABETES CENTER	53,836	40,974	0	1,596	0
90.02	09002	NEUROPSYCH	35,284	4,600	0	0	0
90.03	09003	WOUND CENTER	482,831	0	1,810	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	67,723	0	76	0	0
90.05	09005	VIMCARE CLINIC	231,046	224,959	5,725	179,501	0
90.06	09006	MEDICATION MGMT CLINIC	92,439	48,481	0	14,360	0
91.00	09100	EMERGENCY	2,752,917	954,558	69,298	445,162	2,259
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,256,123	424,647	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,544,517	15,389,656	1,048,140	4,767,542	2,405,971 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,666	38,436	0	0	0 190.00
194.00	07950	WELLNESS COMMUNITY	86,300	0	0	0	0 194.00
194.01	07951	BUILDING RENTALS	68,286	0	0	0	0 194.01
194.02	07952	HOSPICE	27,680	0	0	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	44,254	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	149,656	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	21,554	63,179	0	36,698	0 194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0 194.07
194.08	07958	CRHP	1,319,960	360,252	0	0	0 194.08
194.09	07959	NEUROPSYCH PART B	2,179	28,338	0	798	0 194.09
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)	54,267,052	15,879,861	1,048,140	4,805,038	2,405,971 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0112		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part I Date/Time Prepared: 7/14/2021 10:20 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	2,323,436					11.00
13.00	01300	NURSING ADMINISTRATION	130,350	10,256,054				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,868	154,584	2,010,895			14.00
15.00	01500	PHARMACY	68,605	459,703	0	8,145,182		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	73,179	0	0	0	2,461,226	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	16,008	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	9,147	56,578	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	562,565	3,722,753	79,675	8,934	566,591	30.00
31.00	03100	INTENSIVE CARE UNIT	75,466	495,979	2,410	4,858	4,113	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	54,884	355,965	0	308	8,226	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	27,442	178,208	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	208,103	1,380,803	1,775,752	37,117	1,328,044	50.00
51.00	05100	RECOVERY ROOM	25,155	172,692	0	139	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	23,704	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,876	0	13,363	10,632	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	11,434	0	0	93,390	0	54.01
54.02	05404	ULTRA SOUND	13,721	0	0	228	0	54.02
54.03	05405	MAMMOGRAPHY	20,582	0	3,223	611	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	18,295	0	0	38	0	55.00
57.00	05700	CT SCAN	22,868	0	0	139,481	0	57.00
58.00	05800	MRI	9,147	0	0	14,605	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,876	261,149	14,552	47,200	40,104	59.00
60.00	06000	LABORATORY	171,513	0	0	4,122	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	13,721	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,287	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	64,032	416,045	1,752	11,771	231,881	65.00
66.00	06600	PHYSICAL THERAPY	59,458	0	47,786	823	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,008	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,434	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,295	114,937	0	91,420	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,295	0	0	0	177,895	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	7,631,520	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,346	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,861	44,893	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	48,024	228,689	5,038	511	104,372	90.00
90.01	09001	DIABETES CENTER	2,287	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	2,287	0	0	0	0	90.02
90.03	09003	WOUND CENTER	13,721	96,654	58,645	2,879	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	4,574	23,675	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	20,582	139,636	688	1,686	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	4,574	32,315	0	0	0	90.06
91.00	09100	EMERGENCY	171,513	939,535	8,011	3,208	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	148,645	981,261	0	11,235	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,245,682	10,256,054	2,010,895	8,144,766	2,461,226
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	6,861	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	416	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	2,287	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	194.07
194.08	07958	CRHP	61,745	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	6,861	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	2,323,436	10,256,054	2,010,895	8,145,182	2,461,226

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description			SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
23.00	02300	PARAMED PRGM	0	0				23.00
23.01	02301	XRAY EDUCATION	0		917,837			23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			810,586		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	44,529,285	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	7,519,244	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	4,779,721	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	1,970,112	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	29,557,972	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	2,028,521	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	213,073	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	917,837	0	4,863,990	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	3,015,793	54.01
54.02	05404	ULTRASOUND	0	0	0	0	1,174,390	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	2,006,464	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,878,565	55.00
57.00	05700	CT SCAN	0	0	0	0	2,662,519	57.00
58.00	05800	MRI	0	0	0	0	823,194	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	4,686,023	59.00
60.00	06000	LABORATORY	0	0	0	0	15,971,753	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	1,657,161	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	801,220	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	5,219,386	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	6,225,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,123,063	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,126,729	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,122,894	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,667,465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	8,621,257	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,194,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	810,586	37,460,480	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,108,301	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	587,880	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	3,590,443	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	291,421	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	168,485	90.02
90.03	09003	WOUND CENTER	0	0	0	0	2,385,040	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	338,491	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	1,630,950	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	523,095	90.06
91.00	09100	EMERGENCY	0	0	0	0	15,201,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	7,318,744	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	917,837	810,586	240,044,694 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	50,645	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	402,109	194.00
194.01	07951	BUILDING RENTALS	0	0	0	312,745	194.01
194.02	07952	HOSPICE	0	0	0	127,189	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	202,681	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	685,413	194.05
194.06	07956	CRH FOUNDATION	0	0	0	200,880	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	194.07
194.08	07958	CRHP	0	0	0	6,467,322	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	45,977	194.09
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	917,837	810,586	248,539,655 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	44,529,285	30.00
31.00	03100	INTENSIVE CARE UNIT	7,519,244	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,779,721	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,970,112	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	29,557,972	50.00
51.00	05100	RECOVERY ROOM	2,028,521	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	213,073	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,863,990	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,015,793	54.01
54.02	05404	ULTRA SOUND	1,174,390	54.02
54.03	05405	MAMMOGRAPHY	2,006,464	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	5,878,565	55.00
57.00	05700	CT SCAN	2,662,519	57.00
58.00	05800	MRI	823,194	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,686,023	59.00
60.00	06000	LABORATORY	15,971,753	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,657,161	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	801,220	62.00
65.00	06500	RESPIRATORY THERAPY	5,219,386	65.00
66.00	06600	PHYSICAL THERAPY	6,225,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,123,063	67.00
68.00	06800	SPEECH PATHOLOGY	1,126,729	68.00
69.00	06900	ELECTROCARDIOLOGY	2,122,894	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,667,465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,621,257	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,194,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,460,480	73.00
74.00	07400	RENAL DIALYSIS	1,108,301	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	587,880	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	3,590,443	90.00
90.01	09001	DIABETES CENTER	291,421	90.01
90.02	09002	NEUROPSYCH	168,485	90.02
90.03	09003	WOUND CENTER	2,385,040	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	338,491	90.04
90.05	09005	VIMCARE CLINIC	1,630,950	90.05
90.06	09006	MEDICATION MGMT CLINIC	523,095	90.06
91.00	09100	EMERGENCY	15,201,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	7,318,744	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	240,044,694	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	50,645	190.00
194.00	07950	WELLNESS COMMUNITY	0	402,109	194.00
194.01	07951	BUILDING RENTALS	0	312,745	194.01
194.02	07952	HOSPICE	0	127,189	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	202,681	194.04
194.05	07955	NONALLOWABLE MARKETING	0	685,413	194.05
194.06	07956	CRH FOUNDATION	0	200,880	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	194.07
194.08	07958	CRHP	0	6,467,322	194.08
194.09	07959	NEUROPSYCH PART B	0	45,977	194.09
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	248,539,655	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/14/2021 10:20 am
-------------------------------------	--	-----------------------	---	---

Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00			
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	63,087	159,259	6,473	228,819	228,819 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,176,201	747,050	7,590,192	9,513,443	43,911 5.00
7.00 00700	OPERATION OF PLANT	79,041	4,625,510	327,027	5,031,578	7,560 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	10,199	0	10,199	100 8.00
9.00 00900	HOUSEKEEPING	3,650	66,887	139,425	209,962	5,755 9.00
10.00 01000	DIETARY	5,175	101,270	13,525	119,970	2,261 10.00
11.00 01100	CAFETERIA	0	79,597	19,479	99,076	3,256 11.00
13.00 01300	NURSING ADMINISTRATION	11,154	129,370	37,165	177,689	13,752 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,514	97,832	64,129	163,475	0 14.00
15.00 01500	PHARMACY	4,406	61,813	168,863	235,082	7,778 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	837	47,042	2,898	50,777	2,801 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	0 23.00
23.01 02301	XRAY EDUCATION	11,860	1,288	15,077	28,225	1,425 23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	4,842	7,348	12,190	1,171 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	216,961	1,049,792	204,170	1,470,923	42,150 30.00
31.00 03100	INTENSIVE CARE UNIT	12,440	141,127	68,191	221,758	6,891 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	35,557	142,750	15,221	193,528	4,243 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	4,523	7,508	20,873	32,904	2,658 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	448,899	512,881	1,077,888	2,039,668	2,602 50.00
51.00 05100	RECOVERY ROOM	42	41,016	3,630	44,688	26 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	1,532	4,107	5,639	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,697	109,422	132,426	250,545	3,474 54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	73,356	42,986	124,405	240,747	1,199 54.01
54.02 05404	ULTRASOUND	542	19,368	75,209	95,119	1,241 54.02
54.03 05405	MAMMOGRAPHY	102,851	1,301	162,357	266,509	1,845 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	2,897	101,824	1,071,848	1,176,569	1,819 55.00
57.00 05700	CT SCAN	1,036	23,154	122,872	147,062	1,934 57.00
58.00 05800	MRI	0	11,590	4,068	15,658	800 58.00
59.00 05900	CARDIAC CATHETERIZATION	6,259	116,943	164,684	287,886	4,188 59.00
60.00 06000	LABORATORY	19,119	140,032	223,345	382,496	10,467 60.00
60.01 06001	LABORATORY-PATHOLOGICAL	96	15,608	11,339	27,043	963 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	165	5,512	1,943	7,620	218 62.00
65.00 06500	RESPIRATORY THERAPY	8,176	101,747	74,598	184,521	5,278 65.00
66.00 06600	PHYSICAL THERAPY	335,186	7,933	21,458	364,577	5,657 66.00
67.00 06700	OCCUPATIONAL THERAPY	121,540	2,846	4,127	128,513	1,787 67.00
68.00 06800	SPEECH PATHOLOGY	50,825	0	19,035	69,860	1,226 68.00
69.00 06900	ELECTROCARDIOLOGY	454	18,003	273,969	292,426	1,648 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	144,356	0	9,985	154,341	1,607 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	31	31	0 74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	1,015	20,360	5,419	26,794	538 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	99,532	24,120	123,652	3,767 90.00
90.01 09001	DIABETES CENTER	0	9,980	622	10,602	239 90.01
90.02 09002	NEUROPSYCH	0	1,120	146	1,266	240 90.02
90.03 09003	WOUND CENTER	121,302	0	3,440	124,742	1,347 90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	40,613	0	141	40,754	280 90.04
90.05 09005	VIMCARE CLINIC	3,716	54,795	6,789	65,300	1,435 90.05
90.06 09006	MEDICATION MGMT CLINIC	0	11,809	7,785	19,594	645 90.06
91.00 09100	EMERGENCY	7,065	232,507	208,534	448,106	13,052 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	21,555	103,434	285,575	410,564	9,332 95.00
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,146,168	9,280,371	12,825,951	25,252,490	224,566 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	9,362	181	9,543	0 190.00
194.00 07950	WELLNESS COMMUNITY	0	0	3,678	3,678	409 194.00
194.01 07951	BUILDING RENTALS	58,534	0	0	58,534	0 194.01
194.02 07952	HOSPICE	0	0	0	0	0 194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04 07954	SPEECH - HEARING AIDS	0	0	0	0	0 194.04
194.05 07955	NONALLOWABLE MARKETING	0	0	0	0	0 194.05
194.06 07956	CRH FOUNDATION	0	15,389	0	15,389	128 194.06
194.07 07957	HEALTHY COMMUNITIES	0	0	0	0	0 194.07
194.08 07958	CRHP	459,616	87,749	1,576,692	2,124,057	3,716 194.08
194.09 07959	NEUROPSYCH PART B	0	6,902	899	7,801	0 194.09
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	3,664,318	9,399,773	14,407,401	27,471,492	228,819 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/14/2021 10:20 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,557,354				5.00
7.00	00700	OPERATION OF PLANT	610,650	5,649,788			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,695	14,898	63,892		8.00
9.00	00900	HOUSEKEEPING	174,215	97,699	0	487,631	9.00
10.00	01000	DIETARY	74,630	147,922	0	5,020	349,803
11.00	01100	CAFETERIA	74,111	116,265	0	7,044	0
13.00	01300	NURSING ADMINISTRATION	368,248	188,966	0	1,862	0
14.00	01400	CENTRAL SERVICES & SUPPLY	52,604	142,900	0	6,477	0
15.00	01500	PHARMACY	281,640	90,288	0	3,967	0
16.00	01600	MEDICAL RECORDS & LIBRARY	84,404	68,713	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
23.01	02301	XRAY EDUCATION	34,445	1,881	0	81	0
23.02	02302	PHARMACY RESIDENCY PROG	27,756	7,073	0	324	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,197,095	1,533,397	22,363	196,412	268,147
31.00	03100	INTENSIVE CARE UNIT	223,591	206,139	2,706	27,770	32,647
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	125,505	208,509	2,626	20,888	38,038
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	66,144	10,966	778	81	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	844,542	749,148	13,171	54,082	1,649
51.00	05100	RECOVERY ROOM	60,434	59,910	2,847	4,453	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	7,040	2,238	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	124,605	159,829	4,616	11,739	335
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	102,730	62,788	0	6,396	0
54.02	05404	ULTRA SOUND	40,707	28,290	0	2,267	0
54.03	05405	MAMMOGRAPHY	73,996	1,900	279	4,858	0
55.00	05500	RADIOLOGY-THERAPEUTIC	205,304	148,731	820	7,853	1,811
57.00	05700	CT SCAN	91,996	33,820	0	1,295	0
58.00	05800	MRI	28,636	16,929	0	729	0
59.00	05900	CARDIAC CATHETERIZATION	140,167	170,814	3,808	9,149	930
60.00	06000	LABORATORY	581,518	204,541	0	10,039	0
60.01	06001	LABORATORY-PATHOLOGICAL	60,549	22,798	0	486	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	29,730	8,051	0	324	0
65.00	06500	RESPIRATORY THERAPY	152,145	148,618	0	12,144	0
66.00	06600	PHYSICAL THERAPY	232,827	11,587	1,764	81	0
67.00	06700	OCCUPATIONAL THERAPY	80,142	4,157	689	0	0
68.00	06800	SPEECH PATHOLOGY	42,888	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	70,092	26,296	0	162	0
70.00	07000	ELECTROENCEPHALOGRAPHY	50,897	0	56	14,897	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	331,525	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	315,128	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,115,883	0	0	0	0
74.00	07400	RENAL DIALYSIS	42,452	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	17,341	29,739	0	162	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	101,285	145,383	2,681	7,772	5,918
90.01	09001	DIABETES CENTER	9,481	14,578	0	162	0
90.02	09002	NEUROPSYCH	6,214	1,636	0	0	0
90.03	09003	WOUND CENTER	85,035	0	110	0	0
90.04	09004	HYPERBARIIC OXYGEN THERAPY	11,927	0	5	0	0
90.05	09005	VIMCARE CLINIC	40,691	80,037	349	18,216	0
90.06	09006	MEDICATION MGMT CLINIC	16,280	17,249	0	1,457	0
91.00	09100	EMERGENCY	484,839	339,616	4,224	45,177	328
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	221,226	151,082	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/14/2021 10:20 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,253,985	5,475,381	63,892	483,826	349,803
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	469	13,675	0	0	0
194.00	07950	WELLNESS COMMUNITY	15,199	0	0	0	0
194.01	07951	BUILDING RENTALS	12,026	0	0	0	0
194.02	07952	HOSPICE	4,875	0	0	0	0
194.03	07953	OUTREACH CLINICS	0	0	0	0	0
194.04	07954	SPEECH - HEARING AIDS	7,794	0	0	0	0
194.05	07955	NONALLOWABLE MARKETING	26,357	0	0	0	0
194.06	07956	CRH FOUNDATION	3,796	22,478	0	3,724	0
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0
194.08	07958	CRHP	232,469	128,172	0	0	0
194.09	07959	NEUROPSYCH PART B	384	10,082	0	81	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	9,557,354	5,649,788	63,892	487,631	349,803

