

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: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/29/2021 1:27 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 7/29/2021 Time: 1:27 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH- DYER (15-0090) 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)

_____ CHIEF FINANCIAL OFFICER
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	26,206	-100,301	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	19,158	75		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
200.00 Total	0	45,364	-100,226	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: 15-0090		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:27 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 46311-1799 County: LAKE					
1.00 Street: 24 JOLIET STREET		2.00 City: DYER									
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
3.00 Hospital and Hospital-Based Component Identification:											
3.00	Hospital	FRANCISCAN HEALTH- DYER	150090	23844	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF	FRANCISCAN HEALTH - DYER -REHAB	15T090	23844	5	01/01/2002	N	P	T	5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF									7.00	
8.00	Swing Beds - NF									8.00	
9.00	Hospital-Based SNF									9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA									12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice									14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
					From:		To:				
					1.00		2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)				01/01/2020		12/31/2020			20.00	
21.00	Type of Control (see instructions)				1					21.00	
					1.00	2.00	3.00				
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.				51	0	1,395	272	1,632	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090			Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:27 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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	20	0	67	596		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	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.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				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.					N			60.00

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	6.00	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)	INTERN MEDICINE	3900	0.00	0.37	0.000000		67.00
				1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		0		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0		71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			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

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					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. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:27 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	708,263	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.	Y	5.04	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	158014	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:27 pm							
1.00		2.00		3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101				141.00					
142.00	Street: 1515 DRAGOON TRAIL	PO Box: -						142.00					
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546				143.00					
144.00 Are provider based physicians' costs included in Worksheet A?													
Y								144.00					
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								145.00					
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00					
N								146.00					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								147.00					
N								147.00					
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								148.00					
N								148.00					
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								149.00					
N								149.00					
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital	N		N		N		N		155.00			
156.00	Subprovider - IPF	N		N		N		N		156.00			
157.00	Subprovider - IRF	N		N		N		N		157.00			
158.00	SUBPROVIDER	N		N		N		N		158.00			
159.00	SNF	N		N		N		N		159.00			
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00			
161.00	CMHC	N		N		N		N		161.00			
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		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											166.00	
												0.00	
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)													
168.01 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)													
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			
								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)											171.00	
								N					

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0090		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 1:27 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/20/2021			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/07/2021	Y	04/07/2021		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: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 1:27 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		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		N		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.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		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.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		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.	GLENN	JOHNSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	541-290-2515	GLENN.JOHNSON@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 1:27 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:27 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	90	32,879	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)		90	32,879	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	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						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		104	38,003	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,980		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		134				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: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:27 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,303	1,575	18,640			1.00
2.00 HMO and other (see instructions)	4,482	1,632				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	1,157	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)	8,303	1,575	18,640			7.00
8.00 INTENSIVE CARE UNIT	1,026	143	2,847			8.00
9.00 CORONARY CARE UNIT	0	0	0			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		0	0			13.00
14.00 Total (see instructions)	9,329	1,718	21,487	7.01	794.76	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	4,705	683	7,652	0.00	74.49	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				7.01	869.25	27.00
28.00 Observation Bed Days		597	3,525			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	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: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:27 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,805	364	4,194	1.00
2.00	HMO and other (see instructions)			650	257		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				43		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,805	364	4,194	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	364	43	601	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

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

Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 1:27 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	69,190,683	0	69,190,683	1,863,072.11	37.14
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,010,717	0	1,010,717	20,716.00	48.79
8.00	Home office and/or related organization personnel		9,562,120	0	9,562,120	249,338.00	38.35
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,962,959	521	10,963,480	332,049.00	33.02
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,732,734	0	1,732,734	29,670.00	58.40
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		257,110	0	257,110	1,987.00	129.40
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		8,271,313	0	8,271,313	215,666.00	38.35
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,663,435	0	14,663,435		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,927,936	0	2,927,936		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,077,167	0	3,077,167		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

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

Worksheet S-3
Part II
Date/Time Prepared:
7/29/2021 1:27 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,109,786	0	1,109,786	15,629.00	71.01	26.00
27.00	Administrative & General	16,043,196	-47,176	15,996,020	153,439.00	104.25	27.00
28.00	Administrative & General under contract (see inst.)	472,282	0	472,282	3,921.00	120.45	28.00
29.00	Maintenance & Repairs	637,390	0	637,390	15,216.00	41.89	29.00
30.00	Operation of Plant	1,123,183	0	1,123,183	79,545.00	14.12	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,409,917	0	1,409,917	82,576.00	17.07	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	995,264	-508,178	487,086	25,303.75	19.25	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	508,178	508,178	26,399.00	19.25	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,640,926	0	1,640,926	36,195.00	45.34	38.00
39.00	Central Services and Supply	219,117	0	219,117	9,591.00	22.85	39.00
40.00	Pharmacy	1,905,293	0	1,905,293	37,659.00	50.59	40.00
41.00	Medical Records & Medical Records Library	210,559	0	210,559	5,872.00	35.86	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: 15-0090

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

Worksheet S-3
Part III
Date/Time Prepared:
7/29/2021 1:27 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	59,090,128	0	59,090,128	1,596,939.11	37.00	1.00
2.00	Excluded area salaries (see instructions)	10,962,959	521	10,963,480	332,049.00	33.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,127,169	-521	48,126,648	1,264,890.11	38.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,261,157	0	10,261,157	247,323.00	41.49	4.00
5.00	Subtotal wage-related costs (see inst.)	17,740,602	0	17,740,602	0.00	36.86	5.00
6.00	Total (sum of lines 3 thru 5)	76,128,928	-521	76,128,407	1,512,213.11	50.34	6.00
7.00	Total overhead cost (see instructions)	25,766,913	-47,176	25,719,737	491,345.75	52.35	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/29/2021 1:27 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,336,060	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)		5,085,656	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		6,101,609	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		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		31,297	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)		141,785	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		713,415	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		4,058,946	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		76,132	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		46,673	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		17,591,573	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: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 7/29/2021 1:27 pm
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		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/29/2021 1:27 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.265963	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			8,410,268	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			80,286,497	6.00	
7.00	Medicaid cost (line 1 times line 6)			21,353,238	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)			12,942,970	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)			12,942,970	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)	14,386,697	2,548,224	16,934,921	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,826,329	2,548,224	6,374,553	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	3,826,329	2,548,224	6,374,553	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)			5,892,596	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			415,119	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			638,644	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			5,253,952	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,620,882	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,995,435	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,938,405	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/29/2021 1:27 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		10,504,031	10,504,031	-4,886,364	5,617,667	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	4,192,930	4,192,930	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,109,786	176,690	1,286,476	0	1,286,476	4.00
5.04 00593 OTHER ADMINISTRATIVE AND GENERAL	16,043,196	15,497,443	31,540,639	-3,350,834	28,189,805	5.04
6.00 00600 MAINTENANCE & REPAIRS	637,390	2,021,457	2,658,847	0	2,658,847	6.00
7.00 00700 OPERATION OF PLANT	1,123,183	5,744,062	6,867,245	0	6,867,245	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	263,077	263,077	0	263,077	8.00
9.00 00900 HOUSEKEEPING	1,409,917	828,036	2,237,953	0	2,237,953	9.00
10.00 01000 DIETARY	995,264	828,063	1,823,327	-930,984	892,343	10.00
11.00 01100 CAFETERIA	0	0	0	930,984	930,984	11.00
13.00 01300 NURSING ADMINISTRATION	1,640,926	1,106,106	2,747,032	-96,495	2,650,537	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	219,117	304,194	523,311	-89,011	434,300	14.00
15.00 01500 PHARMACY	1,905,293	6,463,110	8,368,403	-4,477,518	3,890,885	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	210,559	109,609	320,168	0	320,168	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	4	4	867,234	867,238	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,550,369	4,969,595	15,519,964	-763,222	14,756,742	30.00
31.00 03100 INTENSIVE CARE UNIT	2,117,932	1,609,495	3,727,427	-329,933	3,397,494	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00 04100 SUBPROVIDER - IRF	2,861,057	1,120,402	3,981,459	-164,436	3,817,023	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,337,906	7,259,670	8,597,576	-6,014,224	2,583,352	50.00
50.01 05001 OUTPATIENT SURGERY	903,128	771,278	1,674,406	-433,583	1,240,823	50.01
51.00 05100 RECOVERY ROOM	295,210	151,448	446,658	-7,759	438,899	51.00
53.00 05300 ANESTHESIOLOGY	36,817	3,015,378	3,052,195	-207,600	2,844,595	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,382,890	1,155,839	2,538,729	-72,914	2,465,815	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	388,650	431,488	820,138	-265,521	554,617	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	311,073	343,297	654,370	-162,497	491,873	56.00
60.00 06000 LABORATORY	0	6,310,591	6,310,591	-739	6,309,852	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	347,805	347,805	-313,082	34,723	63.00
65.00 06500 RESPIRATORY THERAPY	891,681	1,851,802	2,743,483	-176,421	2,567,062	65.00
66.00 06600 PHYSICAL THERAPY	3,089,274	7,001,110	10,090,384	-19,406	10,070,978	66.00
67.00 06700 OCCUPATIONAL THERAPY	541,851	194,126	735,977	-7,225	728,752	67.00
68.00 06800 SPEECH PATHOLOGY	313,746	202,940	516,686	-93,755	422,931	68.00
69.00 06900 ELECTROCARDIOLOGY	714,455	340,168	1,054,623	-8,884	1,045,739	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	123,477	94,184	217,661	-6,757	210,904	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,477,934	6,477,934	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,013,060	8,013,060	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	4,759,714	4,759,714	73.00
76.00 03630 ULTRA SOUND	399,818	244,141	643,959	-14,422	629,537	76.00
76.01 03951 PAIN CLINIC	533,347	310,980	844,327	-64,154	780,173	76.01
76.02 03952 CATH LAB	1,107,858	5,219,984	6,327,842	-4,616,221	1,711,621	76.02
76.03 03953 ACTIVITY THERAPEUTIC	2,229,031	801,137	3,030,168	-858	3,029,310	76.03
76.04 03954 WOUND CARE CENTER	310,155	283,367	593,522	-157,045	436,477	76.04
76.05 03340 BARIATRIC CLINIC	451,743	336,336	788,079	-5,773	782,306	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	106,102	28,402	134,504	0	134,504	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09 03956 LACTATION CLINIC	0	0	0	0	0	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12 03959 ANTI COAGULATION CLINIC	409,925	201,261	611,186	-31,262	579,924	76.12
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	4,386,655	1,866,909	6,253,564	-679,992	5,573,572	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE		99,184	99,184	3,206,514	3,305,698	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			-521	151,496,459	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,186	57,293	79,479	0	79,479	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,772,927	1,655,713	7,428,640	521	7,429,161	192.00
192.01 19201 WORKING WELL	0	110	110	0	110	192.01
194.00 07950 RESIDENTIAL	2,306,789	1,212,750	3,519,539	0	3,519,539	194.00
194.01 07951 OMNI	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	0	0	0	0	194.02
194.03 07953 CENTER OF HOPE	0	5,584	5,584	0	5,584	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0090		Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/29/2021 1:27 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118 through 199)	69,190,683	93,339,649	162,530,332	0	162,530,332	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0090

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

Worksheet A
Date/Time Prepared:
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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	-1,418,687	4,198,980	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,192,930	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,431,454	2,717,930	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	1,457,707	29,647,512	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	2,658,847	6.00
7.00	00700	OPERATION OF PLANT	0	6,867,245	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	263,077	8.00
9.00	00900	HOUSEKEEPING	0	2,237,953	9.00
10.00	01000	DIETARY	-17,366	874,977	10.00
11.00	01100	CAFETERIA	-311,430	619,554	11.00
13.00	01300	NURSING ADMINISTRATION	-53,265	2,597,272	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-216,796	217,504	14.00
15.00	01500	PHARMACY	-741,471	3,149,414	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	685,739	1,005,907	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-306,472	560,766	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-208,289	14,548,453	30.00
31.00	03100	INTENSIVE CARE UNIT	-25,908	3,371,586	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	1,208,001	5,025,024	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-637,891	1,945,461	50.00
50.01	05001	OUTPATIENT SURGERY	-5,560	1,235,263	50.01
51.00	05100	RECOVERY ROOM	-4,368	434,531	51.00
53.00	05300	ANESTHESIOLOGY	-5,848	2,838,747	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-186,039	2,279,776	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	-32,133	522,484	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-7,178	484,695	56.00
60.00	06000	LABORATORY	-883,818	5,426,034	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-31,125	3,598	63.00
65.00	06500	RESPIRATORY THERAPY	-412,949	2,154,113	65.00
66.00	06600	PHYSICAL THERAPY	-1,295,614	8,775,364	66.00
67.00	06700	OCCUPATIONAL THERAPY	-4,137	724,615	67.00
68.00	06800	SPEECH PATHOLOGY	-2,996	419,935	68.00
69.00	06900	ELECTROCARDIOLOGY	-24,803	1,020,936	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-5,199	205,705	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,477,934	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,013,060	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,759,714	73.00
76.00	03630	ULTRA SOUND	-43,203	586,334	76.00
76.01	03951	PAIN CLINIC	0	780,173	76.01
76.02	03952	CATH LAB	-49,289	1,662,332	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	3,029,310	76.03
76.04	03954	WOUND CARE CENTER	-926	435,551	76.04
76.05	03340	BARITRIC CLINIC	-45,263	737,043	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	134,504	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	-2,082	577,842	76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-56,724	5,516,848	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-3,305,698	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-5,559,626	145,936,833	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	79,479	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,429,161	192.00
192.01	19201	WORKING WELL	0	110	192.01
194.00	07950	RESIDENTIAL	0	3,519,539	194.00
194.01	07951	OMNI	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	194.02
194.03	07953	CENTER OF HOPE	0	5,584	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-5,559,626	156,970,706	200.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,192,930	1.00
	TOTALS		0	4,192,930	
B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	371,976	1.00
2.00	INTEREST EXPENSE	113.00	0	3,578,670	2.00
	TOTALS		0	3,950,646	
C - CAFETERIA					
1.00	CAFETERIA	11.00	508,178	422,806	1.00
	TOTALS		508,178	422,806	
D - INSURANCE EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,065,410	1.00
	TOTALS		0	1,065,410	
E - PATIENT TRANSPORT					
1.00	ADULTS & PEDIATRICS	30.00	17,949	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	100,145	0	2.00
3.00	RADIO SOTOPE	56.00	30,435	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	7,021	0	4.00
5.00	ULTRA SOUND	76.00	12,486	0	5.00
6.00	CATH LAB	76.02	6,630	0	6.00
7.00	EMERGENCY	91.00	11,144	0	7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	521	0	8.00
	TOTALS		186,331	0	
F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,490,994	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
	TOTALS		0	14,490,994	
G - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,759,714	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00

Provider CCN: 15-0090

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

Worksheet A-6
Date/Time Prepared:
7/29/2021 1:27 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	TOTALS		0	4,759,714	
H - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	47,176	820,062	1.00
2.00		0.00	0	0	2.00
	TOTALS		47,176	820,062	
J - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,013,060	1.00
	TOTALS		0	8,013,060	
500.00	Grand Total: Increases		741,685	37,715,622	500.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6
Date/Time Prepared:
7/29/2021 1:27 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,192,930	9		1.00
	TOTALS		0	4,192,930			
B - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	371,976	11		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,578,670	0		2.00
	TOTALS		0	3,950,646			
C - CAFETERIA							
1.00	DIETARY	10.00	508,178	422,806	0		1.00
	TOTALS		508,178	422,806			
D - INSURANCE EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,065,410	9		1.00
	TOTALS		0	1,065,410			
E - PATIENT TRANSPORT							
1.00	EMERGENCY	91.00	186,331	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
	TOTALS		186,331	0			
F - CHARGEABLE SUPPLIES							
1.00	NURSING ADMINISTRATION	13.00	0	96,495	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	88,335	0		2.00
3.00	PHARMACY	15.00	0	17,953	0		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	775,012	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	304,698	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	161,839	0		7.00
8.00	OPERATING ROOM	50.00	0	6,014,221	0		8.00
9.00	OUTPATIENT SURGERY	50.01	0	428,548	0		9.00
10.00	RECOVERY ROOM	51.00	0	7,740	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	165,968	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	169,056	0		12.00
13.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	265,344	0		13.00
14.00	RADIOISOTOPE	56.00	0	3,699	0		14.00
15.00	LABORATORY	60.00	0	739	0		15.00
16.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	313,082	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	174,947	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	19,384	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	7,225	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	93,687	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	14,016	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,757	0		22.00
23.00	ULTRA SOUND	76.00	0	26,908	0		23.00
24.00	PAIN CLINIC	76.01	0	64,146	0		24.00
25.00	CATH LAB	76.02	0	4,622,833	0		25.00
26.00	ACTIVITY THERAPEUTIC	76.03	0	858	0		26.00
27.00	WOUND CARE CENTER	76.04	0	143,452	0		27.00
28.00	BARITRIC CLINIC	76.05	0	3,969	0		28.00
29.00	ANTI COAGULATION CLINIC	76.12	0	31,262	0		29.00
30.00	EMERGENCY	91.00	0	468,637	0		30.00
31.00	INTEREST EXPENSE	113.00	0	180	0		31.00
	TOTALS		0	14,490,994			
G - DRUGS CHARGED TO PATIENTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	676	0		1.00
2.00	PHARMACY	15.00	0	4,459,565	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	6,159	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	25,235	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	2,597	0		5.00
6.00	OPERATING ROOM	50.00	0	3	0		6.00
7.00	OUTPATIENT SURGERY	50.01	0	5,035	0		7.00
8.00	RECOVERY ROOM	51.00	0	19	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	41,632	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,003	0		10.00
11.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	177	0		11.00
12.00	RADIOISOTOPE	56.00	0	189,233	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	1,474	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	22	0		14.00

Provider CCN: 15-0090

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

Worksheet A-6

Date/Time Prepared:
7/29/2021 1:27 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
15.00	SPEECH PATHOLOGY	68.00	0	68	0		15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	1,889	0		16.00	
17.00	PAIN CLINIC	76.01	0	8	0		17.00	
18.00	CATH LAB	76.02	0	18	0		18.00	
19.00	WOUND CARE CENTER	76.04	0	13,593	0		19.00	
20.00	BARITRICAL CLINIC	76.05	0	1,804	0		20.00	
21.00	EMERGENCY	91.00	0	6,504	0		21.00	
	TOTALS		0	4,759,714				
H - INTERNS AND RESIDENTS								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	47,176	790,398	0		1.00	
2.00	EMERGENCY	91.00	0	29,664	0		2.00	
	TOTALS		47,176	820,062				
J - IMPLANTABLE DEVICES								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,013,060	0		1.00	
	TOTALS		0	8,013,060				
500.00	Grand Total: Decreases		741,685	37,715,622			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part I
Date/Time Prepared:
7/29/2021 1:27 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	346,472	0	0	0	0	1.00
2.00	Land Improvements	9,701,677	0	0	0	0	2.00
3.00	Buildings and Fixtures	68,407,983	0	0	0	55,460	3.00
4.00	Building Improvements	178,989	0	0	0	0	4.00
5.00	Fixed Equipment	164,422,783	4,314,794	0	4,314,794	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	243,057,904	4,314,794	0	4,314,794	55,460	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	243,057,904	4,314,794	0	4,314,794	55,460	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	346,472	0				1.00
2.00	Land Improvements	9,701,677	4,256,005				2.00
3.00	Buildings and Fixtures	68,352,523	32,948,852				3.00
4.00	Building Improvements	178,989	2,893				4.00
5.00	Fixed Equipment	168,737,577	32,681,715				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	247,317,238	69,889,465				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	247,317,238	69,889,465				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part II
Date/Time Prepared:
7/29/2021 1:27 pm

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	10,504,031	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)	10,504,031	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	10,504,031				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	10,504,031				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part III
Date/Time Prepared:
7/29/2021 1:27 pm

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	4,931,099	0	4,931,099	0.540897	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,185,420	0	4,185,420	0.459103	0	2.00
3.00	Total (sum of lines 1-2)	9,116,519	0	9,116,519	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	3,827,004	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,192,930	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,019,934	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	371,976	0	0	0	4,198,980	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,192,930	2.00
3.00	Total (sum of lines 1-2)	371,976	0	0	0	8,391,910	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0090

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

Worksheet A-8

Date/Time Prepared:
7/29/2021 1:27 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				3.00	4.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	0	0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-97,716	0	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-591,972	0			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	127,735	0			0	12.00
13.00	Laundry and linen service		0	0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-311,430	0	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00	Vending machines	B	-13,012	0	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0	0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 RENTAL INCOME	B	-7,810	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 33.00
34.00 MISC INCOME	B	-9,491	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 34.00
35.00 DIETETIC INSTRUCTION	B	-1,120	DIETARY	10.00	0 35.00
36.00 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 36.00
37.00 ADVERTISING EXPENSE	A	-333	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 37.00
38.00 MISCELLANEOUS - OTHER OPERATING	B	-501	RADIOLOGY-DIAGNOSTIC	54.00	0 38.00
40.00 MISCELLANEOUS - OTHER OPERATING	B	-11,089	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 40.00
41.00 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 41.00
42.00 PROGRAM FEES	B	-6,918	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 42.00
43.00 UNECESSARY BORROWING	A	-663,214	INTEREST EXPENSE	113.00	0 43.00
44.00 LOBBYING EXPENSE	A	-3,377	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 44.00
45.00 DISCOUNTS EARNED/REBATES	B	-3,234	DIETARY	10.00	0 45.00
46.00 PENSION ADJUSTMENT	A	1,431,454	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.00
47.00 DISCOUNTS EARNED/REBATES	B	-13	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 47.00
48.00 DISCOUNTS EARNED/REBATES	B	-119,080	CENTRAL SERVICES & SUPPLY	14.00	0 48.00
49.00 DISCOUNTS EARNED/REBATES	B	-155,294	PHARMACY	15.00	0 49.00
49.01 DISCOUNTS EARNED/REBATES	B	-339,580	OPERATING ROOM	50.00	0 49.01
49.02 DISCOUNTS EARNED/REBATES	B	-25,543	RADIOLOGY-DIAGNOSTIC	54.00	0 49.02
49.03 DISCOUNTS EARNED/REBATES	B	-7,184	LABORATORY	60.00	0 49.03
49.04 DISCOUNTS EARNED/REBATES	B	-6,615	RESPIRATORY THERAPY	65.00	0 49.04
49.05 DISCOUNTS EARNED/REBATES	B	-7,591	PHYSICAL THERAPY	66.00	0 49.05
49.06 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 49.06
49.07 DIETETIC INSTRUCTION	B	-35,359	BIATRICAL CLINIC	76.05	0 49.07
49.08 PODIATRIC RESIDENT COORDINATOR	A	-306,472	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 49.08
49.09 HAF FEES	A	-4,209,161	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.09
49.10 PROPERTY TAX	A	-101,165	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.10
49.11 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 49.11
49.12 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 49.12
49.13 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 49.13
49.14 PROGRAM FEES	B	-4,665	PHYSICAL THERAPY	66.00	0 49.14
49.15 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 49.15
49.16 CONTRACT REVENUE	B	-23,951	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.16
49.17 PROGRAM FEES	B	-17,356	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.17
49.18 DISCOUNTS EARNED REBATES	B	-35,641	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.18
49.19 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 49.19
49.20 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 49.20
49.21 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 49.21
49.22 MISC - OTHER OPERATING	A	-2,928	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.22
49.23 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 49.23
49.24 OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0 49.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,559,626			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0090

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

Worksheet A-8

Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

(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: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 1:27 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	113.00	INTEREST EXPENSE	INTEREST	936,186	3,578,670 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1,153,589	2,572,276 2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GEN	A&G	13,857,737	16,575,346 3.00
4.00	15.00	PHARMACY	COVP / PHARMACY	308,719	0 4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	HIM	685,739	0 4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GEN	ELIMINATIONS	0	-8,707,447 4.02
4.03	14.00	CENTRAL SERVICES & SUPPLY	SPD	1	1 4.03
4.04	15.00	PHARMACY	PHARMACY	147,518	1,042,414 4.04
4.05	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	0	203,448 4.05
4.06	41.00	SUBPROVIDER - IRF	REHABILITATION	1	1 4.06
4.07	50.00	OPERATING ROOM	OPERATING ROOM	5,735	34,297 4.07
4.08	50.00	OPERATING ROOM	ORTHOPEDECS	94	563 4.08
4.09	50.01	OUTPATIENT SURGERY	ENDOSCOPY	10,697	11,880 4.09
4.10	51.00	RECOVERY ROOM	RECOVERY	1,091	5,459 4.10
4.11	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	5,017	10,865 4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTIC	29,816	86,508 4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	COMPUTED TOMOGRAPHY	37,308	108,245 4.13
4.14	54.00	RADIOLOGY-DIAGNOSTIC	MRI	17,022	49,388 4.14
4.15	54.01	RADIOLOGY-SPECIAL PROCEDURES	RADIOLOGY-SPECIAL PROCEDURES	5,911	38,044 4.15
4.16	55.00	RADIOLOGY-THERAPEUTIC	RADIATION ONCOLOGY	1	1 4.16
4.17	60.00	LABORATORY	CHEMISTRY	153,220	1,020,556 4.17
4.18	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	1,084	32,209 4.18
4.19	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	233,506	636,660 4.19
4.20	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	1	1 4.20
4.21	66.00	PHYSICAL THERAPY	REHAB UNIT THERAPY	4,036,634	5,319,992 4.21
4.22	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	1,453	5,590 4.22
4.23	68.00	SPEECH PATHOLOGY	SPEECH THERAPY	1,310	4,306 4.23
4.24	69.00	ELECTROCARDIOLOGY	NON INVASIVE VASCULAR	2,500	27,303 4.24
4.25	69.00	ELECTROCARDIOLOGY	CARDIAC REHAB	1	1 4.25
4.26	70.00	ELECTROENCEPHALOGRAPHY	NEURO DIAGNOSTICS	6,440	11,639 4.26
4.27	76.00	ULTRA SOUND	ULTRASOUND	5,433	48,636 4.27
4.28	56.00	RADIOISOTOPE	NUCLEAR MEDICINE	2,267	9,445 4.28
4.29	91.00	EMERGENCY	ER	1	1 4.29
4.30	41.00	SUBPROVIDER - IRF	REHAB UNIT OVERHEAD	1,208,001	0 4.30
4.31	0.00			0	0 4.31
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,854,033	22,726,298 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

Provider CCN: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 1:27 pm

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

(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: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 1:27 pm