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/14/2021 10:20 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	299,752					11.00
13.00	01300	NURSING ADMINISTRATION	16,817	767,334				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,950	11,566	379,972			14.00
15.00	01500	PHARMACY	8,851	34,394	0	662,000		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,441	0	0	0	216,136	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	2,065	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	1,180	4,233	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,581	278,528	15,055	726	49,756	30.00
31.00	03100	INTENSIVE CARE UNIT	9,736	37,108	455	395	361	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	7,081	26,632	0	25	722	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,540	13,333	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,848	103,308	335,541	3,017	116,624	50.00
51.00	05100	RECOVERY ROOM	3,245	12,920	0	11	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,927	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,016	0	2,525	864	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,475	0	0	7,590	0	54.01
54.02	05404	ULTRA SOUND	1,770	0	0	19	0	54.02
54.03	05405	MAMMOGRAPHY	2,655	0	609	50	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,360	0	0	3	0	55.00
57.00	05700	CT SCAN	2,950	0	0	11,337	0	57.00
58.00	05800	MRI	1,180	0	0	1,187	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,016	19,539	2,750	3,836	3,522	59.00
60.00	06000	LABORATORY	22,127	0	0	335	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,770	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	295	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	8,261	31,128	331	957	20,363	65.00
66.00	06600	PHYSICAL THERAPY	7,671	0	9,029	67	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,065	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,475	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,360	8,599	0	7,430	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,360	0	0	0	15,622	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	620,250	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	353	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	885	3,359	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	6,196	17,110	952	42	9,166	90.00
90.01	09001	DIABETES CENTER	295	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	295	0	0	0	0	90.02
90.03	09003	WOUND CENTER	1,770	7,231	11,081	234	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	590	1,771	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	2,655	10,447	130	137	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	590	2,418	0	0	0	90.06
91.00	09100	EMERGENCY	22,127	70,294	1,514	261	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	19,177	73,416	0	913	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/14/2021 10:20 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	289,721	767,334	379,972	661,966	216,136
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	WELLNESS COMMUNITY	885	0	0	0	0
194.01	07951	BUILDING RENTALS	0	0	0	0	0
194.02	07952	HOSPICE	0	0	0	34	0
194.03	07953	OUTREACH CLINICS	0	0	0	0	0
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0
194.06	07956	CRH FOUNDATION	295	0	0	0	0
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0
194.08	07958	CRHP	7,966	0	0	0	0
194.09	07959	NEUROPSYCH PART B	885	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	299,752	767,334	379,972	662,000	216,136

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	0				17.00
23.00	02300	PARAMED PRGM	0	0			23.00
23.01	02301	XRAY EDUCATION	0	68,122			23.01
23.02	02302	PHARMACY RESIDENCY PROG	0		53,927		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0			5,147,133	30.00
31.00	03100	INTENSIVE CARE UNIT	0			769,557	31.00
32.00	03200	CORONARY CARE UNIT	0			0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			0	34.00
40.00	04000	SUBPROVIDER - I/PF	0			0	40.00
41.00	04100	SUBPROVIDER - I/RF	0			627,797	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	0			130,404	43.00
44.00	04400	SKILLED NURSING FACILITY	0			0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			4,290,200	50.00
51.00	05100	RECOVERY ROOM	0			188,534	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0	52.00
53.00	05300	ANESTHESIOLOGY	0			16,844	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			563,548	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0			422,925	54.01
54.02	05404	ULTRA SOUND	0			169,413	54.02
54.03	05405	MAMMOGRAPHY	0			352,701	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0			1,545,270	55.00
57.00	05700	CT SCAN	0			290,394	57.00
58.00	05800	MRI	0			65,119	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			651,605	59.00
60.00	06000	LABORATORY	0			1,211,523	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0			113,609	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			46,238	62.00
65.00	06500	RESPIRATORY THERAPY	0			563,746	65.00
66.00	06600	PHYSICAL THERAPY	0			633,260	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			217,353	67.00
68.00	06800	SPEECH PATHOLOGY	0			115,449	68.00
69.00	06900	ELECTROCARDIOLOGY	0			409,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			239,780	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			331,525	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			315,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			1,736,133	73.00
74.00	07400	RENAL DIALYSIS	0			42,836	74.00
76.00	03020	ACUPUNCTURE	0			0	76.00
76.97	07697	CARDIAC REHABILITATION	0			78,818	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
90.00	09000	CLINIC	0			423,924	90.00
90.01	09001	DIABETES CENTER	0			35,357	90.01
90.02	09002	NEUROPSYCH	0			9,651	90.02
90.03	09003	WOUND CENTER	0			231,550	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0			55,327	90.04
90.05	09005	VIMCARE CLINIC	0			219,397	90.05
90.06	09006	MEDICATION MGMT CLINIC	0			58,233	90.06
91.00	09100	EMERGENCY	0			1,429,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0			885,710	95.00
99.10	09910	CORF	0			0	99.10
101.00	10100	HOME HEALTH AGENCY	0			0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	110.00
111.00	11100	ISLET ACQUISITION	0			0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	24,634,542	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0			23,687	190.00
194.00	07950	WELLNESS COMMUNITY	0			20,171	194.00
194.01	07951	BUILDING RENTALS	0			70,560	194.01
194.02	07952	HOSPICE	0			4,909	194.02
194.03	07953	OUTREACH CLINICS	0			0	194.03
194.04	07954	SPEECH - HEARING AIDS	0			7,794	194.04
194.05	07955	NONALLOWABLE MARKETING	0			26,357	194.05
194.06	07956	CRH FOUNDATION	0			45,810	194.06
194.07	07957	HEALTHY COMMUNITIES	0			0	194.07
194.08	07958	CRHP	0			2,496,380	194.08
194.09	07959	NEUROPSYCH PART B	0			19,233	194.09
200.00		Cross Foot Adjustments		0	68,122	53,927	122,049
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	0	68,122	53,927	27,471,492

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,147,133	31.00
32.00	03200	CORONARY CARE UNIT	769,557	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	627,797	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	130,404	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	4,290,200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	188,534	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,844	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	563,548	54.01
54.02	05404	ULTRA SOUND	422,925	54.02
54.03	05405	MAMMOGRAPHY	169,413	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	352,701	55.00
57.00	05700	CT SCAN	1,545,270	57.00
58.00	05800	MRI	290,394	58.00
59.00	05900	CARDIAC CATHETERIZATION	65,119	59.00
60.00	06000	LABORATORY	651,605	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,211,523	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	113,609	62.00
65.00	06500	RESPIRATORY THERAPY	46,238	65.00
66.00	06600	PHYSICAL THERAPY	563,746	66.00
67.00	06700	OCCUPATIONAL THERAPY	633,260	67.00
68.00	06800	SPEECH PATHOLOGY	217,353	68.00
69.00	06900	ELECTROCARDIOLOGY	115,449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	409,013	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	239,780	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	331,525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	315,128	73.00
74.00	07400	RENAL DIALYSIS	1,736,133	74.00
76.00	03020	ACUPUNCTURE	42,836	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.97	07697	CARDIAC REHABILITATION	78,818	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CENTER	423,924	90.01
90.02	09002	NEUROPSYCH	35,357	90.02
90.03	09003	WOUND CENTER	9,651	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	231,550	90.04
90.05	09005	VIMCARE CLINIC	55,327	90.05
90.06	09006	MEDICATION MGMT CLINIC	219,397	90.06
91.00	09100	EMERGENCY	58,233	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,429,538	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
			885,710	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,634,542	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	23,687	190.00
194.00	07950	WELLNESS COMMUNITY	0	20,171	194.00
194.01	07951	BUILDING RENTALS	0	70,560	194.01
194.02	07952	HOSPICE	0	4,909	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	7,794	194.04
194.05	07955	NONALLOWABLE MARKETING	0	26,357	194.05
194.06	07956	CRH FOUNDATION	0	45,810	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	194.07
194.08	07958	CRHP	0	2,496,380	194.08
194.09	07959	NEUROPSYCH PART B	0	19,233	194.09
200.00		Cross Foot Adjustments	0	122,049	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	27,471,492	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	729,925				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		14,299,778			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,367	6,425	82,301,633		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	58,011	7,533,492	15,787,574	-54,267,052	5.00
7.00 00700	OPERATION OF PLANT	359,187	324,584	2,719,323	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	792	0	35,822	0	8.00
9.00 00900	HOUSEKEEPING	5,194	138,384	2,070,148	0	9.00
10.00 01000	DIETARY	7,864	13,424	813,295	0	10.00
11.00 01100	CAFETERIA	6,181	19,333	1,171,323	0	11.00
13.00 01300	NURSING ADMINISTRATION	10,046	36,887	4,946,721	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,597	63,650	0	0	14.00
15.00 01500	PHARMACY	4,800	167,602	2,797,995	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,653	2,876	1,007,530	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	100	14,964	512,577	0	23.01
23.02 02302	PHARMACY RESIDENCY PROG	376	7,293	421,322	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	81,520	202,645	15,162,023	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,959	67,682	2,478,811	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	11,085	15,107	1,526,286	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	583	20,717	956,192	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	39,827	1,069,836	935,969	0	50.00
51.00 05100	RECOVERY ROOM	3,185	3,603	9,257	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	119	4,076	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,497	131,437	1,249,678	0	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,338	123,476	431,449	0	54.01
54.02 05404	ULTRASOUND	1,504	74,647	446,311	0	54.02
54.03 05405	MAMMOGRAPHY	101	161,144	663,587	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	7,907	1,063,842	654,262	0	55.00
57.00 05700	CT SCAN	1,798	121,954	695,655	0	57.00
58.00 05800	MRI	900	4,038	287,919	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	9,081	163,454	1,506,451	0	59.00
60.00 06000	LABORATORY	10,874	221,677	3,765,193	0	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,212	11,254	346,237	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	428	1,928	78,556	0	62.00
65.00 06500	RESPIRATORY THERAPY	7,901	74,041	1,898,591	0	65.00
66.00 06600	PHYSICAL THERAPY	616	21,298	2,034,879	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	221	4,096	642,728	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	18,893	440,911	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,398	271,923	592,962	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	9,910	578,023	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	31	0	0	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,581	5,379	193,623	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	7,729	23,940	1,355,055	0	90.00
90.01 09001	DIABETES CENTER	775	617	86,019	0	90.01
90.02 09002	NEUROPSYCH	87	145	86,472	0	90.02
90.03 09003	WOUND CENTER	0	3,414	484,547	0	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	0	140	100,624	0	90.04
90.05 09005	VIMCARE CLINIC	4,255	6,738	516,320	0	90.05
90.06 09006	MEDICATION MGMT CLINIC	917	7,727	231,851	0	90.06
91.00 09100	EMERGENCY	18,055	206,976	4,694,820	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	8,032	283,442	3,356,825	0	4,496,833 95.00
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	720,653	12,730,141	80,771,716	-54,267,052	188,106,048 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CANTEEN	727	180	0	0	9,543 190.00
194.00 07950	WELLNESS COMMUNITY	0	3,651	147,277	0	308,948 194.00
194.01 07951	BUILDING RENTALS	0	0	0	0	244,459 194.01
194.02 07952	HOSPICE	0	0	0	0	99,093 194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04 07954	SPEECH - HEARING AIDS	0	0	0	0	158,427 194.04
194.05 07955	NONALLOWABLE MARKETING	0	0	0	0	535,757 194.05
194.06 07956	CRH FOUNDATION	1,195	0	45,958	0	77,162 194.06
194.07 07957	HEALTHY COMMUNITIES	0	0	0	0	0 194.07
194.08 07958	CRHP	6,814	1,564,914	1,336,682	0	4,725,365 194.08
194.09 07959	NEUROPSYCH PART B	536	892	0	0	7,801 194.09
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,399,773	14,407,401	27,363,289		54,267,052 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.877724	1.007526	0.332476		0.279335 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			228,819		9,557,354 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.002780		0.049196 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: 15-0112