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

(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: 15-0090

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

Worksheet A-8-2

Date/Time Prepared:
7/29/2021 1:27 pm

	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	5.04	OTHER ADMINISTRATIVE AND GENERAL	104,132	102,500	1,632	197,500	13	1.00
2.00	13.00	NURSING ADMINISTRATION	60,861	49,696	11,165	197,500	80	2.00
3.00	30.00	ADULTS & PEDIATRICS	20,318	0	20,318	197,500	163	3.00
4.00	31.00	INTENSIVE CARE UNIT	73,669	4,206	69,463	197,500	503	4.00
5.00	50.00	OPERATING ROOM	269,280	269,280	0	0	0	5.00
6.00	50.01	OUTPATIENT SURGERY	18,000	3,600	14,400	246,400	115	6.00
7.00	60.00	LABORATORY	38,733	0	38,733	197,500	310	7.00
8.00	65.00	RESPIRATORY THERAPY	8,592	1,442	7,150	197,500	57	8.00
9.00	76.02	CATH LAB	66,000	44,000	22,000	197,500	176	9.00
10.00	76.05	BARIATRIC CLINIC	17,500	7,500	10,000	197,500	80	10.00
11.00	76.04	WOUND CARE CENTER	3,490	80	3,410	197,500	27	11.00
12.00	76.12	ANTI COAGULATION CLINIC	5,500	1,000	4,500	197,500	36	12.00
13.00	91.00	EMERGENCY	103,630	41,884	61,746	197,500	494	13.00
200.00			789,705	525,188	264,517		2,054	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	1,234	62	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	7,596	380	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	15,477	774	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	47,761	2,388	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	50.01	OUTPATIENT SURGERY	13,623	681	0	0	0	6.00
7.00	60.00	LABORATORY	29,435	1,472	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	5,412	271	0	0	0	8.00
9.00	76.02	CATH LAB	16,711	836	0	0	0	9.00
10.00	76.05	BARIATRIC CLINIC	7,596	380	0	0	0	10.00
11.00	76.04	WOUND CARE CENTER	2,564	128	0	0	0	11.00
12.00	76.12	ANTI COAGULATION CLINIC	3,418	171	0	0	0	12.00
13.00	91.00	EMERGENCY	46,906	2,345	0	0	0	13.00
200.00			197,733	9,888	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	1,234	398	102,898		1.00
2.00	13.00	NURSING ADMINISTRATION	0	7,596	3,569	53,265		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	15,477	4,841	4,841		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	47,761	21,702	25,908		4.00
5.00	50.00	OPERATING ROOM	0	0	0	269,280		5.00
6.00	50.01	OUTPATIENT SURGERY	0	13,623	777	4,377		6.00
7.00	60.00	LABORATORY	0	29,435	9,298	9,298		7.00
8.00	65.00	RESPIRATORY THERAPY	0	5,412	1,738	3,180		8.00
9.00	76.02	CATH LAB	0	16,711	5,289	49,289		9.00
10.00	76.05	BARIATRIC CLINIC	0	7,596	2,404	9,904		10.00
11.00	76.04	WOUND CARE CENTER	0	2,564	846	926		11.00
12.00	76.12	ANTI COAGULATION CLINIC	0	3,418	1,082	2,082		12.00
13.00	91.00	EMERGENCY	0	46,906	14,840	56,724		13.00
200.00			0	197,733	66,784	591,972		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,198,980	4,198,980			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,192,930		4,192,930		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,717,930	17,334	18,714	2,753,978	4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL	29,647,512	313,231	144,948	647,039	30,752,730 5.04
6.00 00600	MAINTENANCE & REPAIRS	2,658,847	633,796	90,038	25,784	3,408,465 6.00
7.00 00700	OPERATION OF PLANT	6,867,245	179,735	9,502	45,435	7,101,917 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	263,077	0	0	0	263,077 8.00
9.00 00900	HOUSEKEEPING	2,237,953	48,076	4,408	57,034	2,347,471 9.00
10.00 01000	DIETARY	874,977	42,411	17,041	19,704	954,133 10.00
11.00 01100	CAFETERIA	619,554	61,226	0	20,557	701,337 11.00
13.00 01300	NURSING ADMINISTRATION	2,597,272	6,477	88,837	66,379	2,758,965 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	217,504	54,606	61,981	8,864	342,955 14.00
15.00 01500	PHARMACY	3,149,414	30,484	4,268	77,073	3,261,239 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,005,907	43,589	344	8,518	1,058,358 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	560,766	0	0	1,908	562,674 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,548,453	707,611	346,418	427,510	16,029,992 30.00
31.00 03100	INTENSIVE CARE UNIT	3,371,586	88,596	201,345	85,675	3,747,202 31.00
32.00 03200	CORONARY CARE UNIT	0	4,755	0	0	4,755 32.00
41.00 04100	SUBPROVIDER - I RF	5,025,024	52,974	17,192	115,735	5,210,925 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,945,461	147,092	595,417	54,121	2,742,091 50.00
50.01 05001	OUTPATIENT SURGERY	1,235,263	125,637	89,529	36,533	1,486,962 50.01
51.00 05100	RECOVERY ROOM	434,531	49,521	42,684	11,942	538,678 51.00
53.00 05300	ANESTHESIOLOGY	2,838,747	0	118,862	1,489	2,959,098 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,279,776	209,228	928,741	59,992	3,477,737 54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	522,484	13,756	221,405	15,722	773,367 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	892	19,816	0	20,708 55.00
56.00 05600	RADIOISOTOPE	484,695	43,990	105,022	13,815	647,522 56.00
60.00 06000	LABORATORY	5,426,034	61,627	4,837	0	5,492,498 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	3,598	25,256	0	0	28,854 63.00
65.00 06500	RESPIRATORY THERAPY	2,154,113	19,091	67,685	36,070	2,276,959 65.00
66.00 06600	PHYSICAL THERAPY	8,775,364	12,954	26,550	124,967	8,939,835 66.00
67.00 06700	OCCUPATIONAL THERAPY	724,615	4,960	0	21,919	751,494 67.00
68.00 06800	SPEECH PATHOLOGY	419,935	0	4,843	12,692	437,470 68.00
69.00 06900	ELECTROCARDIOLOGY	1,020,936	33,972	29,979	29,185	1,114,072 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	205,705	46,943	20,705	4,995	278,348 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,477,934	0	0	0	6,477,934 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,013,060	0	0	0	8,013,060 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,759,714	0	0	0	4,759,714 73.00
76.00 03630	ULTRA SOUND	586,334	20,421	124,133	16,679	747,567 76.00
76.01 03951	PAIN CLINIC	780,173	109,936	7,029	21,575	918,713 76.01
76.02 03952	CATH LAB	1,662,332	80,630	540,757	45,083	2,328,802 76.02
76.03 03953	ACTIVITY THERAPEUTIC	3,029,310	50,904	0	90,169	3,170,383 76.03
76.04 03954	WOUND CARE CENTER	435,551	56,774	5,006	12,546	509,877 76.04
76.05 03340	BARIATRIC CLINIC	737,043	17,191	5,400	18,274	777,908 76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0 76.06
76.07 03950	CV RESOURCE CENTER	134,504	0	0	4,292	138,796 76.07
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.08
76.09 03956	LACTATION CLINIC	0	0	0	0	0 76.09
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.10
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.11
76.12 03959	ANTI COAGULATION CLINIC	577,842	3,925	290	16,582	598,639 76.12
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	5,516,848	143,470	177,270	170,362	6,007,950 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	145,936,833	3,563,071	4,140,996	2,426,219	144,921,231 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	79,479	7,101	103	897	87,580 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	7,429,161	122,193	14,705	233,548	7,799,607 192.00
192.01 19201	WORKING WELL	110	0	0	0	110 192.01
194.00 07950	RESIDENTIAL	3,519,539	270,374	15,465	93,314	3,898,692 194.00
194.01 07951	OMNI	0	0	0	0	0 194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.02 07952 PSYCHIATRIC	0	236,241	21,661	0	257,902	194.02
194.03 07953 CENTER OF HOPE	5,584	0	0	0	5,584	194.03
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)	156,970,706	4,198,980	4,192,930	2,753,978	156,970,706	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.04	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	30,752,730				5.04
6.00	00600	MAINTENANCE & REPAIRS	830,466	4,238,931			6.00
7.00	00700	OPERATION OF PLANT	1,730,368	235,540	9,067,825		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	64,098	0	0	327,175	8.00
9.00	00900	HOUSEKEEPING	571,957	63,003	142,705	0	3,125,136
10.00	01000	DIETARY	232,473	55,579	125,889	0	44,080
11.00	01100	CAFETERIA	170,879	80,236	181,737	0	63,635
13.00	01300	NURSING ADMINISTRATION	672,216	8,488	19,225	0	6,732
14.00	01400	CENTRAL SERVICES & SUPPLY	83,560	71,561	162,089	0	56,755
15.00	01500	PHARMACY	794,594	39,948	90,485	0	31,683
16.00	01600	MEDICAL RECORDS & LIBRARY	257,867	57,123	129,385	0	45,304
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	137,094	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,905,648	927,315	2,100,398	161,522	735,455
31.00	03100	INTENSIVE CARE UNIT	912,998	116,104	262,980	24,670	92,083
32.00	03200	CORONARY CARE UNIT	1,159	6,231	14,114	0	4,942
41.00	04100	SUBPROVIDER - I&R	1,269,631	69,422	157,243	66,306	55,059
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	668,105	192,763	436,614	0	152,881
50.01	05001	OUTPATIENT SURGERY	362,295	164,646	372,928	0	130,581
51.00	05100	RECOVERY ROOM	131,248	64,897	146,995	0	51,470
53.00	05300	ANESTHESIOLOGY	720,978	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	847,344	274,191	621,053	0	217,462
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	188,429	18,028	40,833	0	14,298
55.00	05500	RADIOLOGY-THERAPEUTIC	5,045	1,169	2,648	0	927
56.00	05600	RADIOISOTOPE	157,767	57,649	130,577	0	45,721
60.00	06000	LABORATORY	1,338,236	80,762	182,929	0	64,053
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	7,030	33,097	74,967	0	26,250
65.00	06500	RESPIRATORY THERAPY	554,777	25,019	56,669	0	19,843
66.00	06600	PHYSICAL THERAPY	2,178,173	16,975	38,450	0	13,463
67.00	06700	OCCUPATIONAL THERAPY	183,100	6,500	14,723	0	5,155
68.00	06800	SPEECH PATHOLOGY	106,589	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	271,441	44,520	100,839	0	35,309
70.00	07000	ELECTROENCEPHALOGRAPHY	67,819	61,518	139,342	0	48,791
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,578,336	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,952,366	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,159,695	0	0	0	0
76.00	03630	ULTRA SOUND	182,143	26,761	60,614	0	21,224
76.01	03951	PAIN CLINIC	223,843	144,069	326,322	0	114,262
76.02	03952	CATH LAB	567,408	105,664	239,333	0	83,803
76.03	03953	ACTIVITY THERAPEUTIC	772,457	66,709	151,099	0	52,907
76.04	03954	WOUND CARE CENTER	124,231	74,402	168,523	0	59,009
76.05	03340	BARIATRIC CLINIC	189,536	22,529	51,028	0	17,868
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07	03950	CV RESOURCE CENTER	33,817	0	0	0	0
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.09	03956	LACTATION CLINIC	0	0	0	0	0
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.12	03959	ANTI COAGULATION CLINIC	145,857	5,144	11,652	0	4,080
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,463,825	188,016	425,863	0	149,116
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,816,898	3,405,578	7,180,251	252,498	2,464,201
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,339	9,306	21,079	0	7,381
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,900,359	160,133	362,707	0	127,002
192.01	19201	WORKING WELL	27	0	0	0	0
194.00	07950	RESIDENTIAL	949,909	354,322	802,552	0	281,014
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	62,837	309,592	701,236	74,677	245,538
194.03	07953	CENTER OF HOPE	1,361	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0090			Period: From 01/01/2020 To 12/31/2020		Worksheet B Part I Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.04	6.00	7.00	8.00	9.00		
202.00	TOTAL (sum lines 118 through 201)	30,752,730	4,238,931	9,067,825	327,175	3,125,136	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0090		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part I Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,412,154					10.00
11.00	01100	CAFETERIA	0	1,197,824				11.00
13.00	01300	NURSING ADMINISTRATION	0	36,050	3,501,676			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,551	0	726,471		14.00
15.00	01500	PHARMACY	0	37,521	0	912	4,256,382	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,843	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,007,019	242,465	1,451,162	39,356	5,508	30.00
31.00	03100	INTENSIVE CARE UNIT	153,809	52,935	450,005	15,473	22,570	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - I&R	0	87,037	262,258	8,218	2,323	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,750	10,170	305,405	3	50.00
50.01	05001	OUTPATIENT SURGERY	0	20,407	154,081	21,762	4,503	50.01
51.00	05100	RECOVERY ROOM	0	4,807	42,205	393	17	51.00
53.00	05300	ANESTHESIOLOGY	0	1,782	0	8,428	37,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,917	338	8,585	3,580	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	8,971	37,240	13,474	158	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	6,568	0	188	169,246	56.00
60.00	06000	LABORATORY	0	0	0	38	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	15,899	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	29,689	0	8,884	1,318	65.00
66.00	06600	PHYSICAL THERAPY	0	62,735	0	984	20	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,354	0	367	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,718	0	4,758	61	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,740	38,544	712	1,689	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,942	0	343	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	3,988,541	73.00
76.00	03630	ULTRA SOUND	0	7,417	357	1,366	0	76.00
76.01	03951	PAIN CLINIC	0	11,229	97,930	3,257	7	76.01
76.02	03952	CATH LAB	0	24,841	165,757	234,752	16	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	60,994	5,292	44	0	76.03
76.04	03954	WOUND CARE CENTER	0	8,163	46,483	7,285	12,157	76.04
76.05	03340	BARIATRIC CLINIC	0	11,188	0	202	1,613	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	1,740	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	8,349	0	1,588	0	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	87,162	3,805	23,798	5,817	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,160,828	942,865	2,765,627	726,471	4,256,382	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,057	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	77,134	636,178	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	96,526	0	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	251,326	80,242	99,871	0	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description	DI ETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
202.00 TOTAL (sum lines 118 through 201)	1,412,154	1,197,824	3,501,676	726,471	4,256,382	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	22.00		24.00	25.00
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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,553,880			16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	699,768		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	146,997	0	418,630	27,171,467 -418,630
31.00	03100	INTENSIVE CARE UNIT	35,268	0	0	5,886,097
32.00	03200	CORONARY CARE UNIT	0	0	0	31,201
41.00	04100	SUBPROVIDER - I&R	36,892	0	0	7,225,314
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	145,156	0	26,677	4,713,615 -26,677
50.01	05001	OUTPATIENT SURGERY	22,752	0	0	2,740,917
51.00	05100	RECOVERY ROOM	14,685	0	0	995,395
53.00	05300	ANESTHESIOLOGY	44,709	0	0	3,772,230
54.00	05400	RADIOLOGY-DIAGNOSTIC	150,332	0	8,208	5,653,747 -8,208
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	13,108	0	0	1,107,906
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,497
56.00	05600	RADIOISOTOPE	30,390	0	0	1,245,628
60.00	06000	LABORATORY	157,140	0	0	7,315,656
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,145	0	0	192,242
65.00	06500	RESPIRATORY THERAPY	37,421	0	0	3,010,579
66.00	06600	PHYSICAL THERAPY	50,695	0	0	11,301,330
67.00	06700	OCCUPATIONAL THERAPY	13,103	0	0	985,796
68.00	06800	SPEECH PATHOLOGY	7,335	0	0	561,931
69.00	06900	ELECTROCARDIOLOGY	44,502	0	0	1,668,368
70.00	07000	ELECTROENCEPHALOGRAPHY	7,447	0	0	606,550
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,076	0	0	8,147,346
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,693	0	0	10,001,119
73.00	07300	DRUGS CHARGED TO PATIENTS	99,762	0	0	10,007,712
76.00	03630	ULTRA SOUND	21,964	0	0	1,069,413
76.01	03951	PAIN CLINIC	27,425	0	0	1,867,057
76.02	03952	CATH LAB	124,900	0	0	3,875,276
76.03	03953	ACTIVITY THERAPEUTIC	16,098	0	0	4,295,983
76.04	03954	WOUND CARE CENTER	6,024	0	0	1,016,154
76.05	03340	BARIATRIC CLINIC	1,594	0	0	1,073,466
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0
76.07	03950	CV RESOURCE CENTER	0	0	0	174,353
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
76.09	03956	LACTATION CLINIC	0	0	0	0
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
76.12	03959	ANTI COAGULATION CLINIC	2,998	0	0	778,307
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	162,269	0	246,253	8,763,874 -246,253
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,553,880	0	699,768	137,286,526 -699,768
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	147,742
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	11,063,120
192.01	19201	WORKING WELL	0	0	0	137
194.00	07950	RESIDENTIAL	0	0	0	6,383,015
194.01	07951	OMNI	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
				SERVICES-OTHER PRGM COSTS APPRV				
		16.00	17.00	22.00	24.00	25.00		
194.02	07952	PSYCHIATRIC	0	0	0	2,083,221	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	6,945	0	194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,553,880	0	699,768	156,970,706	-699,768	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/29/2021 1:27 pm
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Cost Center Description		Total	
		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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	5.04
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
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
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	OUTPATIENT SURGERY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03630	ULTRA SOUND	76.00
76.01	03951	PAIN CLINIC	76.01
76.02	03952	CATH LAB	76.02
76.03	03953	ACTIVITY THERAPEUTIC	76.03
76.04	03954	WOUND CARE CENTER	76.04
76.05	03340	BARIATRIC CLINIC	76.05
76.06	03030	HEALTHY LIVING CENTER	76.06
76.07	03950	CV RESOURCE CENTER	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	76.08
76.09	03956	LACTATION CLINIC	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	76.11
76.12	03959	ANTI COAGULATION CLINIC	76.12
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	WORKING WELL	192.01
194.00	07950	RESIDENTIAL	194.00
194.01	07951	OMNI	194.01
194.02	07952	PSYCHIATRIC	194.02
194.03	07953	CENTER OF HOPE	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 1:27 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	17,334	18,714	36,048	36,048 4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL	0	313,231	144,948	458,179	8,494 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	633,796	90,038	723,834	337 6.00
7.00 00700	OPERATION OF PLANT	0	179,735	9,502	189,237	594 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	48,076	4,408	52,484	746 9.00
10.00 01000	DIETARY	0	42,411	17,041	59,452	258 10.00
11.00 01100	CAFETERIA	0	61,226	0	61,226	269 11.00
13.00 01300	NURSING ADMINISTRATION	0	6,477	88,837	95,314	868 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	54,606	61,981	116,587	116 14.00
15.00 01500	PHARMACY	0	30,484	4,268	34,752	1,008 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	43,589	344	43,933	111 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	25 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	707,611	346,418	1,054,029	5,591 30.00
31.00 03100	INTENSIVE CARE UNIT	0	88,596	201,345	289,941	1,120 31.00
32.00 03200	CORONARY CARE UNIT	0	4,755	0	4,755	0 32.00
41.00 04100	SUBPROVIDER - IRF	0	52,974	17,192	70,166	1,513 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	147,092	595,417	742,509	708 50.00
50.01 05001	OUTPATIENT SURGERY	0	125,637	89,529	215,166	478 50.01
51.00 05100	RECOVERY ROOM	0	49,521	42,684	92,205	156 51.00
53.00 05300	ANESTHESIOLOGY	0	0	118,862	118,862	19 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	209,228	928,741	1,137,969	785 54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	0	13,756	221,405	235,161	206 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	892	19,816	20,708	0 55.00
56.00 05600	RADIOISOTOPE	0	43,990	105,022	149,012	181 56.00
60.00 06000	LABORATORY	0	61,627	4,837	66,464	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	25,256	0	25,256	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	19,091	67,685	86,776	472 65.00
66.00 06600	PHYSICAL THERAPY	0	12,954	26,550	39,504	1,634 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	4,960	0	4,960	287 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	4,843	4,843	166 68.00
69.00 06900	ELECTROCARDIOLOGY	0	33,972	29,979	63,951	382 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	46,943	20,705	67,648	65 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
76.00 03630	ULTRA SOUND	0	20,421	124,133	144,554	218 76.00
76.01 03951	PAIN CLINIC	0	109,936	7,029	116,965	282 76.01
76.02 03952	CATH LAB	0	80,630	540,757	621,387	590 76.02
76.03 03953	ACTIVITY THERAPEUTIC	0	50,904	0	50,904	1,179 76.03
76.04 03954	WOUND CARE CENTER	0	56,774	5,006	61,780	164 76.04
76.05 03340	BARIATRIC CLINIC	0	17,191	5,400	22,591	239 76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0 76.06
76.07 03950	CV RESOURCE CENTER	0	0	0	0	56 76.07
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.08
76.09 03956	LACTATION CLINIC	0	0	0	0	0 76.09
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.10
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.11
76.12 03959	ANTI COAGULATION CLINIC	0	3,925	290	4,215	217 76.12
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	143,470	177,270	320,740	2,228 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	3,563,071	4,140,996	7,704,067	31,762 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,101	103	7,204	12 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	122,193	14,705	136,898	3,054 192.00
192.01 19201	WORKING WELL	0	0	0	0	0 192.01
194.00 07950	RESIDENTIAL	0	270,374	15,465	285,839	1,220 194.00
194.01 07951	OMNI	0	0	0	0	0 194.01
194.02 07952	PSYCHIATRIC	0	236,241	21,661	257,902	0 194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