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	300,360					7.00
8.00	00800	792	1,874,060				8.00
9.00	00900	5,194	0	6,023			9.00
10.00	01000	7,864	0	62	153,391		10.00
11.00	01100	6,181	0	87	0	1,016	11.00
13.00	01300	10,046	0	23	0	57	13.00
14.00	01400	7,597	0	80	0	10	14.00
15.00	01500	4,800	0	49	0	30	15.00
16.00	01600	3,653	0	0	0	32	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	100	0	1	0	7	23.01
23.02	02302	376	0	4	0	4	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	81,520	655,934	2,426	117,584	246	30.00
31.00	03100	10,959	79,370	343	14,316	33	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	11,085	77,036	258	16,680	24	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	583	22,823	1	0	12	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	39,827	386,314	668	723	91	50.00
51.00	05100	3,185	83,500	55	0	11	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	119	0	0	0	0	53.00
54.00	05400	8,497	135,395	145	147	17	54.00
54.01	05402	3,338	0	79	0	5	54.01
54.02	05404	1,504	0	28	0	6	54.02
54.03	05405	101	8,177	60	0	9	54.03
55.00	05500	7,907	24,066	97	794	8	55.00
57.00	05700	1,798	0	16	0	10	57.00
58.00	05800	900	0	9	0	4	58.00
59.00	05900	9,081	111,693	113	408	17	59.00
60.00	06000	10,874	0	124	0	75	60.00
60.01	06001	1,212	0	6	0	6	60.01
62.00	06200	428	0	4	0	1	62.00
65.00	06500	7,901	0	150	0	28	65.00
66.00	06600	616	51,748	1	0	26	66.00
67.00	06700	221	20,199	0	0	7	67.00
68.00	06800	0	0	0	0	5	68.00
69.00	06900	1,398	0	2	0	8	69.00
70.00	07000	0	1,645	184	0	8	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	1,581	0	2	0	3	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	7,729	78,648	96	2,595	21	90.00
90.01	09001	775	0	2	0	1	90.01
90.02	09002	87	0	0	0	1	90.02
90.03	09003	0	3,237	0	0	6	90.03
90.04	09004	0	135	0	0	2	90.04
90.05	09005	4,255	10,236	225	0	9	90.05
90.06	09006	917	0	18	0	2	90.06
91.00	09100	18,055	123,904	558	144	75	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	8,032	0	0	0	65	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	291,088	1,874,060	5,976	153,391	982 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	727	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	3 194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0 194.01
194.02	07952	HOSPICE	0	0	0	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	1,195	0	46	0	1 194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0 194.07
194.08	07958	CRHP	6,814	0	0	0	27 194.08
194.09	07959	NEUROPSYCH PART B	536	0	1	0	3 194.09
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)	15,879,861	1,048,140	4,805,038	2,405,971	2,323,436 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	52.869427	0.559288	797.781504	15.685216	2,286.846457 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,649,788	63,892	487,631	349,803	299,752 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.810055	0.034093	80.961481	2.280466	295.031496 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: 15-0112

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		NURSING ADMINISTRATIVE (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,411,385					13.00
14.00	01400	21,273	64,258				14.00
15.00	01500	63,262	0	23,843,392			15.00
16.00	01600	0	0	0	4,787		16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	7,786	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	512,306	2,546	26,152	1,102	0	30.00
31.00	03100	68,254	77	14,220	8	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	48,986	0	903	16	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	24,524	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	190,019	56,744	108,652	2,583	0	50.00
51.00	05100	23,765	0	406	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	69,388	0	0	53.00
54.00	05400	0	427	31,122	0	0	54.00
54.01	05402	0	0	273,380	0	0	54.01
54.02	05404	0	0	668	0	0	54.02
54.03	05405	0	103	1,788	0	0	54.03
55.00	05500	0	0	110	0	0	55.00
57.00	05700	0	0	408,302	0	0	57.00
58.00	05800	0	0	42,753	0	0	58.00
59.00	05900	35,938	465	138,169	78	0	59.00
60.00	06000	0	0	12,065	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	57,254	56	34,457	451	0	65.00
66.00	06600	0	1,527	2,409	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	15,817	0	267,613	0	0	69.00
70.00	07000	0	0	0	346	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	22,339,757	0	0	73.00
74.00	07400	0	0	12,723	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	6,178	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	31,471	161	1,497	203	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	13,301	1,874	8,427	0	0	90.03
90.04	09004	3,258	0	0	0	0	90.04
90.05	09005	19,216	22	4,935	0	0	90.05
90.06	09006	4,447	0	0	0	0	90.06
91.00	09100	129,294	256	9,390	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	135,036	0	32,889	0	0	95.00
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		NURSING ADMINISTRATIVE (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTestinal ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,411,385	64,258	23,842,175	4,787	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 WELLNESS COMMUNITY	0	0	0	0	0	194.00
194.01	07951 BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952 HOSPICE	0	0	1,217	0	0	194.02
194.03	07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955 NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956 CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957 HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958 CRHP	0	0	0	0	0	194.08
194.09	07959 NEUROPSYCH PART B	0	0	0	0	0	194.09
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)	10,256,054	2,010,895	8,145,182	2,461,226	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.266659	31.294080	0.341612	514.147901	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	767,334	379,972	662,000	216,136	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.543674	5.913225	0.027765	45.150616	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		PARAMED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
23.00	02300	0			23.00
23.01	02301		100		23.01
23.02	02302			100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	0	100	0	54.00
54.01	05402	0	0	0	54.01
54.02	05404	0	0	0	54.02
54.03	05405	0	0	0	54.03
55.00	05500	0	0	0	55.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
60.01	06001	0	0	0	60.01
62.00	06200	0	0	0	62.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	100	73.00
74.00	07400	0	0	0	74.00
76.00	03020	0	0	0	76.00
76.97	07697	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	0	0	0	90.03
90.04	09004	0	0	0	90.04
90.05	09005	0	0	0	90.05
90.06	09006	0	0	0	90.06
91.00	09100	0	0	0	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
99.10	09910	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950 WELLNESS COMMUNITY	0	0	0	194.00
194.01	07951 BUILDING RENTALS	0	0	0	194.01
194.02	07952 HOSPICE	0	0	0	194.02
194.03	07953 OUTREACH CLINICS	0	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	0	0	194.04
194.05	07955 NONALLOWABLE MARKETING	0	0	0	194.05
194.06	07956 CRH FOUNDATION	0	0	0	194.06
194.07	07957 HEALTHY COMMUNITIES	0	0	0	194.07
194.08	07958 CRHP	0	0	0	194.08
194.09	07959 NEUROPSYCH PART B	0	0	0	194.09
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	917,837	810,586	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	9,178.370000	8,105.860000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	68,122	53,927	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	681.220000	539.270000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C Part I Date/Time Prepared: 7/14/2021 10:20 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	44,529,285	44,529,285	109,288	44,638,573	30.00	
31.00	03100 INTENSIVE CARE UNIT	7,519,244	7,519,244	0	7,519,244	31.00	
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF	4,779,721	4,779,721	0	4,779,721	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	1,970,112	1,970,112	0	1,970,112	43.00	
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	29,557,972	29,557,972	0	29,557,972	50.00	
51.00	05100 RECOVERY ROOM	2,028,521	2,028,521	0	2,028,521	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	213,073	213,073	8,588	221,661	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,863,990	4,863,990	4,509	4,868,499	54.00	
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,015,793	3,015,793	0	3,015,793	54.01	
54.02	05404 ULTRASOUND	1,174,390	1,174,390	0	1,174,390	54.02	
54.03	05405 MAMMOGRAPHY	2,006,464	2,006,464	1,066	2,007,530	54.03	
55.00	05500 RADIOLOGY-THERAPEUTIC	5,878,565	5,878,565	14,280	5,892,845	55.00	
57.00	05700 CT SCAN	2,662,519	2,662,519	0	2,662,519	57.00	
58.00	05800 MRI	823,194	823,194	0	823,194	58.00	
59.00	05900 CARDIAC CATHETERIZATION	4,686,023	4,686,023	0	4,686,023	59.00	
60.00	06000 LABORATORY	15,971,753	15,971,753	0	15,971,753	60.00	
60.01	06001 LABORATORY-PATHOLOGICAL	1,657,161	1,657,161	37,356	1,694,517	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	801,220	801,220	0	801,220	62.00	
65.00	06500 RESPIRATORY THERAPY	5,219,386	5,219,386	15,462	5,234,848	65.00	
66.00	06600 PHYSICAL THERAPY	6,225,008	6,225,008	24,431	6,249,439	66.00	
67.00	06700 OCCUPATIONAL THERAPY	2,123,063	2,123,063	0	2,123,063	67.00	
68.00	06800 SPEECH PATHOLOGY	1,126,729	1,126,729	0	1,126,729	68.00	
69.00	06900 ELECTROCARDIOLOGY	2,122,894	2,122,894	11,112	2,134,006	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	1,667,465	1,667,465	0	1,667,465	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,621,257	8,621,257	0	8,621,257	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,194,848	8,194,848	0	8,194,848	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	37,460,480	37,460,480	0	37,460,480	73.00	
74.00	07400 RENAL DIALYSIS	1,108,301	1,108,301	0	1,108,301	74.00	
76.00	03020 ACUPUNCTURE	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	587,880	587,880	0	587,880	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000 CLINIC	3,590,443	3,590,443	0	3,590,443	90.00	
90.01	09001 DIABETES CENTER	291,421	291,421	0	291,421	90.01	
90.02	09002 NEUROPSYCH	168,485	168,485	0	168,485	90.02	
90.03	09003 WOUND CENTER	2,385,040	2,385,040	24,813	2,409,853	90.03	
90.04	09004 HYPERBARIC OXYGEN THERAPY	338,491	338,491	986	339,477	90.04	
90.05	09005 VIMCARE CLINIC	1,630,950	1,630,950	0	1,630,950	90.05	
90.06	09006 MEDICATION MGMT CLINIC	523,095	523,095	0	523,095	90.06	
91.00	09100 EMERGENCY	15,201,714	15,201,714	85,312	15,287,026	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,735,241	4,735,241	0	4,735,241	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	7,318,744	7,318,744	0	7,318,744	95.00	
99.10	09910 CORF	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00	
200.00	Subtotal (see instructions)	244,779,935	244,779,935	337,203	245,117,138	200.00	
201.00	Less Observation Beds	4,735,241	4,735,241	0	4,735,241	201.00	
202.00	Total (see instructions)	240,044,694	240,044,694	337,203	240,381,897	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
7/14/2021 10:20 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,866,000		62,866,000		30.00
31.00	03100	INTENSIVE CARE UNIT	14,669,313		14,669,313		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/PF	7,382,977		7,382,977		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,861,682		2,861,682		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,944,266	63,363,650	86,307,916	0.342471	50.00
51.00	05100	RECOVERY ROOM	1,926,138	4,814,485	6,740,623	0.300940	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,318,224	8,604,954	12,923,178	0.016488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,336,617	4,828,192	6,164,809	0.788993	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,000,521	11,600,196	12,600,717	0.239335	54.01
54.02	05404	ULTRA SOUND	1,142,652	4,634,228	5,776,880	0.203291	54.02
54.03	05405	MAMMOGRAPHY	0	4,887,093	4,887,093	0.410564	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	336,813	18,403,659	18,740,472	0.313683	55.00
57.00	05700	CT SCAN	9,470,908	25,126,825	34,597,733	0.076956	57.00
58.00	05800	MRI	1,477,193	5,414,144	6,891,337	0.119453	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,548,830	11,632,242	28,181,072	0.166283	59.00
60.00	06000	LABORATORY	20,573,467	41,702,505	62,275,972	0.256467	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	685,668	6,058,850	6,744,518	0.245705	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,663,796	1,119,357	2,783,153	0.287882	62.00
65.00	06500	RESPIRATORY THERAPY	7,137,722	3,212,233	10,349,955	0.504291	65.00
66.00	06600	PHYSICAL THERAPY	4,574,054	8,217,484	12,791,538	0.486650	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,860,569	1,727,530	4,588,099	0.462733	67.00
68.00	06800	SPEECH PATHOLOGY	808,919	883,890	1,692,809	0.665597	68.00
69.00	06900	ELECTROCARDIOLOGY	4,165,136	6,797,831	10,962,967	0.193642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	190,875	5,623,661	5,814,536	0.286775	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,076,901	7,735,412	18,812,313	0.458277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,154,278	7,667,554	14,821,832	0.552890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,051,887	75,468,188	108,520,075	0.345194	73.00
74.00	07400	RENAL DIALYSIS	3,537,595	0	3,537,595	0.313292	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	11,644	883,009	894,653	0.657104	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	54,461	6,080,041	6,134,502	0.585287	90.00
90.01	09001	DIABETES CENTER	372	158,013	158,385	1.839953	90.01
90.02	09002	NEUROPSYCH	19,442	145,136	164,578	1.023740	90.02
90.03	09003	WOUND CENTER	239,363	9,400,058	9,639,421	0.247426	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	696,374	696,374	0.486076	90.04
90.05	09005	VIMCARE CLINIC	2,292	995,953	998,245	1.633817	90.05
90.06	09006	MEDICATION MGMT CLINIC	3,059	831,984	835,043	0.626429	90.06
91.00	09100	EMERGENCY	19,663,428	52,923,413	72,586,841	0.209428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	12,604,051	12,604,051	0.375692	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,776	12,423,929	12,429,705	0.588811	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	265,762,838	426,666,124	692,428,962		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	265,762,838	426,666,124	692,428,962		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/14/2021 10:20 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.342471		50.00
51.00	05100	RECOVERY ROOM	0.300940		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.017152		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.789724		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.239335		54.01
54.02	05404	ULTRASOUND	0.203291		54.02
54.03	05405	MAMMOGRAPHY	0.410782		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.314445		55.00
57.00	05700	CT SCAN	0.076956		57.00
58.00	05800	MRI	0.119453		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166283		59.00
60.00	06000	LABORATORY	0.256467		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.251244		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287882		62.00
65.00	06500	RESPIRATORY THERAPY	0.505785		65.00
66.00	06600	PHYSICAL THERAPY	0.488560		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.462733		67.00
68.00	06800	SPEECH PATHOLOGY	0.665597		68.00
69.00	06900	ELECTROCARDIOLOGY	0.194656		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.286775		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.458277		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.552890		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345194		73.00
74.00	07400	RENAL DIALYSIS	0.313292		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.657104		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.585287		90.00
90.01	09001	DIABETES CENTER	1.839953		90.01
90.02	09002	NEUROPSYCH	1.023740		90.02
90.03	09003	WOUND CENTER	0.250000		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.487492		90.04
90.05	09005	VIMCARE CLINIC	1.633817		90.05
90.06	09006	MEDICATION MGMT CLINIC	0.626429		90.06
91.00	09100	EMERGENCY	0.210603		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.375692		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.588811		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C Part I Date/Time Prepared: 7/14/2021 10:20 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	44,529,285	44,529,285	109,288	44,638,573	30.00
31.00	03100 INTENSIVE CARE UNIT	7,519,244	7,519,244	0	7,519,244	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	4,779,721	4,779,721	0	4,779,721	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	1,970,112	1,970,112	0	1,970,112	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	29,557,972	29,557,972	0	29,557,972	50.00
51.00	05100 RECOVERY ROOM	2,028,521	2,028,521	0	2,028,521	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	213,073	213,073	8,588	221,661	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,863,990	4,863,990	4,509	4,868,499	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,015,793	3,015,793	0	3,015,793	54.01
54.02	05404 ULTRASOUND	1,174,390	1,174,390	0	1,174,390	54.02
54.03	05405 MAMMOGRAPHY	2,006,464	2,006,464	1,066	2,007,530	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	5,878,565	5,878,565	14,280	5,892,845	55.00
57.00	05700 CT SCAN	2,662,519	2,662,519	0	2,662,519	57.00
58.00	05800 MRI	823,194	823,194	0	823,194	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,686,023	4,686,023	0	4,686,023	59.00
60.00	06000 LABORATORY	15,971,753	15,971,753	0	15,971,753	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	1,657,161	1,657,161	37,356	1,694,517	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	801,220	801,220	0	801,220	62.00
65.00	06500 RESPIRATORY THERAPY	5,219,386	5,219,386	15,462	5,234,848	65.00
66.00	06600 PHYSICAL THERAPY	6,225,008	6,225,008	24,431	6,249,439	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,123,063	2,123,063	0	2,123,063	67.00
68.00	06800 SPEECH PATHOLOGY	1,126,729	1,126,729	0	1,126,729	68.00
69.00	06900 ELECTROCARDIOLOGY	2,122,894	2,122,894	11,112	2,134,006	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,667,465	1,667,465	0	1,667,465	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,621,257	8,621,257	0	8,621,257	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,194,848	8,194,848	0	8,194,848	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,460,480	37,460,480	0	37,460,480	73.00
74.00	07400 RENAL DIALYSIS	1,108,301	1,108,301	0	1,108,301	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	587,880	587,880	0	587,880	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	3,590,443	3,590,443	0	3,590,443	90.00
90.01	09001 DIABETES CENTER	291,421	291,421	0	291,421	90.01
90.02	09002 NEUROPSYCH	168,485	168,485	0	168,485	90.02
90.03	09003 WOUND CENTER	2,385,040	2,385,040	24,813	2,409,853	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	338,491	338,491	986	339,477	90.04
90.05	09005 VIMCARE CLINIC	1,630,950	1,630,950	0	1,630,950	90.05
90.06	09006 MEDICATION MGMT CLINIC	523,095	523,095	0	523,095	90.06
91.00	09100 EMERGENCY	15,201,714	15,201,714	85,312	15,287,026	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,735,241	4,735,241	0	4,735,241	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	7,318,744	7,318,744	0	7,318,744	95.00
99.10	09910 CORF	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
200.00	Subtotal (see instructions)	244,779,935	244,779,935	337,203	245,117,138	200.00
201.00	Less Observation Beds	4,735,241	4,735,241	0	4,735,241	201.00
202.00	Total (see instructions)	240,044,694	240,044,694	337,203	240,381,897	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
7/14/2021 10:20 am

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,866,000		62,866,000		30.00
31.00	03100	INTENSIVE CARE UNIT	14,669,313		14,669,313		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/PF	7,382,977		7,382,977		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,861,682		2,861,682		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,944,266	63,363,650	86,307,916	0.342471	50.00
51.00	05100	RECOVERY ROOM	1,926,138	4,814,485	6,740,623	0.300940	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,318,224	8,604,954	12,923,178	0.016488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,336,617	4,828,192	6,164,809	0.788993	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,000,521	11,600,196	12,600,717	0.239335	54.01
54.02	05404	ULTRA SOUND	1,142,652	4,634,228	5,776,880	0.203291	54.02
54.03	05405	MAMMOGRAPHY	0	4,887,093	4,887,093	0.410564	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	336,813	18,403,659	18,740,472	0.313683	55.00
57.00	05700	CT SCAN	9,470,908	25,126,825	34,597,733	0.076956	57.00
58.00	05800	MRI	1,477,193	5,414,144	6,891,337	0.119453	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,548,830	11,632,242	28,181,072	0.166283	59.00
60.00	06000	LABORATORY	20,573,467	41,702,505	62,275,972	0.256467	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	685,668	6,058,850	6,744,518	0.245705	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,663,796	1,119,357	2,783,153	0.287882	62.00
65.00	06500	RESPIRATORY THERAPY	7,137,722	3,212,233	10,349,955	0.504291	65.00
66.00	06600	PHYSICAL THERAPY	4,574,054	8,217,484	12,791,538	0.486650	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,860,569	1,727,530	4,588,099	0.462733	67.00
68.00	06800	SPEECH PATHOLOGY	808,919	883,890	1,692,809	0.665597	68.00
69.00	06900	ELECTROCARDIOLOGY	4,165,136	6,797,831	10,962,967	0.193642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	190,875	5,623,661	5,814,536	0.286775	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,076,901	7,735,412	18,812,313	0.458277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,154,278	7,667,554	14,821,832	0.552890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,051,887	75,468,188	108,520,075	0.345194	73.00
74.00	07400	RENAL DIALYSIS	3,537,595	0	3,537,595	0.313292	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	11,644	883,009	894,653	0.657104	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	54,461	6,080,041	6,134,502	0.585287	90.00
90.01	09001	DIABETES CENTER	372	158,013	158,385	1.839953	90.01
90.02	09002	NEUROPSYCH	19,442	145,136	164,578	1.023740	90.02
90.03	09003	WOUND CENTER	239,363	9,400,058	9,639,421	0.247426	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	696,374	696,374	0.486076	90.04
90.05	09005	VIMCARE CLINIC	2,292	995,953	998,245	1.633817	90.05
90.06	09006	MEDICATION MGMT CLINIC	3,059	831,984	835,043	0.626429	90.06
91.00	09100	EMERGENCY	19,663,428	52,923,413	72,586,841	0.209428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	12,604,051	12,604,051	0.375692	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,776	12,423,929	12,429,705	0.588811	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	265,762,838	426,666,124	692,428,962		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	265,762,838	426,666,124	692,428,962		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/14/2021 10:20 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.342471		50.00
51.00	05100 RECOVERY ROOM	0.300940		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.017152		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.789724		54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.239335		54.01
54.02	05404 ULTRASOUND	0.203291		54.02
54.03	05405 MAMMOGRAPHY	0.410782		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.314445		55.00
57.00	05700 CT SCAN	0.076956		57.00
58.00	05800 MRI	0.119453		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.166283		59.00
60.00	06000 LABORATORY	0.256467		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.251244		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.287882		62.00
65.00	06500 RESPIRATORY THERAPY	0.505785		65.00
66.00	06600 PHYSICAL THERAPY	0.488560		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.462733		67.00
68.00	06800 SPEECH PATHOLOGY	0.665597		68.00
69.00	06900 ELECTROCARDIOLOGY	0.194656		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.286775		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.458277		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.552890		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.345194		73.00
74.00	07400 RENAL DIALYSIS	0.313292		74.00
76.00	03020 ACUPUNCTURE	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.657104		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.585287		90.00
90.01	09001 DIABETES CENTER	1.839953		90.01
90.02	09002 NEUROPSYCH	1.023740		90.02
90.03	09003 WOUND CENTER	0.250000		90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.487492		90.04
90.05	09005 VIMCARE CLINIC	1.633817		90.05
90.06	09006 MEDICATION MGMT CLINIC	0.626429		90.06
91.00	09100 EMERGENCY	0.210603		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.375692		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.588811		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0112