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

Worksheet B
Part II
Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
194.03 07953 CENTER OF HOPE	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	4,198,980	4,192,930	8,391,910	36,048	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description			OTHER ADMINI STRATI VE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINI STRATI VE AND GENERAL	466,673					5.04
6.00	00600	MAINTENANCE & REPAIRS	12,601	736,772				6.00
7.00	00700	OPERATION OF PLANT	26,256	40,939	257,026			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	973	0	0	973		8.00
9.00	00900	HOUSEKEEPING	8,679	10,951	4,045	0	76,905	9.00
10.00	01000	DIETARY	3,527	9,660	3,568	0	1,085	10.00
11.00	01100	CAFETERIA	2,593	13,946	5,151	0	1,566	11.00
13.00	01300	NURSING ADMINISTRATION	10,200	1,475	545	0	166	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,268	12,438	4,594	0	1,397	14.00
15.00	01500	PHARMACY	12,057	6,943	2,565	0	780	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,913	9,929	3,667	0	1,115	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,080	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,307	161,177	59,537	481	18,098	30.00
31.00	03100	INTENSIVE CARE UNIT	13,853	20,180	7,454	73	2,266	31.00
32.00	03200	CORONARY CARE UNIT	18	1,083	400	0	122	32.00
41.00	04100	SUBPROVIDER - I&R	19,265	12,066	4,457	197	1,355	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,138	33,504	12,376	0	3,762	50.00
50.01	05001	OUTPATIENT SURGERY	5,497	28,617	10,571	0	3,213	50.01
51.00	05100	RECOVERY ROOM	1,991	11,280	4,167	0	1,267	51.00
53.00	05300	ANESTHESIOLOGY	10,940	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,857	47,657	17,604	0	5,351	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,859	3,133	1,157	0	352	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	77	203	75	0	23	55.00
56.00	05600	RADIOISOTOPE	2,394	10,020	3,701	0	1,125	56.00
60.00	06000	LABORATORY	20,306	14,037	5,185	0	1,576	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	107	5,753	2,125	0	646	63.00
65.00	06500	RESPIRATORY THERAPY	8,418	4,349	1,606	0	488	65.00
66.00	06600	PHYSICAL THERAPY	33,051	2,951	1,090	0	331	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,778	1,130	417	0	127	67.00
68.00	06800	SPEECH PATHOLOGY	1,617	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,119	7,738	2,858	0	869	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,029	10,693	3,950	0	1,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,949	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,624	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,597	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	2,764	4,651	1,718	0	522	76.00
76.01	03951	PAIN CLINIC	3,396	25,041	9,250	0	2,812	76.01
76.02	03952	CATH LAB	8,610	18,366	6,784	0	2,062	76.02
76.03	03953	ACTIVITY THERAPEUTIC	11,721	11,595	4,283	0	1,302	76.03
76.04	03954	WOUND CARE CENTER	1,885	12,932	4,777	0	1,452	76.04
76.05	03340	BARIATRIC CLINIC	2,876	3,916	1,446	0	440	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	513	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	2,213	894	330	0	100	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	22,211	32,679	12,071	0	3,670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	422,127	591,926	203,524	751	60,641	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	324	1,618	597	0	182	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,835	27,833	10,281	0	3,125	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	14,413	61,585	22,748	0	6,915	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	953	53,810	19,876	222	6,042	194.02
194.03	07953	CENTER OF HOPE	21	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090			Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.04	6.00	7.00	8.00	9.00		
202.00	TOTAL (sum lines 118 through 201)	466,673	736,772	257,026	973	76,905	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	77,550					10.00
11.00	01100	CAFETERIA	0	84,751				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,551	111,119			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	676	0	137,076		14.00
15.00	01500	PHARMACY	0	2,655	0	172	60,932	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	413	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,301	17,152	46,050	7,426	79	30.00
31.00	03100	INTENSIVE CARE UNIT	8,447	3,745	14,280	2,920	323	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	0	6,158	8,322	1,551	33	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,388	323	57,624	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	1,444	4,889	4,106	64	50.01
51.00	05100	RECOVERY ROOM	0	340	1,339	74	0	51.00
53.00	05300	ANESTHESIOLOGY	0	126	0	1,590	533	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,178	11	1,620	51	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	635	1,182	2,543	2	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	465	0	35	2,423	56.00
60.00	06000	LABORATORY	0	0	0	7	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,101	0	1,676	19	65.00
66.00	06600	PHYSICAL THERAPY	0	4,439	0	186	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	803	0	69	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	405	0	898	1	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,184	1,223	134	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	208	0	65	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	57,100	73.00
76.00	03630	ULTRA SOUND	0	525	11	258	0	76.00
76.01	03951	PAIN CLINIC	0	795	3,108	615	0	76.01
76.02	03952	CATH LAB	0	1,758	5,260	44,296	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	4,316	168	8	0	76.03
76.04	03954	WOUND CARE CENTER	0	578	1,475	1,375	174	76.04
76.05	03340	BARIATRIC CLINIC	0	792	0	38	23	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	123	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	591	0	300	0	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	6,167	121	4,490	83	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,748	66,711	87,762	137,076	60,932	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	75	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,458	20,188	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	6,830	0	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	13,802	5,677	3,169	0	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090			Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description		DI ETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118 through 201)	77,550	84,751	111,119	137,076	60,932	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	22.00	24.00	25.00	
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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	63,081					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	2,105			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,975	0		1,490,203	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,434	0		366,036	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0		6,378	0	32.00
41.00	04100	SUBPROVIDER - I RF	1,500	0		126,583	0	41.00
42.00	04200	SUBPROVIDER	0	0		0	0	42.00
43.00	04300	NURSERY	0	0		0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,900	0		869,232	0	50.00
50.01	05001	OUTPATIENT SURGERY	925	0		274,970	0	50.01
51.00	05100	RECOVERY ROOM	597	0		113,416	0	51.00
53.00	05300	ANESTHESIOLOGY	1,817	0		133,887	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,111	0		1,233,194	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	533	0		247,763	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		21,086	0	55.00
56.00	05600	RADIOISOTOPE	1,235	0		170,591	0	56.00
60.00	06000	LABORATORY	6,387	0		113,962	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	250	0		37,137	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,521	0		107,426	0	65.00
66.00	06600	PHYSICAL THERAPY	2,061	0		85,247	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	533	0		11,104	0	67.00
68.00	06800	SPEECH PATHOLOGY	298	0		8,228	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,809	0		84,291	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	303	0		85,162	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,702	0		27,651	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,451	0		31,075	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,055	0		78,752	0	73.00
76.00	03630	ULTRA SOUND	893	0		156,114	0	76.00
76.01	03951	PAIN CLINIC	1,115	0		163,379	0	76.01
76.02	03952	CATH LAB	5,077	0		714,190	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	654	0		86,130	0	76.03
76.04	03954	WOUND CARE CENTER	245	0		86,837	0	76.04
76.05	03340	BARIATRIC CLINIC	65	0		32,426	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0		0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0		692	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0		0	0	76.08
76.09	03956	LACTATION CLINIC	0	0		0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0		0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0		0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	122	0		8,982	0	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,513	0		410,973	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,081	0	0	7,383,097	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		10,012	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		235,672	0	192.00
192.01	19201	WORKING WELL	0	0		0	0	192.01
194.00	07950	RESIDENTIAL	0	0		399,550	0	194.00
194.01	07951	OMNI	0	0		0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	22.00	24.00	25.00	
194.02	07952 PSYCHIATRIC	0	0		361,453	0	194.02
194.03	07953 CENTER OF HOPE	0	0		21	0	194.03
200.00	Cross Foot Adjustments			2,105	2,105	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	63,081	0	2,105	8,391,910	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/29/2021 1:27 pm
Cost Center Description		Total		
		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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	1,490,203	30.00
31.00	03100	INTENSIVE CARE UNIT	366,036	31.00
32.00	03200	CORONARY CARE UNIT	6,378	32.00
41.00	04100	SUBPROVIDER - IRF	126,583	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	869,232	50.00
50.01	05001	OUTPATIENT SURGERY	274,970	50.01
51.00	05100	RECOVERY ROOM	113,416	51.00
53.00	05300	ANESTHESIOLOGY	133,887	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,233,194	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	247,763	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,086	55.00
56.00	05600	RADIOISOTOPE	170,591	56.00
60.00	06000	LABORATORY	113,962	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,137	63.00
65.00	06500	RESPIRATORY THERAPY	107,426	65.00
66.00	06600	PHYSICAL THERAPY	85,247	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,104	67.00
68.00	06800	SPEECH PATHOLOGY	8,228	68.00
69.00	06900	ELECTROCARDIOLOGY	84,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,162	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,075	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,752	73.00
76.00	03630	ULTRA SOUND	156,114	76.00
76.01	03951	PAIN CLINIC	163,379	76.01
76.02	03952	CATH LAB	714,190	76.02
76.03	03953	ACTIVITY THERAPEUTIC	86,130	76.03
76.04	03954	WOUND CARE CENTER	86,837	76.04
76.05	03340	BARIATRIC CLINIC	32,426	76.05
76.06	03030	HEALTHY LIVING CENTER	0	76.06
76.07	03950	CV RESOURCE CENTER	692	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	76.08
76.09	03956	LACTATION CLINIC	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	8,982	76.12
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	410,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,383,097	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,012	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	235,672	192.00
192.01	19201	WORKING WELL	0	192.01
194.00	07950	RESIDENTIAL	399,550	194.00
194.01	07951	OMNI	0	194.01
194.02	07952	PSYCHIATRIC	361,453	194.02
194.03	07953	CENTER OF HOPE	21	194.03
200.00		Cross Foot Adjustments	2,105	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,391,910	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	470,676				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,691,967			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,943	16,478	68,080,897		4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL	35,111	127,630	15,996,020	-30,752,730	126,217,976
6.00 00600	MAINTENANCE & REPAIRS	71,044	79,280	637,390	0	3,408,465
7.00 00700	OPERATION OF PLANT	20,147	8,367	1,123,183	0	7,101,917
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	263,077
9.00 00900	HOUSEKEEPING	5,389	3,881	1,409,917	0	2,347,471
10.00 01000	DIETARY	4,754	15,005	487,086	0	954,133
11.00 01100	CAFETERIA	6,863	0	508,178	0	701,337
13.00 01300	NURSING ADMINISTRATION	726	78,223	1,640,926	0	2,758,965
14.00 01400	CENTRAL SERVICES & SUPPLY	6,121	54,576	219,117	0	342,955
15.00 01500	PHARMACY	3,417	3,758	1,905,293	0	3,261,239
16.00 01600	MEDICAL RECORDS & LIBRARY	4,886	303	210,559	0	1,058,358
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	47,176	0	562,674
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	79,318	305,029	10,568,318	0	16,029,992
31.00 03100	INTENSIVE CARE UNIT	9,931	177,289	2,117,932	0	3,747,202
32.00 03200	CORONARY CARE UNIT	533	0	0	0	4,755
41.00 04100	SUBPROVIDER - I RF	5,938	15,138	2,861,057	0	5,210,925
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,488	524,278	1,337,906	0	2,742,091
50.01 05001	OUTPATIENT SURGERY	14,083	78,832	903,128	0	1,486,962
51.00 05100	RECOVERY ROOM	5,551	37,584	295,210	0	538,678
53.00 05300	ANESTHESIOLOGY	0	104,661	36,817	0	2,959,098
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,453	817,778	1,483,035	0	3,477,737
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	1,542	194,952	388,650	0	773,367
55.00 05500	RADIOLOGY-THERAPEUTIC	100	17,448	0	0	20,708
56.00 05600	RADIOISOTOPE	4,931	92,474	341,508	0	647,522
60.00 06000	LABORATORY	6,908	4,259	0	0	5,492,498
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	0	28,854
65.00 06500	RESPIRATORY THERAPY	2,140	59,598	891,681	0	2,276,959
66.00 06600	PHYSICAL THERAPY	1,452	23,378	3,089,274	0	8,939,835
67.00 06700	OCCUPATIONAL THERAPY	556	0	541,851	0	751,494
68.00 06800	SPEECH PATHOLOGY	0	4,264	313,746	0	437,470
69.00 06900	ELECTROCARDIOLOGY	3,808	26,397	721,476	0	1,114,072
70.00 07000	ELECTROENCEPHALOGRAPHY	5,262	18,231	123,477	0	278,348
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,477,934
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,013,060
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,759,714
76.00 03630	ULTRA SOUND	2,289	109,302	412,304	0	747,567
76.01 03951	PAIN CLINIC	12,323	6,189	533,347	0	918,713
76.02 03952	CATH LAB	9,038	476,148	1,114,488	0	2,328,802
76.03 03953	ACTIVITY THERAPEUTIC	5,706	0	2,229,031	0	3,170,383
76.04 03954	WOUND CARE CENTER	6,364	4,408	310,155	0	509,877
76.05 03340	BARIATRIC CLINIC	1,927	4,755	451,743	0	777,908
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07 03950	CV RESOURCE CENTER	0	0	106,102	0	138,796
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.09 03956	LACTATION CLINIC	0	0	0	0	0
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.12 03959	ANTI COAGULATION CLINIC	440	255	409,925	0	598,639
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	16,082	156,090	4,211,468	0	6,007,950
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	399,395	3,646,238	59,978,474	-30,752,730	114,168,501
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	91	22,186	0	87,580
192.00 19200	PHYSICIANS' PRIVATE OFFICES	13,697	12,948	5,773,448	0	7,799,607
192.01 19201	WORKING WELL	0	0	0	0	110
194.00 07950	RESIDENTIAL	30,307	13,617	2,306,789	0	3,898,692
194.01 07951	OMNI	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.02 07952 PSYCHIATRIC	26,481	19,073	0	0	257,902	194.02
194.03 07953 CENTER OF HOPE	0	0	0	0	5,584	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,198,980	4,192,930	2,753,978		30,752,730	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.921169	1.135690	0.040452		0.243648	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			36,048		466,673	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000529		0.003697	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: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.04	00593						5.04
6.00	00600	362,578					6.00
7.00	00700	20,147	342,431				7.00
8.00	00800	0	0	462,150			8.00
9.00	00900	5,389	5,389	0	337,042		9.00
10.00	01000	4,754	4,754	0	4,754	195,046	10.00
11.00	01100	6,863	6,863	0	6,863	0	11.00
13.00	01300	726	726	0	726	0	13.00
14.00	01400	6,121	6,121	0	6,121	0	14.00
15.00	01500	3,417	3,417	0	3,417	0	15.00
16.00	01600	4,886	4,886	0	4,886	0	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	79,318	79,318	228,156	79,318	139,089	30.00
31.00	03100	9,931	9,931	34,848	9,931	21,244	31.00
32.00	03200	533	533	0	533	0	32.00
41.00	04100	5,938	5,938	93,661	5,938	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	16,488	16,488	0	16,488	0	50.00
50.01	05001	14,083	14,083	0	14,083	0	50.01
51.00	05100	5,551	5,551	0	5,551	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	23,453	23,453	0	23,453	0	54.00
54.01	05401	1,542	1,542	0	1,542	0	54.01
55.00	05500	100	100	0	100	0	55.00
56.00	05600	4,931	4,931	0	4,931	0	56.00
60.00	06000	6,908	6,908	0	6,908	0	60.00
63.00	06300	2,831	2,831	0	2,831	0	63.00
65.00	06500	2,140	2,140	0	2,140	0	65.00
66.00	06600	1,452	1,452	0	1,452	0	66.00
67.00	06700	556	556	0	556	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	3,808	3,808	0	3,808	0	69.00
70.00	07000	5,262	5,262	0	5,262	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	0	0	0	73.00
76.00	03630	2,289	2,289	0	2,289	0	76.00
76.01	03951	12,323	12,323	0	12,323	0	76.01
76.02	03952	9,038	9,038	0	9,038	0	76.02
76.03	03953	5,706	5,706	0	5,706	0	76.03
76.04	03954	6,364	6,364	0	6,364	0	76.04
76.05	03340	1,927	1,927	0	1,927	0	76.05
76.06	03030	0	0	0	0	0	76.06
76.07	03950	0	0	0	0	0	76.07
76.08	03955	0	0	0	0	0	76.08
76.09	03956	0	0	0	0	0	76.09
76.10	03957	0	0	0	0	0	76.10
76.11	03958	0	0	0	0	0	76.11
76.12	03959	440	440	0	440	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	16,082	16,082	0	16,082	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		291,297	271,150	356,665	265,761	160,333	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	796	796	0	796	0	190.00
192.00	19200	13,697	13,697	0	13,697	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	30,307	30,307	0	30,307	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	26,481	26,481	105,485	26,481	34,713	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	
		6.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,238,931	9,067,825	327,175	3,125,136	1,412,154	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.691087	26.480736	0.707941	9.272245	7.240107	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	736,772	257,026	973	76,905	77,550	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.032037	0.750592	0.002105	0.228176	0.397599	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: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description			CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	57,815					11.00
13.00	01300	NURSING ADMINISTRATION	1,740	362,575				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	461	0	14,305,984			14.00
15.00	01500	PHARMACY	1,811	0	17,953	4,759,038		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	282	0	0	0	513,555,260	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	4	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,703	150,258	775,012	6,159	48,578,093	30.00
31.00	03100	INTENSIVE CARE UNIT	2,555	46,595	304,698	25,235	11,655,087	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	4,201	27,155	161,839	2,597	12,191,671	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,629	1,053	6,014,221	3	47,969,538	50.00
50.01	05001	OUTPATIENT SURGERY	985	15,954	428,548	5,035	7,518,975	50.01
51.00	05100	RECOVERY ROOM	232	4,370	7,740	19	4,853,072	51.00
53.00	05300	ANESTHESIOLOGY	86	0	165,968	41,632	14,774,998	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,168	35	169,056	4,003	49,679,988	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	433	3,856	265,344	177	4,331,908	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	317	0	3,699	189,233	10,042,834	56.00
60.00	06000	LABORATORY	0	0	739	0	51,929,817	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	313,082	0	2,030,689	63.00
65.00	06500	RESPIRATORY THERAPY	1,433	0	174,947	1,474	12,366,641	65.00
66.00	06600	PHYSICAL THERAPY	3,028	0	19,384	22	16,753,017	66.00
67.00	06700	OCCUPATIONAL THERAPY	548	0	7,225	0	4,329,991	67.00
68.00	06800	SPEECH PATHOLOGY	276	0	93,687	68	2,424,017	68.00
69.00	06900	ELECTROCARDIOLOGY	808	3,991	14,016	1,889	14,706,570	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142	0	6,757	0	2,460,953	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	30,097,934	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,795,315	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,459,565	32,968,282	73.00
76.00	03630	ULTRA SOUND	358	37	26,908	0	7,258,564	76.00
76.01	03951	PAIN CLINIC	542	10,140	64,146	8	9,063,003	76.01
76.02	03952	CATH LAB	1,199	17,163	4,622,833	18	41,275,703	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,944	548	858	0	5,320,025	76.03
76.04	03954	WOUND CARE CENTER	394	4,813	143,452	13,593	1,990,591	76.04
76.05	03340	BARITRIC CLINIC	540	0	3,969	1,804	526,686	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	84	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	403	0	31,262	0	990,621	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,207	394	468,637	6,504	53,670,677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,509	286,362	14,305,984	4,759,038	513,555,260	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	51	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,723	65,872	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	4,659	0	0	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	3,873	10,341	0	0	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description		CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,197,824	3,501,676	726,471	4,256,382	1,553,880	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.718222	9.657798	0.050781	0.894379	0.003026	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	84,751	111,119	137,076	60,932	63,081	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.465900	0.306472	0.009582	0.012803	0.000123	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: 15-0090