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

Worksheet C Part II Date/Time Prepared: 7/14/2021 10:20 am

Cost Center Description		Title XIX					Hospital	PPS
		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	29,557,972	4,290,200	25,267,772	0	0	50.00	
51.00	05100 RECOVERY ROOM	2,028,521	188,534	1,839,987	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	213,073	16,844	196,229	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,863,990	563,548	4,300,442	0	0	54.00	
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,015,793	422,925	2,592,868	0	0	54.01	
54.02	05404 ULTRASOUND	1,174,390	169,413	1,004,977	0	0	54.02	
54.03	05405 MAMMOGRAPHY	2,006,464	352,701	1,653,763	0	0	54.03	
55.00	05500 RADIOLOGY-THERAPEUTIC	5,878,565	1,545,270	4,333,295	0	0	55.00	
57.00	05700 CT SCAN	2,662,519	290,394	2,372,125	0	0	57.00	
58.00	05800 MRI	823,194	65,119	758,075	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	4,686,023	651,605	4,034,418	0	0	59.00	
60.00	06000 LABORATORY	15,971,753	1,211,523	14,760,230	0	0	60.00	
60.01	06001 LABORATORY-PATHOLOGICAL	1,657,161	113,609	1,543,552	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	801,220	46,238	754,982	0	0	62.00	
65.00	06500 RESPIRATORY THERAPY	5,219,386	563,746	4,655,640	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	6,225,008	633,260	5,591,748	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	2,123,063	217,353	1,905,710	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	1,126,729	115,449	1,011,280	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	2,122,894	409,013	1,713,881	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	1,667,465	239,780	1,427,685	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,621,257	331,525	8,289,732	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,194,848	315,128	7,879,720	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	37,460,480	1,736,133	35,724,347	0	0	73.00	
74.00	07400 RENAL DIALYSIS	1,108,301	42,836	1,065,465	0	0	74.00	
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	587,880	78,818	509,062	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000 CLINIC	3,590,443	423,924	3,166,519	0	0	90.00	
90.01	09001 DIABETES CENTER	291,421	35,357	256,064	0	0	90.01	
90.02	09002 NEUROPSYCH	168,485	9,651	158,834	0	0	90.02	
90.03	09003 WOUND CENTER	2,385,040	231,550	2,153,490	0	0	90.03	
90.04	09004 HYPERBARIC OXYGEN THERAPY	338,491	55,327	283,164	0	0	90.04	
90.05	09005 VIMCARE CLINIC	1,630,950	219,397	1,411,553	0	0	90.05	
90.06	09006 MEDICATION MGMT CLINIC	523,095	58,233	464,862	0	0	90.06	
91.00	09100 EMERGENCY	15,201,714	1,429,538	13,772,176	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,735,241	546,006	4,189,235	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES	7,318,744	885,710	6,433,034	0	0	95.00	
99.10	09910 CORF	0	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
200.00	Subtotal (sum of lines 50 thru 199)	185,981,573	18,505,657	167,475,916	0	0	200.00	
201.00	Less Observation Beds	4,735,241	546,006	4,189,235	0	0	201.00	
202.00	Total (line 200 minus line 201)	181,246,332	17,959,651	163,286,681	0	0	202.00	

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

Provider CCN: 15-0112

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

Worksheet C Part II Date/Time Prepared: 7/14/2021 10:20 am

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)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	29,557,972	86,307,916	0.342471		50.00
51.00	05100 RECOVERY ROOM	2,028,521	6,740,623	0.300940		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	213,073	12,923,178	0.016488		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,863,990	6,164,809	0.788993		54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,015,793	12,600,717	0.239335		54.01
54.02	05404 ULTRASOUND	1,174,390	5,776,880	0.203291		54.02
54.03	05405 MAMMOGRAPHY	2,006,464	4,887,093	0.410564		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	5,878,565	18,740,472	0.313683		55.00
57.00	05700 CT SCAN	2,662,519	34,597,733	0.076956		57.00
58.00	05800 MRI	823,194	6,891,337	0.119453		58.00
59.00	05900 CARDIAC CATHETERIZATION	4,686,023	28,181,072	0.166283		59.00
60.00	06000 LABORATORY	15,971,753	62,275,972	0.256467		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	1,657,161	6,744,518	0.245705		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	801,220	2,783,153	0.287882		62.00
65.00	06500 RESPIRATORY THERAPY	5,219,386	10,349,955	0.504291		65.00
66.00	06600 PHYSICAL THERAPY	6,225,008	12,791,538	0.486650		66.00
67.00	06700 OCCUPATIONAL THERAPY	2,123,063	4,588,099	0.462733		67.00
68.00	06800 SPEECH PATHOLOGY	1,126,729	1,692,809	0.665597		68.00
69.00	06900 ELECTROCARDIOLOGY	2,122,894	10,962,967	0.193642		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,667,465	5,814,536	0.286775		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,621,257	18,812,313	0.458277		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,194,848	14,821,832	0.552890		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,460,480	108,520,075	0.345194		73.00
74.00	07400 RENAL DIALYSIS	1,108,301	3,537,595	0.313292		74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	587,880	894,653	0.657104		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	3,590,443	6,134,502	0.585287		90.00
90.01	09001 DIABETES CENTER	291,421	158,385	1.839953		90.01
90.02	09002 NEUROPSYCH	168,485	164,578	1.023740		90.02
90.03	09003 WOUND CENTER	2,385,040	9,639,421	0.247426		90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	338,491	696,374	0.486076		90.04
90.05	09005 VIMCARE CLINIC	1,630,950	998,245	1.633817		90.05
90.06	09006 MEDICATION MGMT CLINIC	523,095	835,043	0.626429		90.06
91.00	09100 EMERGENCY	15,201,714	72,586,841	0.209428		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,735,241	12,604,051	0.375692		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	7,318,744	12,429,705	0.588811		95.00
99.10	09910 CORF	0	0	0.000000		99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	185,981,573	604,648,990			200.00
201.00	Less Observation Beds	4,735,241	0			201.00
202.00	Total (line 200 minus line 201)	181,246,332	604,648,990			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 7/14/2021 10:20 am
--	--	-----------------------	---	--

Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,147,133	0	5,147,133	29,214	176.19	30.00
31.00	INTENSIVE CARE UNIT	769,557		769,557	3,186	241.54	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	627,797	0	627,797	3,712	169.13	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	130,404		130,404	3,003	43.42	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	6,674,891		6,674,891	39,115		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	10,250	1,805,948				30.00
31.00	INTENSIVE CARE UNIT	915	221,009				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	2,094	354,158				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	13,259	2,381,115				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/14/2021 10:20 am
--	--	-----------------------	---	---

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)	Hospital Inpatient Program Charges	PPS 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	4,290,200	86,307,916	0.049708	8,315,084	413,326	50.00
51.00	05100 RECOVERY ROOM	188,534	6,740,623	0.027970	711,043	19,888	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	16,844	12,923,178	0.001303	1,681,295	2,191	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	563,548	6,164,809	0.091414	651,881	59,591	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	422,925	12,600,717	0.033564	539,753	18,116	54.01
54.02	05404 ULTRASOUND	169,413	5,776,880	0.029326	484,404	14,206	54.02
54.03	05405 MAMMOGRAPHY	352,701	4,887,093	0.072170	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	1,545,270	18,740,472	0.082456	188,017	15,503	55.00
57.00	05700 CT SCAN	290,394	34,597,733	0.008393	4,749,542	39,863	57.00
58.00	05800 MRI	65,119	6,891,337	0.009449	661,284	6,248	58.00
59.00	05900 CARDIAC CATHETERIZATION	651,605	28,181,072	0.023122	6,116,229	141,419	59.00
60.00	06000 LABORATORY	1,211,523	62,275,972	0.019454	8,459,572	164,573	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	113,609	6,744,518	0.016845	270,311	4,553	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	46,238	2,783,153	0.016614	874,226	14,524	62.00
65.00	06500 RESPIRATORY THERAPY	563,746	10,349,955	0.054468	2,690,071	146,523	65.00
66.00	06600 PHYSICAL THERAPY	633,260	12,791,538	0.049506	1,425,763	70,584	66.00
67.00	06700 OCCUPATIONAL THERAPY	217,353	4,588,099	0.047373	626,644	29,686	67.00
68.00	06800 SPEECH PATHOLOGY	115,449	1,692,809	0.068200	91,579	6,246	68.00
69.00	06900 ELECTROCARDIOLOGY	409,013	10,962,967	0.037309	1,876,542	70,012	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	239,780	5,814,536	0.041238	87,361	3,603	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	331,525	18,812,313	0.017623	4,677,509	82,432	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	315,128	14,821,832	0.021261	3,390,314	72,081	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,736,133	108,520,075	0.015998	12,484,067	199,720	73.00
74.00	07400 RENAL DIALYSIS	42,836	3,537,595	0.012109	1,457,116	17,644	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	78,818	894,653	0.088099	3,780	333	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	423,924	6,134,502	0.069105	41,126	2,842	90.00
90.01	09001 DIABETES CENTER	35,357	158,385	0.223235	372	83	90.01
90.02	09002 NEUROPSYCH	9,651	164,578	0.058641	0	0	90.02
90.03	09003 WOUND CENTER	231,550	9,639,421	0.024021	238,262	5,723	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	55,327	696,374	0.079450	0	0	90.04
90.05	09005 VIMCARE CLINIC	219,397	998,245	0.219783	199	44	90.05
90.06	09006 MEDICATION MGMT CLINIC	58,233	835,043	0.069737	1,491	104	90.06
91.00	09100 EMERGENCY	1,429,538	72,586,841	0.019694	9,184,713	180,884	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	546,006	12,604,051	0.043320	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	17,619,947	592,219,285		71,979,550	1,802,545	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/14/2021 10:20 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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	29,214	0.00	10,250 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,186	0.00	915 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,712	0.00	2,094 41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0 42.00
43.00	04300	NURSERY	0	0	3,003	0.00	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0 44.00
200.00		Total (lines 30 through 199)	0	0	39,115	0.00	13,259 200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 10:20 am
--	-----------------------	---------------------------------------	--

Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	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	917,837	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	810,586	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,728,423	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 10:20 am
--	-----------------------	---------------------------------------	--

Cost Center Description	Title XVIII		Hospital		PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	86,307,916	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	6,740,623	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	12,923,178	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	917,837	917,837	6,164,809	0.148883	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	12,600,717	0.000000	54.01
54.02 05404 ULTRASOUND	0	0	0	5,776,880	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	4,887,093	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	18,740,472	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	34,597,733	0.000000	57.00
58.00 05800 MRI	0	0	0	6,891,337	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	28,181,072	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	62,275,972	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	6,744,518	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,783,153	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	10,349,955	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	12,791,538	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,588,099	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,692,809	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	10,962,967	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,814,536	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,812,313	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,821,832	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	810,586	810,586	108,520,075	0.007469	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,537,595	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	894,653	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	6,134,502	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	158,385	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	164,578	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	9,639,421	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	696,374	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	998,245	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	835,043	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	72,586,841	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,604,051	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	1,728,423	1,728,423	592,219,285		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 10:20 am
--	-----------------------	---	---

Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	8,315,084	0	15,508,001	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	711,043	0	887,507	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	1,681,295	0	2,045,526	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148883	651,881	97,054	1,544,036	229,881	54.00	
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	539,753	0	4,355,070	0	54.01	
54.02	05404 ULTRASOUND	0.000000	484,404	0	1,212,664	0	54.02	
54.03	05405 MAMMOGRAPHY	0.000000	0	0	330,826	0	54.03	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	188,017	0	7,972,519	0	55.00	
57.00	05700 CT SCAN	0.000000	4,749,542	0	6,404,710	0	57.00	
58.00	05800 MRI	0.000000	661,284	0	1,705,141	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,116,229	0	3,693,028	0	59.00	
60.00	06000 LABORATORY	0.000000	8,459,572	0	4,108,571	0	60.00	
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	270,311	0	1,458,707	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	874,226	0	202,489	0	62.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	2,690,071	0	1,070,109	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,425,763	0	29,094	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	626,644	0	6,015	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	91,579	0	103,107	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,876,542	0	2,139,024	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	87,361	0	1,225,823	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,677,509	0	1,950,293	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,390,314	0	2,086,979	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.007469	12,484,067	93,243	30,998,209	231,526	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	1,457,116	0	0	0	74.00	
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	3,780	0	424,196	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	41,126	0	2,653,931	0	90.00	
90.01	09001 DIABETES CENTER	0.000000	372	0	5,496	0	90.01	
90.02	09002 NEUROPSYCH	0.000000	0	0	2,976	0	90.02	
90.03	09003 WOUND CENTER	0.000000	238,262	0	3,970,650	0	90.03	
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	257,396	0	90.04	
90.05	09005 VIMCARE CLINIC	0.000000	199	0	110,848	0	90.05	
90.06	09006 MEDICATION MGMT CLINIC	0.000000	1,491	0	467,988	0	90.06	
91.00	09100 EMERGENCY	0.000000	9,184,713	0	9,237,302	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	2,887,876	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		71,979,550	190,297	111,056,107	461,407	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/14/2021 10:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.342471	15,508,001	0	0	5,311,041
51.00 05100 RECOVERY ROOM	0.300940	887,507	0	0	267,086
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.016488	2,045,526	0	0	33,727
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.788993	1,544,036	0	0	1,218,234
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.239335	4,355,070	0	0	1,042,321
54.02 05404 ULTRA SOUND	0.203291	1,212,664	0	0	246,524
54.03 05405 MAMMOGRAPHY	0.410564	330,826	0	0	135,825
55.00 05500 RADIOLOGY-THERAPEUTIC	0.313683	7,972,519	0	0	2,500,844
57.00 05700 CT SCAN	0.076956	6,404,710	0	0	492,881
58.00 05800 MRI	0.119453	1,705,141	0	0	203,684
59.00 05900 CARDIAC CATHETERIZATION	0.166283	3,693,028	0	0	614,088
60.00 06000 LABORATORY	0.256467	4,108,571	0	11,088	1,053,713
60.01 06001 LABORATORY-PATHOLOGICAL	0.245705	1,458,707	0	0	358,412
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.287882	202,489	0	0	58,293
65.00 06500 RESPIRATORY THERAPY	0.504291	1,070,109	0	0	539,646
66.00 06600 PHYSICAL THERAPY	0.486650	29,094	0	0	14,159
67.00 06700 OCCUPATIONAL THERAPY	0.462733	6,015	0	0	2,783
68.00 06800 SPEECH PATHOLOGY	0.665597	103,107	0	0	68,628
69.00 06900 ELECTROCARDIOLOGY	0.193642	2,139,024	0	0	414,205
70.00 07000 ELECTROENCEPHALOGRAPHY	0.286775	1,225,823	0	0	351,535
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.458277	1,950,293	0	0	893,774
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.552890	2,086,979	0	0	1,153,870
73.00 07300 DRUGS CHARGED TO PATIENTS	0.345194	30,998,209	0	87,340	10,700,396
74.00 07400 RENAL DIALYSIS	0.313292	0	0	0	0
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.657104	424,196	0	0	278,741
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					
90.00 09000 CLINIC	0.585287	2,653,931	0	0	1,553,311
90.01 09001 DIABETES CENTER	1.839953	5,496	0	0	10,112
90.02 09002 NEUROPSYCH	1.023740	2,976	0	0	3,047
90.03 09003 WOUND CENTER	0.247426	3,970,650	0	0	982,442
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.486076	257,396	0	0	125,114
90.05 09005 VIMCARE CLINIC	1.633817	110,848	0	0	181,105
90.06 09006 MEDICATION MGMT CLINIC	0.626429	467,988	0	0	293,161
91.00 09100 EMERGENCY	0.209428	9,237,302	0	3,968	1,934,550
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.375692	2,887,876	0	0	1,084,952
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.588811		0		
200.00		Subtotal (see instructions)	111,056,107	0	102,396
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0
202.00		Net Charges (line 200 - line 201)	111,056,107	0	102,396

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/14/2021 10:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02 05404	ULTRASOUND	0	0	54.02
54.03 05405	MAMMOGRAPHY	0	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	2,844	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
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	30,149	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.00 03020	ACUPUNCTURE	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC			88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00 09000	CLINIC	0	0	90.00
90.01 09001	DIABETES CENTER	0	0	90.01
90.02 09002	NEUROPSYCH	0	0	90.02
90.03 09003	WOUND CENTER	0	0	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	0	0	90.04
90.05 09005	VIMCARE CLINIC	0	0	90.05
90.06 09006	MEDICATION MGMT CLINIC	0	0	90.06
91.00 09100	EMERGENCY	0	831	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500	AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	0	33,824	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	33,824	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 7/14/2021 10:20 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	4,290,200	86,307,916	0.049708	60,527	3,009	50.00
51.00	05100	RECOVERY ROOM	188,534	6,740,623	0.027970	12,693	355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	16,844	12,923,178	0.001303	13,532	18	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	563,548	6,164,809	0.091414	25,293	2,312	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	422,925	12,600,717	0.033564	6,161	207	54.01
54.02	05404	ULTRASOUND	169,413	5,776,880	0.029326	28,011	821	54.02
54.03	05405	MAMMOGRAPHY	352,701	4,887,093	0.072170	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,545,270	18,740,472	0.082456	0	0	55.00
57.00	05700	CT SCAN	290,394	34,597,733	0.008393	62,461	524	57.00
58.00	05800	MRI	65,119	6,891,337	0.009449	15,164	143	58.00
59.00	05900	CARDIAC CATHETERIZATION	651,605	28,181,072	0.023122	0	0	59.00
60.00	06000	LABORATORY	1,211,523	62,275,972	0.019454	371,519	7,228	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	113,609	6,744,518	0.016845	5,488	92	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	46,238	2,783,153	0.016614	15,998	266	62.00
65.00	06500	RESPIRATORY THERAPY	563,746	10,349,955	0.054468	42,060	2,291	65.00
66.00	06600	PHYSICAL THERAPY	633,260	12,791,538	0.049506	1,002,105	49,610	66.00
67.00	06700	OCCUPATIONAL THERAPY	217,353	4,588,099	0.047373	888,302	42,082	67.00
68.00	06800	SPEECH PATHOLOGY	115,449	1,692,809	0.068200	278,533	18,996	68.00
69.00	06900	ELECTROCARDIOLOGY	409,013	10,962,967	0.037309	23,680	883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	239,780	5,814,536	0.041238	777	32	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	331,525	18,812,313	0.017623	127,826	2,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	315,128	14,821,832	0.021261	510	11	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,736,133	108,520,075	0.015998	582,383	9,317	73.00
74.00	07400	RENAL DIALYSIS	42,836	3,537,595	0.012109	186,444	2,258	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	78,818	894,653	0.088099	210	19	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	423,924	6,134,502	0.069105	0	0	90.00
90.01	09001	DIABETES CENTER	35,357	158,385	0.223235	0	0	90.01
90.02	09002	NEUROPSYCH	9,651	164,578	0.058641	0	0	90.02
90.03	09003	WOUND CENTER	231,550	9,639,421	0.024021	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	55,327	696,374	0.079450	0	0	90.04
90.05	09005	VIMCARE CLINIC	219,397	998,245	0.219783	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	58,233	835,043	0.069737	0	0	90.06
91.00	09100	EMERGENCY	1,429,538	72,586,841	0.019694	21,432	422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,604,051	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	17,073,941	592,219,285		3,771,109	143,149	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 10:20 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	917,837	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	810,586	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0	0	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,728,423	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 10:20 am
--	---	---	---

Title XVIII		Subprovider - IRF	PPS
-------------	--	----------------------	-----

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	86,307,916	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	6,740,623	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	12,923,178	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	917,837	917,837	6,164,809	0.148883	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	12,600,717	0.000000	54.01
54.02 05404 ULTRA SOUND	0	0	0	5,776,880	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	4,887,093	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	18,740,472	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	34,597,733	0.000000	57.00
58.00 05800 MRI	0	0	0	6,891,337	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	28,181,072	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	62,275,972	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	6,744,518	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,783,153	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	10,349,955	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	12,791,538	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,588,099	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,692,809	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	10,962,967	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,814,536	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,812,313	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,821,832	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	810,586	810,586	108,520,075	0.007469	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,537,595	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	894,653	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	6,134,502	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	158,385	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	164,578	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	9,639,421	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	696,374	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	998,245	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	835,043	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	72,586,841	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,604,051	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	1,728,423	1,728,423	592,219,285		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 10:20 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	60,527	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	12,693	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	13,532	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.148883	25,293	3,766	0	0	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	6,161	0	0	0	54.01
54.02 05404 ULTRASOUND	0.000000	28,011	0	0	0	54.02
54.03 05405 MAMMOGRAPHY	0.000000	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00 05700 CT SCAN	0.000000	62,461	0	0	0	57.00
58.00 05800 MRI	0.000000	15,164	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	371,519	0	0	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0.000000	5,488	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	15,998	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.000000	42,060	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	1,002,105	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	888,302	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	278,533	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	23,680	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	777	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	127,826	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	510	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.007469	582,383	4,350	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	186,444	0	0	0	74.00
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.000000	210	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02 09002 NEUROPSYCH	0.000000	0	0	0	0	90.02
90.03 09003 WOUND CENTER	0.000000	0	0	0	0	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	90.04
90.05 09005 VIMCARE CLINIC	0.000000	0	0	0	0	90.05
90.06 09006 MEDICATION MGMT CLINIC	0.000000	0	0	0	0	90.06
91.00 09100 EMERGENCY	0.000000	21,432	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	3,771,109	8,116	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 7/14/2021 10:20 am
--	--	-----------------------	---	--

Cost Center Description	Title XIX			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,147,133	0	5,147,133	29,214	176.19	30.00
31.00	INTENSIVE CARE UNIT	769,557		769,557	3,186	241.54	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	627,797	0	627,797	3,712	169.13	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	130,404		130,404	3,003	43.42	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	6,674,891		6,674,891	39,115		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00	7.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,364	1,121,273				30.00
31.00	INTENSIVE CARE UNIT	248	59,902				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	484	81,859				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	1,138	49,412				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	8,234	1,312,446				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/14/2021 10:20 am
--	--	-----------------------	---	---

Cost Center Description		Title XIX			Hospital	PPS	
		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	4,290,200	86,307,916	0.049708	2,916,267	144,962	50.00
51.00	05100 RECOVERY ROOM	188,534	6,740,623	0.027970	256,686	7,180	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	16,844	12,923,178	0.001303	591,628	771	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	563,548	6,164,809	0.091414	138,994	12,706	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	422,925	12,600,717	0.033564	69,979	2,349	54.01
54.02	05404 ULTRASOUND	169,413	5,776,880	0.029326	150,762	4,421	54.02
54.03	05405 MAMMOGRAPHY	352,701	4,887,093	0.072170	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	1,545,270	18,740,472	0.082456	17,050	1,406	55.00
57.00	05700 CT SCAN	290,394	34,597,733	0.008393	1,108,093	9,300	57.00
58.00	05800 MRI	65,119	6,891,337	0.009449	210,589	1,990	58.00
59.00	05900 CARDIAC CATHETERIZATION	651,605	28,181,072	0.023122	1,665,803	38,517	59.00
60.00	06000 LABORATORY	1,211,523	62,275,972	0.019454	3,236,473	62,962	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	113,609	6,744,518	0.016845	85,119	1,434	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	46,238	2,783,153	0.016614	229,169	3,807	62.00
65.00	06500 RESPIRATORY THERAPY	563,746	10,349,955	0.054468	1,121,664	61,095	65.00
66.00	06600 PHYSICAL THERAPY	633,260	12,791,538	0.049506	222,547	11,017	66.00
67.00	06700 OCCUPATIONAL THERAPY	217,353	4,588,099	0.047373	184,713	8,750	67.00
68.00	06800 SPEECH PATHOLOGY	115,449	1,692,809	0.068200	8,456	577	68.00
69.00	06900 ELECTROCARDIOLOGY	409,013	10,962,967	0.037309	465,347	17,362	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	239,780	5,814,536	0.041238	26,418	1,089	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	331,525	18,812,313	0.017623	1,154,797	20,351	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	315,128	14,821,832	0.021261	268,973	5,719	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,736,133	108,520,075	0.015998	4,947,138	79,144	73.00
74.00	07400 RENAL DIALYSIS	42,836	3,537,595	0.012109	1,162,620	14,078	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	78,818	894,653	0.088099	1,050	93	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	423,924	6,134,502	0.069105	0	0	90.00
90.01	09001 DIABETES CENTER	35,357	158,385	0.223235	0	0	90.01
90.02	09002 NEUROPSYCH	9,651	164,578	0.058641	15,521	910	90.02
90.03	09003 WOUND CENTER	231,550	9,639,421	0.024021	1,101	26	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	55,327	696,374	0.079450	0	0	90.04
90.05	09005 VIMCARE CLINIC	219,397	998,245	0.219783	1,640	360	90.05
90.06	09006 MEDICATION MGMT CLINIC	58,233	835,043	0.069737	0	0	90.06
91.00	09100 EMERGENCY	1,429,538	72,586,841	0.019694	2,984,277	58,772	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	546,006	12,604,051	0.043320	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	17,619,947	592,219,285		23,242,874	571,148	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/14/2021 10:20 am
---	-----------------------	---	--

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
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 col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	29,214	0.00	6,364	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,186	0.00	248	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,712	0.00	484	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	3,003	0.00	1,138	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	39,115	0.00	8,234	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 10:20 am
--	-----------------------	---------------------------------------	--

Cost Center Description	Title XIX				Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	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	917,837	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	810,586	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,728,423	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 10:20 am
--	-----------------------	---	---

Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	86,307,916	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	6,740,623	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	12,923,178	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	917,837	917,837	6,164,809	0.148883	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	12,600,717	0.000000	54.01
54.02 05404 ULTRASOUND	0	0	0	5,776,880	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	4,887,093	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	18,740,472	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	34,597,733	0.000000	57.00
58.00 05800 MRI	0	0	0	6,891,337	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	28,181,072	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	62,275,972	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	6,744,518	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,783,153	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	10,349,955	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	12,791,538	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,588,099	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,692,809	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	10,962,967	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,814,536	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,812,313	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,821,832	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	810,586	810,586	108,520,075	0.007469	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,537,595	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	894,653	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	6,134,502	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	158,385	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	164,578	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	9,639,421	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	696,374	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	998,245	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	835,043	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	72,586,841	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	12,604,051	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	1,728,423	1,728,423	592,219,285		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0112