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

Worksheet B-1
Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	17.00	22.00		
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
5.04 00593 OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE	513,555,260			17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	682		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	48,578,093	408		30.00
31.00 03100 INTENSIVE CARE UNIT	11,655,087	0		31.00
32.00 03200 CORONARY CARE UNIT	0	0		32.00
41.00 04100 SUBPROVIDER - I&R	12,191,671	0		41.00
42.00 04200 SUBPROVIDER	0	0		42.00
43.00 04300 NURSERY	0	0		43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	47,969,538	26		50.00
50.01 05001 OUTPATIENT SURGERY	7,518,975	0		50.01
51.00 05100 RECOVERY ROOM	4,853,072	0		51.00
53.00 05300 ANESTHESIOLOGY	14,774,998	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	49,679,988	8		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	4,331,908	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	10,042,834	0		56.00
60.00 06000 LABORATORY	51,929,817	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,030,689	0		63.00
65.00 06500 RESPIRATORY THERAPY	12,366,641	0		65.00
66.00 06600 PHYSICAL THERAPY	16,753,017	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	4,329,991	0		67.00
68.00 06800 SPEECH PATHOLOGY	2,424,017	0		68.00
69.00 06900 ELECTROCARDIOLOGY	14,706,570	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,460,953	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	30,097,934	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	11,795,315	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	32,968,282	0		73.00
76.00 03630 ULTRA SOUND	7,258,564	0		76.00
76.01 03951 PAIN CLINIC	9,063,003	0		76.01
76.02 03952 CATH LAB	41,275,703	0		76.02
76.03 03953 ACTIVITY THERAPEUTIC	5,320,025	0		76.03
76.04 03954 WOUND CARE CENTER	1,990,591	0		76.04
76.05 03340 BARIATRIC CLINIC	526,686	0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	0		76.06
76.07 03950 CV RESOURCE CENTER	0	0		76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.08
76.09 03956 LACTATION CLINIC	0	0		76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.11
76.12 03959 ANTI COAGULATION CLINIC	990,621	0		76.12
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	53,670,677	240		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	513,555,260	682		118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		192.00
192.01 19201 WORKING WELL	0	0		192.01
194.00 07950 RESIDENTIAL	0	0		194.00
194.01 07951 OMNI	0	0		194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1
Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description		SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		17.00	22.00		
194.02	07952 PSYCHIATRIC	0	0		194.02
194.03	07953 CENTER OF HOPE	0	0		194.03
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	699,768		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	1,026.052786		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,105		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	3.086510		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

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/29/2021 1:27 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		26,752,837	4,841	26,757,678	30.00
31.00	03100 INTENSIVE CARE UNIT		5,886,097	21,702	5,907,799	31.00
32.00	03200 CORONARY CARE UNIT		31,201	0	31,201	32.00
41.00	04100 SUBPROVIDER - IRF		7,225,314	0	7,225,314	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,686,938	0	4,686,938	50.00
50.01	05001 OUTPATIENT SURGERY		2,740,917	777	2,741,694	50.01
51.00	05100 RECOVERY ROOM		995,395	0	995,395	51.00
53.00	05300 ANESTHESIOLOGY		3,772,230	0	3,772,230	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,645,539	0	5,645,539	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES		1,107,906	0	1,107,906	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		30,497	0	30,497	55.00
56.00	05600 RADIOISOTOPE		1,245,628	0	1,245,628	56.00
60.00	06000 LABORATORY		7,315,656	9,298	7,324,954	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		192,242	0	192,242	63.00
65.00	06500 RESPIRATORY THERAPY	0	3,010,579	1,738	3,012,317	65.00
66.00	06600 PHYSICAL THERAPY	0	11,301,330	0	11,301,330	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	985,796	0	985,796	67.00
68.00	06800 SPEECH PATHOLOGY	0	561,931	0	561,931	68.00
69.00	06900 ELECTROCARDIOLOGY		1,668,368	0	1,668,368	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		606,550	0	606,550	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,147,346	0	8,147,346	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,001,119	0	10,001,119	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,007,712	0	10,007,712	73.00
76.00	03630 ULTRA SOUND		1,069,413	0	1,069,413	76.00
76.01	03951 PAIN CLINIC		1,867,057	0	1,867,057	76.01
76.02	03952 CATH LAB		3,875,276	5,289	3,880,565	76.02
76.03	03953 ACTIVITY THERAPEUTIC		4,295,983	0	4,295,983	76.03
76.04	03954 WOUND CARE CENTER		1,016,154	846	1,017,000	76.04
76.05	03340 BARIATRIC CLINIC		1,073,466	2,404	1,075,870	76.05
76.06	03030 HEALTHY LIVING CENTER		0	0	0	76.06
76.07	03950 CV RESOURCE CENTER		174,353	0	174,353	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.08
76.09	03956 LACTATION CLINIC		0	0	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.11
76.12	03959 ANTI COAGULATION CLINIC		778,307	1,082	779,389	76.12
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		8,517,621	14,840	8,532,461	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,255,380	0	4,255,380	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		140,842,138	62,817	140,904,955	200.00
201.00	Less Observation Beds		4,255,380	0	4,255,380	201.00
202.00	Total (see instructions)		136,586,758	62,817	136,649,575	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 7/29/2021 1:27 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	40,289,026		40,289,026				30.00
31.00	03100	INTENSIVE CARE UNIT	11,655,087		11,655,087				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
41.00	04100	SUBPROVIDER - I RF	12,191,671		12,191,671				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	0		0				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	22,220,819	25,748,719	47,969,538	0.097707	0.000000		50.00
50.01	05001	OUTPATIENT SURGERY	2,108,981	5,409,994	7,518,975	0.364533	0.000000		50.01
51.00	05100	RECOVERY ROOM	2,105,943	2,747,129	4,853,072	0.205106	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	5,684,697	9,090,301	14,774,998	0.255312	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,407,218	32,272,770	49,679,988	0.113638	0.000000		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,702,375	1,629,533	4,331,908	0.255755	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,264,969	8,777,865	10,042,834	0.124032	0.000000		56.00
60.00	06000	LABORATORY	26,667,315	25,262,502	51,929,817	0.140876	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,625,487	405,202	2,030,689	0.094668	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	8,749,154	3,617,487	12,366,641	0.243444	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,587,010	12,166,007	16,753,017	0.674585	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,175,082	154,909	4,329,991	0.227667	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,697,108	726,909	2,424,017	0.231818	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	6,326,035	8,380,535	14,706,570	0.113444	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	436,511	2,024,442	2,460,953	0.246470	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,444,683	12,653,251	30,097,934	0.270695	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,829,241	5,966,074	11,795,315	0.847889	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,308,991	7,659,291	32,968,282	0.303556	0.000000		73.00
76.00	03630	ULTRA SOUND	2,669,079	4,589,485	7,258,564	0.147331	0.000000		76.00
76.01	03951	PAIN CLINIC	21,877	9,041,126	9,063,003	0.206009	0.000000		76.01
76.02	03952	CATH LAB	15,360,244	25,915,459	41,275,703	0.093888	0.000000		76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,070,935	2,249,090	5,320,025	0.807512	0.000000		76.03
76.04	03954	WOUND CARE CENTER	11,114	1,979,477	1,990,591	0.510479	0.000000		76.04
76.05	03340	BARIATRIC CLINIC	1,170	525,516	526,686	2.038152	0.000000		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000		76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.08
76.09	03956	LACTATION CLINIC	0	0	0	0.000000	0.000000		76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.11
76.12	03959	ANTI COAGULATION CLINIC	11,665	978,956	990,621	0.785676	0.000000		76.12
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	18,262,566	35,408,111	53,670,677	0.158702	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,289,067	8,289,067	0.513373	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	259,886,053	253,669,207	513,555,260				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	259,886,053	253,669,207	513,555,260				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/29/2021 1:27 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital 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
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.097707		50.00
50.01	05001	OUTPATIENT SURGERY	0.364637		50.01
51.00	05100	RECOVERY ROOM	0.205106		51.00
53.00	05300	ANESTHESIOLOGY	0.255312		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113638		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.255755		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.124032		56.00
60.00	06000	LABORATORY	0.141055		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094668		63.00
65.00	06500	RESPIRATORY THERAPY	0.243584		65.00
66.00	06600	PHYSICAL THERAPY	0.674585		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227667		67.00
68.00	06800	SPEECH PATHOLOGY	0.231818		68.00
69.00	06900	ELECTROCARDIOLOGY	0.113444		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246470		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270695		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.847889		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.303556		73.00
76.00	03630	ULTRA SOUND	0.147331		76.00
76.01	03951	PAIN CLINIC	0.206009		76.01
76.02	03952	CATH LAB	0.094016		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.807512		76.03
76.04	03954	WOUND CARE CENTER	0.510904		76.04
76.05	03340	BARIATRIC CLINIC	2.042716		76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0.000000		76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.08
76.09	03956	LACTATION CLINIC	0.000000		76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.11
76.12	03959	ANTICOAGULATION CLINIC	0.786768		76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.158978		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.513373		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0090