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

Worksheet D
Part IV
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		Title XIX				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	2,916,267	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	256,686	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	591,628	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148883	138,994	20,694	0	0	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	69,979	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0.000000	150,762	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0.000000	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	17,050	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	1,108,093	0	0	0	0	57.00
58.00	05800	MRI	0.000000	210,589	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,665,803	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	3,236,473	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	85,119	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	229,169	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,121,664	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	222,547	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	184,713	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	8,456	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	465,347	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	26,418	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,154,797	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	268,973	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.007469	4,947,138	36,950	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,162,620	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	1,050	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0.000000	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0.000000	15,521	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0.000000	1,101	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	0.000000	1,640	0	0	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0.000000	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.000000	2,984,277	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		23,242,874	57,644	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/14/2021 10:20 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.342471	0	8,691,656	0	0
51.00 05100 RECOVERY ROOM	0.300940	0	954,876	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.016488	0	1,552,154	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.788993	0	790,961	0	0
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.239335	0	1,097,443	0	0
54.02 05404 ULTRA SOUND	0.203291	0	925,690	0	0
54.03 05405 MAMMOGRAPHY	0.410564	0	339,280	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.313683	0	1,538,255	0	0
57.00 05700 CT SCAN	0.076956	0	4,873,018	0	0
58.00 05800 MRI	0.119453	0	763,141	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.166283	0	1,185,618	0	0
60.00 06000 LABORATORY	0.256467	0	7,206,975	0	0
60.01 06001 LABORATORY-PATHOLOGICAL	0.245705	0	702,055	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.287882	0	267,216	0	0
65.00 06500 RESPIRATORY THERAPY	0.504291	0	491,939	0	0
66.00 06600 PHYSICAL THERAPY	0.486650	0	1,083,964	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.462733	0	15,785	0	0
68.00 06800 SPEECH PATHOLOGY	0.665597	0	330,349	0	0
69.00 06900 ELECTROCARDIOLOGY	0.193642	0	668,727	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.286775	0	1,103,403	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.458277	0	1,079,258	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.552890	0	619,189	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.345194	0	6,970,496	0	0
74.00 07400 RENAL DIALYSIS	0.313292	0	0	0	0
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.657104	0	27,476	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000 CLINIC	0.585287	0	555,341	0	0
90.01 09001 DIABETES CENTER	1.839953	0	18,206	0	0
90.02 09002 NEUROPSYCH	1.023740	0	68,712	0	0
90.03 09003 WOUND CENTER	0.247426	0	1,340,565	0	0
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.486076	0	102,846	0	0
90.05 09005 VIMCARE CLINIC	1.633817	0	597,218	0	0
90.06 09006 MEDICATION MGMT CLINIC	0.626429	0	38,978	0	0
91.00 09100 EMERGENCY	0.209428	0	16,382,957	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.375692	0	2,815,222	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.588811	0	2,393,399		95.00
200.00	Subtotal (see instructions)	0	67,592,368	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	67,592,368	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/14/2021 10:20 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	2,976,640	0	50.00
51.00	05100 RECOVERY ROOM	287,360	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	25,592	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	624,063	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	262,657	0	54.01
54.02	05404 ULTRA SOUND	188,184	0	54.02
54.03	05405 MAMMOGRAPHY	139,296	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	482,524	0	55.00
57.00	05700 CT SCAN	375,008	0	57.00
58.00	05800 MRI	91,159	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	197,148	0	59.00
60.00	06000 LABORATORY	1,848,351	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	172,498	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	76,927	0	62.00
65.00	06500 RESPIRATORY THERAPY	248,080	0	65.00
66.00	06600 PHYSICAL THERAPY	527,511	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,304	0	67.00
68.00	06800 SPEECH PATHOLOGY	219,879	0	68.00
69.00	06900 ELECTROCARDIOLOGY	129,494	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	316,428	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	494,599	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	342,343	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,406,173	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	18,055	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	325,034	0	90.00
90.01	09001 DIABETES CENTER	33,498	0	90.01
90.02	09002 NEUROPSYCH	70,343	0	90.02
90.03	09003 WOUND CENTER	331,691	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	49,991	0	90.04
90.05	09005 VIMCARE CLINIC	975,745	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	24,417	0	90.06
91.00	09100 EMERGENCY	3,431,050	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,057,656	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	1,409,260		95.00
200.00	Subtotal (see instructions)	20,165,958	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	20,165,958	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 10:20 am
--	---	---	---

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	917,837	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	810,586	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0	0	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,728,423	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 10:20 am
--	---	---	---

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	86,307,916	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	6,740,623	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	12,923,178	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	917,837	917,837	6,164,809	0.148883	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	12,600,717	0.000000	54.01
54.02	05404 ULTRA SOUND	0	0	0	5,776,880	0.000000	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	4,887,093	0.000000	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	18,740,472	0.000000	55.00
57.00	05700 CT SCAN	0	0	0	34,597,733	0.000000	57.00
58.00	05800 MRI	0	0	0	6,891,337	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	28,181,072	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	62,275,972	0.000000	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	6,744,518	0.000000	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,783,153	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	10,349,955	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	12,791,538	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	4,588,099	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,692,809	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	10,962,967	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,814,536	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,812,313	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,821,832	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	810,586	810,586	108,520,075	0.007469	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	3,537,595	0.000000	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	894,653	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	6,134,502	0.000000	90.00
90.01	09001 DIABETES CENTER	0	0	0	158,385	0.000000	90.01
90.02	09002 NEUROPSYCH	0	0	0	164,578	0.000000	90.02
90.03	09003 WOUND CENTER	0	0	0	9,639,421	0.000000	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	0	696,374	0.000000	90.04
90.05	09005 VIMCARE CLINIC	0	0	0	998,245	0.000000	90.05
90.06	09006 MEDICATION MGMT CLINIC	0	0	0	835,043	0.000000	90.06
91.00	09100 EMERGENCY	0	0	0	72,586,841	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,604,051	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	0	1,728,423	1,728,423	592,219,285		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 10:20 am
--	---	---	---

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	7,930	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,343	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	844	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148883	2,735	407	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0.000000	2,916	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	11,257	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	62,204	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	1,057	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	139	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	997	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	212,334	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	187,797	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	95,270	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,388	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	0.007469	107,856	806	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0.000000	3,921	0	0	0	90.02
90.03	09003 WOUND CENTER	0.000000	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	0	0	0	0	90.06
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
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		704,988	1,213	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 10:20 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,214	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,214	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)		26,115	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)		10,250	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)		44,638,573	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)		44,638,573	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)		44,638,573	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,527.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,661,898	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)		15,661,898	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 10:20 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	7,519,244	3,186	2,360.09	915	2,159,482	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,447,602	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					39,268,982	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)					2,026,957	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,992,842	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,019,799	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,249,183	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					3,099	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,527.99	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,735,241	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/14/2021 10:20 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,147,133	44,638,573	0.115307	4,735,241	546,006	90.00
91.00	Nursing School cost	0	44,638,573	0.000000	4,735,241	0	91.00
92.00	Allied health cost	0	44,638,573	0.000000	4,735,241	0	92.00
93.00	All other Medical Education	0	44,638,573	0.000000	4,735,241	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 10:20 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)		3,712	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,712	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)		3,712	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)		2,094	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)		4,779,721	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)		4,779,721	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)		4,779,721	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,287.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,696,318	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)		2,696,318	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1	
				Component CCN: 15-T112	Date/Time Prepared: 7/14/2021 10:20 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	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,594,900	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,291,218	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)					354,158	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					151,265	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					505,423	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,785,795	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: 15-0112 Component CCN: 15-T112		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/14/2021 10:20 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	627,797	4,779,721	0.131346	0	0	90.00
91.00	Nursing School cost	0	4,779,721	0.000000	0	0	91.00
92.00	Allied health cost	0	4,779,721	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,779,721	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 7/14/2021 10:20 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,214	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,214	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)		26,115	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,364	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)		3,003	15.00
16.00	Nursery days (title V or XIX only)		1,138	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)		44,638,573	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)		44,638,573	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)		44,638,573	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,527.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,724,128	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		9,724,128	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 10:20 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)	1,970,112	3,003	656.05	1,138	746,585	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	7,519,244	3,186	2,360.09	248	585,302	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,816,721	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,872,736	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,230,587	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					628,792	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,859,379	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,013,357	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					3,099	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,527.99	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,735,241	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/14/2021 10:20 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,147,133	44,638,573	0.115307	4,735,241	546,006	90.00
91.00	Nursing School cost	0	44,638,573	0.000000	4,735,241	0	91.00
92.00	Allied health cost	0	44,638,573	0.000000	4,735,241	0	92.00
93.00	All other Medical Education	0	44,638,573	0.000000	4,735,241	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 10:20 am
		Title XIX	Subprovider - IRF	
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)		3,712	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,712	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)		3,712	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)		484	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)		3,003	15.00
16.00	Nursery days (title V or XIX only)		1,138	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)		4,779,721	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)		4,779,721	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)		4,779,721	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,287.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		623,218	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)		623,218	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/14/2021 10:20 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		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	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					321,737	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					944,955	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)					81,859	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,213	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					83,072	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					861,883	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: 15-0112 Component CCN: 15-T112		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/14/2021 10:20 am	
		Title XIX		Subprovider - IRF			
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/14/2021 10:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		20,041,310	30.00
31.00	03100	INTENSIVE CARE UNIT		4,769,842	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.342471	8,315,084	2,847,675 50.00
51.00	05100	RECOVERY ROOM	0.300940	711,043	213,981 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.017152	1,681,295	28,838 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.789724	651,881	514,806 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.239335	539,753	129,182 54.01
54.02	05404	ULTRA SOUND	0.203291	484,404	98,475 54.02
54.03	05405	MAMMOGRAPHY	0.410782	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.314445	188,017	59,121 55.00
57.00	05700	CT SCAN	0.076956	4,749,542	365,506 57.00
58.00	05800	MRI	0.119453	661,284	78,992 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166283	6,116,229	1,017,025 59.00
60.00	06000	LABORATORY	0.256467	8,459,572	2,169,601 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.251244	270,311	67,914 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287882	874,226	251,674 62.00
65.00	06500	RESPIRATORY THERAPY	0.505785	2,690,071	1,360,598 65.00
66.00	06600	PHYSICAL THERAPY	0.488560	1,425,763	696,571 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.462733	626,644	289,969 67.00
68.00	06800	SPEECH PATHOLOGY	0.665597	91,579	60,955 68.00
69.00	06900	ELECTROCARDIOLOGY	0.194656	1,876,542	365,280 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.286775	87,361	25,053 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.458277	4,677,509	2,143,595 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.552890	3,390,314	1,874,471 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345194	12,484,067	4,309,425 73.00
74.00	07400	RENAL DIALYSIS	0.313292	1,457,116	456,503 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.657104	3,780	2,484 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.585287	41,126	24,071 90.00
90.01	09001	DIABETES CENTER	1.839953	372	684 90.01
90.02	09002	NEUROPSYCH	1.023740	0	0 90.02
90.03	09003	WOUND CENTER	0.250000	238,262	59,566 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.487492	0	0 90.04
90.05	09005	VIMCARE CLINIC	1.633817	199	325 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.626429	1,491	934 90.06
91.00	09100	EMERGENCY	0.210603	9,184,713	1,934,328 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.375692	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		71,979,550	21,447,602 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		71,979,550	21,447,602 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/14/2021 10:20 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
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,144,230	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.342471	60,527	50.00
51.00	05100	RECOVERY ROOM	0.300940	12,693	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017152	13,532	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.789724	25,293	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.239335	6,161	54.01
54.02	05404	ULTRA SOUND	0.203291	28,011	54.02
54.03	05405	MAMMOGRAPHY	0.410782	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.314445	0	55.00
57.00	05700	CT SCAN	0.076956	62,461	57.00
58.00	05800	MRI	0.119453	15,164	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166283	0	59.00
60.00	06000	LABORATORY	0.256467	371,519	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.251244	5,488	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287882	15,998	62.00
65.00	06500	RESPIRATORY THERAPY	0.505785	42,060	65.00
66.00	06600	PHYSICAL THERAPY	0.488560	1,002,105	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.462733	888,302	67.00
68.00	06800	SPEECH PATHOLOGY	0.665997	278,533	68.00
69.00	06900	ELECTROCARDIOLOGY	0.194656	23,680	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.286775	777	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.458277	127,826	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.552890	510	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345194	582,383	73.00
74.00	07400	RENAL DIALYSIS	0.313292	186,444	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.657104	210	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.585287	0	90.00
90.01	09001	DIABETES CENTER	1.839953	0	90.01
90.02	09002	NEUROPSYCH	1.023740	0	90.02
90.03	09003	WOUND CENTER	0.250000	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.487492	0	90.04
90.05	09005	VIMCARE CLINIC	1.633817	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0.626429	0	90.06
91.00	09100	EMERGENCY	0.210603	21,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.375692	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,771,109	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)		3,771,109	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/14/2021 10:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,403,447	30.00
31.00	03100	INTENSIVE CARE UNIT		2,240,372	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		103	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,795,878	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.342471	2,916,267	998,737 50.00
51.00	05100	RECOVERY ROOM	0.300940	256,686	77,247 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.017152	591,628	10,148 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.789724	138,994	109,767 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.239335	69,979	16,748 54.01
54.02	05404	ULTRA SOUND	0.203291	150,762	30,649 54.02
54.03	05405	MAMMOGRAPHY	0.410782	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.314445	17,050	5,361 55.00
57.00	05700	CT SCAN	0.076956	1,108,093	85,274 57.00
58.00	05800	MRI	0.119453	210,589	25,155 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166283	1,665,803	276,995 59.00
60.00	06000	LABORATORY	0.256467	3,236,473	830,049 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.251244	85,119	21,386 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287882	229,169	65,974 62.00
65.00	06500	RESPIRATORY THERAPY	0.505785	1,121,664	567,321 65.00
66.00	06600	PHYSICAL THERAPY	0.488560	222,547	108,728 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.462733	184,713	85,473 67.00
68.00	06800	SPEECH PATHOLOGY	0.665597	8,456	5,628 68.00
69.00	06900	ELECTROCARDIOLOGY	0.194656	465,347	90,583 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.286775	26,418	7,576 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.458277	1,154,797	529,217 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.552890	268,973	148,712 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345194	4,947,138	1,707,722 73.00
74.00	07400	RENAL DIALYSIS	0.313292	1,162,620	364,240 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.657104	1,050	690 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.585287	0	0 90.00
90.01	09001	DIABETES CENTER	1.839953	0	0 90.01
90.02	09002	NEUROPSYCH	1.023740	15,521	15,889 90.02
90.03	09003	WOUND CENTER	0.250000	1,101	275 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.487492	0	0 90.04
90.05	09005	VIMCARE CLINIC	1.633817	1,640	2,679 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.626429	0	0 90.06
91.00	09100	EMERGENCY	0.210603	2,984,277	628,498 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.375692	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		23,242,874	6,816,721 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		23,242,874	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/14/2021 10:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		913,194		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.342471	7,930	2,716	50.00
51.00	05100 RECOVERY ROOM	0.300940	1,343	404	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.017152	844	14	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.789724	2,735	2,160	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.239335	0	0	54.01
54.02	05404 ULTRA SOUND	0.203291	2,916	593	54.02
54.03	05405 MAMMOGRAPHY	0.410782	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.314445	0	0	55.00
57.00	05700 CT SCAN	0.076956	11,257	866	57.00
58.00	05800 MRI	0.119453	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.166283	0	0	59.00
60.00	06000 LABORATORY	0.256467	62,204	15,953	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.251244	1,057	266	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.287882	139	40	62.00
65.00	06500 RESPIRATORY THERAPY	0.505785	997	504	65.00
66.00	06600 PHYSICAL THERAPY	0.488560	212,334	103,738	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.462733	187,797	86,900	67.00
68.00	06800 SPEECH PATHOLOGY	0.665597	95,270	63,411	68.00
69.00	06900 ELECTROCARDIOLOGY	0.194656	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.286775	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.458277	6,388	2,927	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.552890	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.345194	107,856	37,231	73.00
74.00	07400 RENAL DIALYSIS	0.313292	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.657104	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.585287	0	0	90.00
90.01	09001 DIABETES CENTER	1.839953	0	0	90.01
90.02	09002 NEUROPSYCH	1.023740	3,921	4,014	90.02
90.03	09003 WOUND CENTER	0.250000	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.487492	0	0	90.04
90.05	09005 VIMCARE CLINIC	1.633817	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.626429	0	0	90.06
91.00	09100 EMERGENCY	0.210603	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.375692	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		704,988	321,737	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		704,988		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/14/2021 10:20 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)		20,258,444	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,937,155	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)		402,356	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		115,612	2.04
3.00	Managed Care Simulated Payments		9,189,464	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		220.53	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.94	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.99	31.00
32.00	Sum of lines 30 and 31		28.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.08	33.00
34.00	Disproportionate share adjustment (see instructions)		987,396	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/14/2021 10:20 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000405768	0.000246488	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,388,407	2,043,392	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,536,677	515,047	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,051,724		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	34,752,687		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)		34,752,687	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,555,076	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		116,958	53.00
54.00	Special add-on payments for new technologies		809	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		190,297	58.00
59.00	Total (sum of amounts on lines 49 through 58)		37,615,827	59.00
60.00	Primary payer payments		47,882	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,567,945	61.00
62.00	Deductibles billed to program beneficiaries		3,036,044	62.00
63.00	Coinurance billed to program beneficiaries		20,768	63.00
64.00	Allowable bad debts (see instructions)		326,532	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		212,246	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		155,815	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,723,379	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		3,725	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-12,678	70.93
70.94	HRR adjustment amount (see instructions)		-3,977	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/14/2021 10:20 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	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)			365,931	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			34,337,068	71.00
71.01	Sequestration adjustment (see instructions)			226,625	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			33,437,903	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)			672,540	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			1,095,763	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)				90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		1.0005262539	0.9980916793	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.9985	1.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/14/2021 10:20 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		33,824	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		33,660,797	2.00
3.00	OPPS payments		26,334,640	3.00
4.00	Outlier payment (see instructions)		270,069	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		461,407	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		33,824	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		102,396	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)		102,396	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		102,396	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		68,572	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)		33,824	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)		27,066,116	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		10	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,014,513	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)		22,085,417	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)		22,085,417	30.00
31.00	Primary payer payments		4,220	31.00
32.00	Subtotal (line 30 minus line 31)		22,081,197	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)		565,673	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		367,687	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		323,285	36.00
37.00	Subtotal (see instructions)		22,448,884	37.00
38.00	MSP-LCC reconciliation amount from PS&R		36	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)		22,448,848	40.00
40.01	Sequestration adjustment (see instructions)		148,162	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		22,259,017	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)		41,669	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		401,157	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: 15-0112