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

Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:27 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	26,752,837		26,752,837	4,841	26,757,678	30.00
31.00	03100 INTENSIVE CARE UNIT	5,886,097		5,886,097	21,702	5,907,799	31.00
32.00	03200 CORONARY CARE UNIT	31,201		31,201	0	31,201	32.00
41.00	04100 SUBPROVIDER - IRF	7,225,314		7,225,314	0	7,225,314	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,686,938		4,686,938	0	4,686,938	50.00
50.01	05001 OUTPATIENT SURGERY	2,740,917		2,740,917	777	2,741,694	50.01
51.00	05100 RECOVERY ROOM	995,395		995,395	0	995,395	51.00
53.00	05300 ANESTHESIOLOGY	3,772,230		3,772,230	0	3,772,230	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,645,539		5,645,539	0	5,645,539	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	1,107,906		1,107,906	0	1,107,906	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	30,497		30,497	0	30,497	55.00
56.00	05600 RADIOISOTOPE	1,245,628		1,245,628	0	1,245,628	56.00
60.00	06000 LABORATORY	7,315,656		7,315,656	9,298	7,324,954	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	192,242		192,242	0	192,242	63.00
65.00	06500 RESPIRATORY THERAPY	3,010,579	0	3,010,579	1,738	3,012,317	65.00
66.00	06600 PHYSICAL THERAPY	11,301,330	0	11,301,330	0	11,301,330	66.00
67.00	06700 OCCUPATIONAL THERAPY	985,796	0	985,796	0	985,796	67.00
68.00	06800 SPEECH PATHOLOGY	561,931	0	561,931	0	561,931	68.00
69.00	06900 ELECTROCARDIOLOGY	1,668,368		1,668,368	0	1,668,368	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	606,550		606,550	0	606,550	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,147,346		8,147,346	0	8,147,346	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,001,119		10,001,119	0	10,001,119	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,007,712		10,007,712	0	10,007,712	73.00
76.00	03630 ULTRA SOUND	1,069,413		1,069,413	0	1,069,413	76.00
76.01	03951 PAIN CLINIC	1,867,057		1,867,057	0	1,867,057	76.01
76.02	03952 CATH LAB	3,875,276		3,875,276	5,289	3,880,565	76.02
76.03	03953 ACTIVITY THERAPEUTIC	4,295,983		4,295,983	0	4,295,983	76.03
76.04	03954 WOUND CARE CENTER	1,016,154		1,016,154	846	1,017,000	76.04
76.05	03340 BARIATRIC CLINIC	1,073,466		1,073,466	2,404	1,075,870	76.05
76.06	03030 HEALTHY LIVING CENTER	0		0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	174,353		174,353	0	174,353	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.08
76.09	03956 LACTATION CLINIC	0		0	0	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.11
76.12	03959 ANTI COAGULATION CLINIC	778,307		778,307	1,082	779,389	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	8,517,621		8,517,621	14,840	8,532,461	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,255,380		4,255,380	0	4,255,380	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	140,842,138	0	140,842,138	62,817	140,904,955	200.00
201.00	Less Observation Beds	4,255,380		4,255,380	0	4,255,380	201.00
202.00	Total (see instructions)	136,586,758	0	136,586,758	62,817	136,649,575	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 7/29/2021 1:27 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,289,026		40,289,026			30.00
31.00	03100	INTENSIVE CARE UNIT	11,655,087		11,655,087			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
41.00	04100	SUBPROVIDER - I RF	12,191,671		12,191,671			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,220,819	25,748,719	47,969,538	0.097707	0.097707	50.00
50.01	05001	OUTPATIENT SURGERY	2,108,981	5,409,994	7,518,975	0.364533	0.364533	50.01
51.00	05100	RECOVERY ROOM	2,105,943	2,747,129	4,853,072	0.205106	0.205106	51.00
53.00	05300	ANESTHESIOLOGY	5,684,697	9,090,301	14,774,998	0.255312	0.255312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,407,218	32,272,770	49,679,988	0.113638	0.113638	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,702,375	1,629,533	4,331,908	0.255755	0.255755	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,264,969	8,777,865	10,042,834	0.124032	0.124032	56.00
60.00	06000	LABORATORY	26,667,315	25,262,502	51,929,817	0.140876	0.140876	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,625,487	405,202	2,030,689	0.094668	0.094668	63.00
65.00	06500	RESPIRATORY THERAPY	8,749,154	3,617,487	12,366,641	0.243444	0.243444	65.00
66.00	06600	PHYSICAL THERAPY	4,587,010	12,166,007	16,753,017	0.674585	0.674585	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,175,082	154,909	4,329,991	0.227667	0.227667	67.00
68.00	06800	SPEECH PATHOLOGY	1,697,108	726,909	2,424,017	0.231818	0.231818	68.00
69.00	06900	ELECTROCARDIOLOGY	6,326,035	8,380,535	14,706,570	0.113444	0.113444	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	436,511	2,024,442	2,460,953	0.246470	0.246470	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,444,683	12,653,251	30,097,934	0.270695	0.270695	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,829,241	5,966,074	11,795,315	0.847889	0.847889	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,308,991	7,659,291	32,968,282	0.303556	0.303556	73.00
76.00	03630	ULTRA SOUND	2,669,079	4,589,485	7,258,564	0.147331	0.147331	76.00
76.01	03951	PAIN CLINIC	21,877	9,041,126	9,063,003	0.206009	0.206009	76.01
76.02	03952	CATH LAB	15,360,244	25,915,459	41,275,703	0.093888	0.093888	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,070,935	2,249,090	5,320,025	0.807512	0.807512	76.03
76.04	03954	WOUND CARE CENTER	11,114	1,979,477	1,990,591	0.510479	0.510479	76.04
76.05	03340	BARIATRIC CLINIC	1,170	525,516	526,686	2.038152	2.038152	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0.000000	0.000000	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.11
76.12	03959	ANTI COAGULATION CLINIC	11,665	978,956	990,621	0.785676	0.785676	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	18,262,566	35,408,111	53,670,677	0.158702	0.158702	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,289,067	8,289,067	0.513373	0.513373	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	259,886,053	253,669,207	513,555,260			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	259,886,053	253,669,207	513,555,260			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/29/2021 1:27 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	OUTPATIENT SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03630	ULTRA SOUND	0.000000		76.00
76.01	03951	PAIN CLINIC	0.000000		76.01
76.02	03952	CATH LAB	0.000000		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000		76.03
76.04	03954	WOUND CARE CENTER	0.000000		76.04
76.05	03340	BARIATRIC CLINIC	0.000000		76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0.000000		76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.08
76.09	03956	LACTATION CLINIC	0.000000		76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.11
76.12	03959	ANTICOAGULATION CLINIC	0.000000		76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 7/29/2021 1:27 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,490,203	0	1,490,203	22,165	67.23	30.00	
31.00	INTENSIVE CARE UNIT	366,036		366,036	2,847	128.57	31.00	
32.00	CORONARY CARE UNIT	6,378		6,378	0	0.00	32.00	
41.00	SUBPROVIDER - IRF	126,583	0	126,583	7,652	16.54	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	0		0	0	0.00	43.00	
200.00	Total (lines 30 through 199)	1,989,200		1,989,200	32,664		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	8,303	558,211					30.00
31.00	INTENSIVE CARE UNIT	1,026	131,913					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
41.00	SUBPROVIDER - IRF	4,705	77,821					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	14,034	767,945					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/29/2021 1:27 pm
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Cost Center Description		Title XVIII			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	869,232	47,969,538	0.018120	5,610,163	101,656	50.00
50.01	05001	OUTPATIENT SURGERY	274,970	7,518,975	0.036570	1,627,922	59,533	50.01
51.00	05100	RECOVERY ROOM	113,416	4,853,072	0.023370	621,931	14,535	51.00
53.00	05300	ANESTHESIOLOGY	133,887	14,774,998	0.009062	1,926,129	17,455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,233,194	49,679,988	0.024823	7,787,023	193,297	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	247,763	4,331,908	0.057195	731,949	41,864	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,086	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	170,591	10,042,834	0.016986	605,724	10,289	56.00
60.00	06000	LABORATORY	113,962	51,929,817	0.002195	10,350,426	22,719	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,137	2,030,689	0.018288	840,117	15,364	63.00
65.00	06500	RESPIRATORY THERAPY	107,426	12,366,641	0.008687	3,695,331	32,101	65.00
66.00	06600	PHYSICAL THERAPY	85,247	16,753,017	0.005088	1,071,330	5,451	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,104	4,329,991	0.002564	893,825	2,292	67.00
68.00	06800	SPEECH PATHOLOGY	8,228	2,424,017	0.003394	459,639	1,560	68.00
69.00	06900	ELECTROCARDIOLOGY	84,291	14,706,570	0.005732	2,893,381	16,585	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,162	2,460,953	0.034605	201,762	6,982	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,651	30,097,934	0.000919	5,517,313	5,070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,075	11,795,315	0.002635	2,644,207	6,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,752	32,968,282	0.002389	9,735,950	23,259	73.00
76.00	03630	ULTRA SOUND	156,114	7,258,564	0.021508	1,166,879	25,097	76.00
76.01	03951	PAIN CLINIC	163,379	9,063,003	0.018027	8,877	160	76.01
76.02	03952	CATH LAB	714,190	41,275,703	0.017303	6,880,192	119,048	76.02
76.03	03953	ACTIVITY THERAPEUTIC	86,130	5,320,025	0.016190	10,461	169	76.03
76.04	03954	WOUND CARE CENTER	86,837	1,990,591	0.043624	9,217	402	76.04
76.05	03340	BARIATRIC CLINIC	32,426	526,686	0.061566	141	9	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	692	0	0.000000	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0.000000	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	8,982	990,621	0.009067	1,065	10	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	410,973	53,670,677	0.007657	7,665,177	58,692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	236,995	8,289,067	0.028591	0	0	92.00
200.00		Total (lines 50 through 199)	5,630,892	449,419,476		72,956,131	780,566	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/29/2021 1:27 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	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	
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	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	22,165	0.00	8,303	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,847	0.00	1,026	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	7,652	0.00	4,705	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	0	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	32,664	0.00	14,034	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
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:27 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	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
76.00	03630	ULTRA SOUND	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:27 pm
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Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	47,969,538	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	7,518,975	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	4,853,072	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,774,998	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,679,988	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	4,331,908	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	10,042,834	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	51,929,817	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,030,689	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,366,641	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,753,017	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,329,991	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,424,017	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,706,570	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,460,953	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,097,934	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,795,315	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	32,968,282	0.000000	73.00
76.00	03630	ULTRA SOUND	0	0	0	7,258,564	0.000000	76.00
76.01	03951	PAIN CLINIC	0	0	0	9,063,003	0.000000	76.01
76.02	03952	CATH LAB	0	0	0	41,275,703	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	5,320,025	0.000000	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	1,990,591	0.000000	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	526,686	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0.000000	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0.000000	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	0	0	990,621	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	53,670,677	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,289,067	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	449,419,476		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:27 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	5,610,163	0	4,969,531	0	50.00
50.01	05001 OUTPATIENT SURGERY	0.000000	1,627,922	0	1,436,383	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	621,931	0	562,742	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,926,129	0	1,981,814	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	7,787,023	0	8,748,657	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000	731,949	0	215,395	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	605,724	0	3,664,628	0	56.00
60.00	06000 LABORATORY	0.000000	10,350,426	0	718,552	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	840,117	0	35,201	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,695,331	0	1,742,198	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,071,330	0	41,058	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	893,825	0	910	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	459,639	0	77,255	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,893,381	0	3,597,392	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	201,762	0	412,290	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,517,313	0	3,050,099	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,644,207	0	2,577,589	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	9,735,950	0	2,550,621	0	73.00
76.00	03630 ULTRA SOUND	0.000000	1,166,879	0	1,108,693	0	76.00
76.01	03951 PAIN CLINIC	0.000000	8,877	0	2,287,978	0	76.01
76.02	03952 CATH LAB	0.000000	6,880,192	0	11,577,229	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.000000	10,461	0	31,787	0	76.03
76.04	03954 WOUND CARE CENTER	0.000000	9,217	0	1,002,508	0	76.04
76.05	03340 BARIATRIC CLINIC	0.000000	141	0	44,623	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09	03956 LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12	03959 ANTI COAGULATION CLINIC	0.000000	1,065	0	577,335	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	7,665,177	0	6,135,385	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	1,001,402	0	92.00
200.00	Total (lines 50 through 199)		72,956,131	0	60,149,255	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:27 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.097707	4,969,531	0	0	485,558 50.00
50.01 05001 OUTPATIENT SURGERY	0.364533	1,436,383	0	0	523,609 50.01
51.00 05100 RECOVERY ROOM	0.205106	562,742	0	0	115,422 51.00
53.00 05300 ANESTHESIOLOGY	0.255312	1,981,814	0	0	505,981 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.113638	8,748,657	0	0	994,180 54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0.255755	215,395	0	0	55,088 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0.124032	3,664,628	0	0	454,531 56.00
60.00 06000 LABORATORY	0.140876	718,552	24,976	0	101,227 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.094668	35,201	0	0	3,332 63.00
65.00 06500 RESPIRATORY THERAPY	0.243444	1,742,198	0	0	424,128 65.00
66.00 06600 PHYSICAL THERAPY	0.674585	41,058	0	0	27,697 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.227667	910	0	0	207 67.00
68.00 06800 SPEECH PATHOLOGY	0.231818	77,255	0	0	17,909 68.00
69.00 06900 ELECTROCARDIOLOGY	0.113444	3,597,392	37,195	0	408,103 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.246470	412,290	0	0	101,617 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.270695	3,050,099	0	0	825,647 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.847889	2,577,589	0	0	2,185,509 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.303556	2,550,621	0	19,966	774,256 73.00
76.00 03630 ULTRA SOUND	0.147331	1,108,693	0	0	163,345 76.00
76.01 03951 PAIN CLINIC	0.206009	2,287,978	0	0	471,344 76.01
76.02 03952 CATH LAB	0.093888	11,577,229	0	0	1,086,963 76.02
76.03 03953 ACTIVITY THERAPEUTIC	0.807512	31,787	0	0	25,668 76.03
76.04 03954 WOUND CARE CENTER	0.510479	1,002,508	0	0	511,759 76.04
76.05 03340 BARIATRIC CLINIC	2.038152	44,623	0	0	90,948 76.05
76.06 03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0 76.06
76.07 03950 CV RESOURCE CENTER	0.000000	0	0	0	0 76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0 76.08
76.09 03956 LACTATION CLINIC	0.000000	0	0	0	0 76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0 76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0 76.11
76.12 03959 ANTI COAGULATION CLINIC	0.785676	577,335	0	0	453,598 76.12
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.158702	6,135,385	0	0	973,698 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.513373	1,001,402	0	0	514,093 92.00
200.00 Subtotal (see instructions)		60,149,255	62,171	19,966	12,295,417 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00 Net Charges (line 200 - line 201)		60,149,255	62,171	19,966	12,295,417 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:27 pm
	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
50.01 05001 OUTPATIENT SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	3,519	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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	4,220	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	6,061		73.00
76.00 03630 ULTRA SOUND	0	0		76.00
76.01 03951 PAIN CLINIC	0	0		76.01
76.02 03952 CATH LAB	0	0		76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0		76.03
76.04 03954 WOUND CARE CENTER	0	0		76.04
76.05 03340 BARIATRIC CLINIC	0	0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	0		76.06
76.07 03950 CV RESOURCE CENTER	0	0		76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.08
76.09 03956 LACTATION CLINIC	0	0		76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.11
76.12 03959 ANTICOAGULATION CLINIC	0	0		76.12
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	7,739	6,061		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	7,739	6,061		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 7/29/2021 1:27 pm	
			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	869,232	47,969,538	0.018120	114,139	2,068	50.00
50.01	05001	OUTPATIENT SURGERY	274,970	7,518,975	0.036570	20,670	756	50.01
51.00	05100	RECOVERY ROOM	113,416	4,853,072	0.023370	14,716	344	51.00
53.00	05300	ANESTHESIOLOGY	133,887	14,774,998	0.009062	26,500	240	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,233,194	49,679,988	0.024823	342,617	8,505	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	247,763	4,331,908	0.057195	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,086	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	170,591	10,042,834	0.016986	8,586	146	56.00
60.00	06000	LABORATORY	113,962	51,929,817	0.002195	825,875	1,813	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,137	2,030,689	0.018288	21,762	398	63.00
65.00	06500	RESPIRATORY THERAPY	107,426	12,366,641	0.008687	524,340	4,555	65.00
66.00	06600	PHYSICAL THERAPY	85,247	16,753,017	0.005088	2,943,685	14,977	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,104	4,329,991	0.002564	2,826,900	7,248	67.00
68.00	06800	SPEECH PATHOLOGY	8,228	2,424,017	0.003394	1,021,787	3,468	68.00
69.00	06900	ELECTROCARDIOLOGY	84,291	14,706,570	0.005732	61,193	351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,162	2,460,953	0.034605	13,187	456	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,651	30,097,934	0.000919	636,187	585	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,075	11,795,315	0.002635	39,951	105	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,752	32,968,282	0.002389	1,219,044	2,912	73.00
76.00	03630	ULTRA SOUND	156,114	7,258,564	0.021508	52,714	1,134	76.00
76.01	03951	PAIN CLINIC	163,379	9,063,003	0.018027	0	0	76.01
76.02	03952	CATH LAB	714,190	41,275,703	0.017303	23,956	415	76.02
76.03	03953	ACTIVITY THERAPEUTIC	86,130	5,320,025	0.016190	225	4	76.03
76.04	03954	WOUND CARE CENTER	86,837	1,990,591	0.043624	0	0	76.04
76.05	03340	BARIATRIC CLINIC	32,426	526,686	0.061566	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	692	0	0.000000	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0.000000	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	8,982	990,621	0.009067	10,600	96	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	410,973	53,670,677	0.007657	213,205	1,633	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,289,067	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	5,393,897	449,419,476		10,961,839	52,209	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:27 pm
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
50.01	05001 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630 ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951 PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952 CATH LAB	0	0	0	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340 BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956 LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
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
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:27 pm
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Title XVIII		Subprovider - IRF	PPS
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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	47,969,538	0.000000	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	7,518,975	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	4,853,072	0.000000	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	14,774,998	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	49,679,988	0.000000	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	4,331,908	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	10,042,834	0.000000	56.00
60.00 06000 LABORATORY	0	0	0	51,929,817	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,030,689	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	12,366,641	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	16,753,017	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,329,991	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,424,017	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,706,570	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	2,460,953	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,097,934	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,795,315	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	32,968,282	0.000000	73.00
76.00 03630 ULTRASOUND	0	0	0	7,258,564	0.000000	76.00
76.01 03951 PAIN CLINIC	0	0	0	9,063,003	0.000000	76.01
76.02 03952 CATH LAB	0	0	0	41,275,703	0.000000	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	0	5,320,025	0.000000	76.03
76.04 03954 WOUND CARE CENTER	0	0	0	1,990,591	0.000000	76.04
76.05 03340 BARIATRIC CLINIC	0	0	0	526,686	0.000000	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0.000000	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	0	0.000000	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.08
76.09 03956 LACTATION CLINIC	0	0	0	0	0.000000	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.11
76.12 03959 ANTICOAGULATION CLINIC	0	0	0	990,621	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	53,670,677	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,289,067	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	449,419,476		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:27 pm	
				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	114,139	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.000000	20,670	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	14,716	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	26,500	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	342,617	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	8,586	0	0	56.00
60.00	06000	LABORATORY	0.000000	825,875	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	21,762	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	524,340	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,943,685	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,826,900	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,021,787	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	61,193	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	13,187	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	636,187	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	39,951	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,219,044	0	0	73.00
76.00	03630	ULTRA SOUND	0.000000	52,714	0	0	76.00
76.01	03951	PAIN CLINIC	0.000000	0	0	0	76.01
76.02	03952	CATH LAB	0.000000	23,956	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000	225	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.000000	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0.000000	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.000000	10,600	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	213,205	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		10,961,839	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:27 pm				
		Title XVIII	Subprovider - IRF	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	0.097707	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.364533	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.205106	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.255312	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113638	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.255755	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.124032	0	0	0	0	56.00
60.00	06000	LABORATORY	0.140876	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094668	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.243444	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.674585	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227667	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.231818	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113444	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246470	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270695	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.847889	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.303556	0	0	800	0	73.00
76.00	03630	ULTRA SOUND	0.147331	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0.206009	0	0	0	0	76.01
76.02	03952	CATH LAB	0.093888	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.807512	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.510479	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	2.038152	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.785676	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.158702	0	290	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.513373	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	290	800	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	290	800	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:27 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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	243	73.00
76.00 03630 ULTRA SOUND	0	0	76.00
76.01 03951 PAIN CLINIC	0	0	76.01
76.02 03952 CATH LAB	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	76.03
76.04 03954 WOUND CARE CENTER	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.08
76.09 03956 LACTATION CLINIC	0	0	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.11
76.12 03959 ANTI COAGULATION CLINIC	0	0	76.12
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	46	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	46	243	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	46	243	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:27 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.097707	6,160,455	0	0	601,920	50.00
50.01	05001	OUTPATIENT SURGERY	0.364533	727,615	0	0	265,240	50.01
51.00	05100	RECOVERY ROOM	0.205106	527,176	0	0	108,127	51.00
53.00	05300	ANESTHESIOLOGY	0.255312	1,237,213	0	0	315,875	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113638	2,641,291	0	0	300,151	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.255755	87,772	0	0	22,448	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.124032	644,841	0	0	79,981	56.00
60.00	06000	LABORATORY	0.140876	2,561,607	0	0	360,869	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094668	40,553	0	0	3,839	63.00
65.00	06500	RESPIRATORY THERAPY	0.243444	269,596	0	0	65,632	65.00
66.00	06600	PHYSICAL THERAPY	0.674585	4,337,887	0	0	2,926,274	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227667	6,040	0	0	1,375	67.00
68.00	06800	SPEECH PATHOLOGY	0.231818	171,128	0	0	39,671	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113444	557,794	0	0	63,278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246470	235,476	0	0	58,038	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270695	4,916	0	0	1,331	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.847889	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.303556	736,920	0	0	223,696	73.00
76.00	03630	ULTRA SOUND	0.147331	413,628	0	0	60,940	76.00
76.01	03951	PAIN CLINIC	0.206009	1,178,873	0	0	242,858	76.01
76.02	03952	CATH LAB	0.093888	1,269,114	0	0	119,155	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.807512	66,550	0	0	53,740	76.03
76.04	03954	WOUND CARE CENTER	0.510479	92,210	0	0	47,071	76.04
76.05	03340	BARIATRIC CLINIC	2.038152	155,590	0	0	317,116	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.785676	15,160	0	0	11,911	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.158702	3,879,656	0	0	615,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.513373	0	0	0	0	92.00
200.00		Subtotal (see instructions)		28,019,061	0	0	6,906,245	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		28,019,061	0	0	6,906,245	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:27 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OUTPATIENT SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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	0		73.00
76.00 03630 ULTRASOUND	0	0		76.00
76.01 03951 PAIN CLINIC	0	0		76.01
76.02 03952 CATH LAB	0	0		76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0		76.03
76.04 03954 WOUND CARE CENTER	0	0		76.04
76.05 03340 BARIATRIC CLINIC	0	0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	0		76.06
76.07 03950 CV RESOURCE CENTER	0	0		76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.08
76.09 03956 LACTATION CLINIC	0	0		76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.11
76.12 03959 ANTICOAGULATION CLINIC	0	0		76.12
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/29/2021 1:27 pm
		Title XIX	Subprovider - IRF	TEFRA