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

Worksheet E-1
Part I
Date/Time Prepared:
7/14/2021 10:20 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		33,437,903		22,259,017	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)		33,437,903		22,259,017	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		672,540		41,669	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		34,110,443		22,300,686	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: 15-0112
Component CCN: 15-T112

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

Worksheet E-1
Part I
Date/Time Prepared:
7/14/2021 10:20 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				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		4,359,306		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)		4,359,306		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		55,970		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,415,276		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: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/14/2021 10:20 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 IPSS & 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: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/14/2021 10:20 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,997,428 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0494 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			215,461 3.00
4.00	Outlier Payments			268,107 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)			10.142077 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)			4,480,996 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)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,480,996 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,480,996 19.00
20.00	Deductibles			15,400 20.00
21.00	Subtotal (line 19 minus line 20)			4,465,596 21.00
22.00	Coinurance			30,932 22.00
23.00	Subtotal (line 21 minus line 22)			4,434,664 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,816 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,830 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,816 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,436,494 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)			8,116 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)			4,444,610 32.00
32.01	Sequestration adjustment (see instructions)			29,334 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,359,306 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)			55,970 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			22,411 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			268,107 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: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/14/2021 10:20 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			20,165,958	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	20,165,958	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	20,165,958	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		23,242,874	67,592,368	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)		23,242,874	67,592,368	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)		23,242,874	67,592,368	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		23,242,874	47,426,410	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	20,165,958	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		57,644	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		57,644	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)		57,644	20,165,958	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)		57,644	20,165,958	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		57,644	20,165,958	36.00
37.00	TO ZERO OUT MEDICAID		-57,644	-20,165,958	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/14/2021 10:20 am	
		Title XIX	Subprovider - IRF	Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital /SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		704,988	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)		704,988	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)		704,988	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		704,988	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	TO ZERO OUT MEDICAID		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0112

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

Worksheet G
Date/Time Prepared:
7/14/2021 10:20 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	63,987,313	0	0	0	1.00
2.00	Temporary investments	205,344	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	65,159,417	0	0	0	4.00
5.00	Other receivable	1,493,061	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-27,511,138	0	0	0	6.00
7.00	Inventory	5,146,033	0	0	0	7.00
8.00	Prepaid expenses	4,791,676	0	0	0	8.00
9.00	Other current assets	2,337,183	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)	115,608,889	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,979,352	0	0	0	12.00
13.00	Land improvements	21,020,698	0	0	0	13.00
14.00	Accumulated depreciation	-12,781,806	0	0	0	14.00
15.00	Buildings	209,670,998	0	0	0	15.00
16.00	Accumulated depreciation	-146,316,121	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	9,579,495	0	0	0	19.00
20.00	Accumulated depreciation	-8,098,184	0	0	0	20.00
21.00	Automobiles and trucks	1,989,986	0	0	0	21.00
22.00	Accumulated depreciation	-1,622,673	0	0	0	22.00
23.00	Major movable equipment	168,877,699	0	0	0	23.00
24.00	Accumulated depreciation	-113,259,391	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)	131,040,053	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	185,118,809	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	7,654,044	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	192,772,853	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	439,421,795	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,643,222	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,906,906	0	0	0	38.00
39.00	Payroll taxes payable	2,647,692	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,185,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	12,186,276	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,253,772	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	51,822,868	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	35,485,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	272,955	0	0	0	48.00
49.00	Other long term liabilities	21,946,267	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	57,704,222	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	109,527,090	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	329,894,705				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)	329,894,705	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	439,421,795	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0112

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

Worksheet G-1

Date/Time Prepared:
7/14/2021 10:20 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		316,219,255			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		57,024,370				2.00
3.00	Total (sum of line 1 and line 2)		373,243,625			0	3.00
4.00	NURSING HOME CONTRIBUTIONS	7,691,498		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		7,691,498			0	10.00
11.00	Subtotal (line 3 plus line 10)		380,935,123			0	11.00
12.00	EQUITY TRANSFERS TO WHOLLY OWNED SUB	51,040,418		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		51,040,418			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		329,894,705			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	NURSING HOME CONTRIBUTIONS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	EQUITY TRANSFERS TO WHOLLY OWNED SUB		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0112

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/14/2021 10:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	65,374,236		65,374,236	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	7,394,817		7,394,817	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	72,769,053		72,769,053	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,050,245		15,050,245	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	15,050,245		15,050,245	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	87,819,298		87,819,298	17.00
18.00	Ancillary services	156,046,207	362,205,790	518,251,997	18.00
19.00	Outpatient services	19,691,867	52,959,102	72,650,969	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	5,776	12,423,931	12,429,707	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	LEVEL II NURSERY	2,861,947	0	2,861,947	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	266,425,095	427,588,823	694,013,918	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		277,335,947		29.00
30.00	PROVISION FOR BAD DEBT	3,978,427			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)		3,978,427		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)		281,314,374		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0112

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

Worksheet G-3

Date/Time Prepared:
7/14/2021 10:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	694,013,918	1.00
2.00	Less contractual allowances and discounts on patients' accounts	401,062,861	2.00
3.00	Net patient revenues (line 1 minus line 2)	292,951,057	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	281,314,374	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,636,683	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	610,376	6.00
7.00	Income from investments	11,517,185	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	58,674	10.00
11.00	Rebates and refunds of expenses	105,828	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	589,636	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	34,325	17.00
18.00	Revenue from sale of medical records and abstracts	3,149	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	25,348	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	139,711	22.00
23.00	Governmental appropriations	730,402	23.00
24.00	UNREALIZED INVESTMENT INCOME	16,129,249	24.00
24.01	JV INCOME	87,753	24.01
24.02	WELNESS REVENUE	585,055	24.02
24.03	CRHP REVENUE	4,038,993	24.03
24.04	OTHER OPERATING REVENUE	472,453	24.04
24.50	COVID-19 PHE Funding	10,501,585	24.50
24.51	FEMA GRANT FUNDING	552,836	24.51
24.52	GAIN ON INVESTMENT INCOME	204,051	24.52
25.00	Total other income (sum of lines 6-24)	46,386,609	25.00
26.00	Total (line 5 plus line 25)	58,023,292	26.00
27.00	LOSS ON DISPOSAL	265,131	27.00
27.01	OTHER NON-OPERATING EXPENSES	733,791	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	998,922	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	57,024,370	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0112	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/14/2021 10:20 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,330,481	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		83,834	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)		80.06	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)		4.94	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.99	8.00
9.00	Sum of lines 7 and 8		28.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.04	10.00
11.00	Disproportionate share adjustment (see instructions)		140,761	11.00
12.00	Total prospective capital payments (see instructions)		2,555,076	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