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	869,232	47,969,538	0.018120	0	50.00
50.01	05001	OUTPATIENT SURGERY	274,970	7,518,975	0.036570	0	50.01
51.00	05100	RECOVERY ROOM	113,416	4,853,072	0.023370	0	51.00
53.00	05300	ANESTHESIOLOGY	133,887	14,774,998	0.009062	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,233,194	49,679,988	0.024823	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	247,763	4,331,908	0.057195	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,086	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	170,591	10,042,834	0.016986	0	56.00
60.00	06000	LABORATORY	113,962	51,929,817	0.002195	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,137	2,030,689	0.018288	0	63.00
65.00	06500	RESPIRATORY THERAPY	107,426	12,366,641	0.008687	0	65.00
66.00	06600	PHYSICAL THERAPY	85,247	16,753,017	0.005088	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,104	4,329,991	0.002564	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,228	2,424,017	0.003394	0	68.00
69.00	06900	ELECTROCARDIOLOGY	84,291	14,706,570	0.005732	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,162	2,460,953	0.034605	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,651	30,097,934	0.000919	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,075	11,795,315	0.002635	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,752	32,968,282	0.002389	0	73.00
76.00	03630	ULTRA SOUND	156,114	7,258,564	0.021508	0	76.00
76.01	03951	PAIN CLINIC	163,379	9,063,003	0.018027	0	76.01
76.02	03952	CATH LAB	714,190	41,275,703	0.017303	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	86,130	5,320,025	0.016190	0	76.03
76.04	03954	WOUND CARE CENTER	86,837	1,990,591	0.043624	0	76.04
76.05	03340	BARIATRIC CLINIC	32,426	526,686	0.061566	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	692	0	0.000000	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0.000000	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	8,982	990,621	0.009067	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	410,973	53,670,677	0.007657	600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,289,067	0.000000	0	92.00
200.00		Total (lines 50 through 199)	5,393,897	449,419,476		600	5,200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:27 pm
	Title XIX	Subprovider - IRF	TEFRA

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630 ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951 PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952 CATH LAB	0	0	0	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340 BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956 LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
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
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:27 pm	
				Title XIX		Subprovider - IRF	TEFRA
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	47,969,538	0.000000 50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	7,518,975	0.000000 50.01
51.00	05100	RECOVERY ROOM	0	0	0	4,853,072	0.000000 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,774,998	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,679,988	0.000000 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	4,331,908	0.000000 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000 55.00
56.00	05600	RADIOISOTOPE	0	0	0	10,042,834	0.000000 56.00
60.00	06000	LABORATORY	0	0	0	51,929,817	0.000000 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,030,689	0.000000 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,366,641	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,753,017	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,329,991	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,424,017	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,706,570	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,460,953	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,097,934	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,795,315	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	32,968,282	0.000000 73.00
76.00	03630	ULTRA SOUND	0	0	0	7,258,564	0.000000 76.00
76.01	03951	PAIN CLINIC	0	0	0	9,063,003	0.000000 76.01
76.02	03952	CATH LAB	0	0	0	41,275,703	0.000000 76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	5,320,025	0.000000 76.03
76.04	03954	WOUND CARE CENTER	0	0	0	1,990,591	0.000000 76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	526,686	0.000000 76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0.000000 76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0.000000 76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000 76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0.000000 76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000 76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000 76.11
76.12	03959	ANTI COAGULATION CLINIC	0	0	0	990,621	0.000000 76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	53,670,677	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,289,067	0.000000 92.00
200.00		Total (lines 50 through 199)	0	0	0	449,419,476	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:27 pm
	Title XIX	Subprovider - IRF	TEFRA

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
60.00 06000 LABORATORY	0.000000	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	0	0	802,199	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	270	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	8,010	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.00 03630 ULTRA SOUND	0.000000	0	0	0	0	76.00
76.01 03951 PAIN CLINIC	0.000000	0	0	0	0	76.01
76.02 03952 CATH LAB	0.000000	0	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0.000000	0	0	0	0	76.03
76.04 03954 WOUND CARE CENTER	0.000000	0	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0.000000	0	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09 03956 LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12 03959 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.000000	600	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	600	0	810,479	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:27 pm			
			Title XIX	Subprovider - IRF	TEFRA		
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	0.097707	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.364533	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.205106	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.255312	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113638	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.255755	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.124032	0	0	0	56.00
60.00	06000	LABORATORY	0.140876	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094668	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.243444	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.674585	802,199	0	541,151	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227667	270	0	61	67.00
68.00	06800	SPEECH PATHOLOGY	0.231818	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113444	8,010	0	909	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246470	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270695	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.847889	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.303556	0	0	0	73.00
76.00	03630	ULTRA SOUND	0.147331	0	0	0	76.00
76.01	03951	PAIN CLINIC	0.206009	0	0	0	76.01
76.02	03952	CATH LAB	0.093888	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.807512	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.510479	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	2.038152	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.785676	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.158702	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.513373	0	0	0	92.00
200.00		Subtotal (see instructions)		810,479	0	542,121	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		810,479	0	542,121	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 1:27 pm
	Title XIX	Subprovider - IRF	TEFRA

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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	0	73.00
76.00 03630 ULTRA SOUND	0	0	76.00
76.01 03951 PAIN CLINIC	0	0	76.01
76.02 03952 CATH LAB	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	76.03
76.04 03954 WOUND CARE CENTER	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.08
76.09 03956 LACTATION CLINIC	0	0	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.11
76.12 03959 ANTI COAGULATION CLINIC	0	0	76.12
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 7/29/2021 1:27 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,165	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,165	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)		18,640	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)		8,303	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)		26,757,678	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)		26,757,678	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)		26,757,678	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)		1,207.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,023,382	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)		10,023,382	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:27 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,907,799	2,847	2,075.10	1,026	2,129,053	43.00
44.00	CORONARY CARE UNIT	31,201	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,503,040	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,655,475	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)					690,124	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					780,566	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,470,690	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,184,785	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)					3,525	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,207.20	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,255,380	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,490,203	26,757,678	0.055693	4,255,380	236,995	90.00
91.00	Nursing School cost	0	26,757,678	0.000000	4,255,380	0	91.00
92.00	Allied health cost	0	26,757,678	0.000000	4,255,380	0	92.00
93.00	All other Medical Education	0	26,757,678	0.000000	4,255,380	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:27 pm
		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)		7,652	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,652	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,652	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)		4,705	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,225,314	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		7,225,314	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,225,314	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)		944.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,442,649	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)		4,442,649	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:27 pm		
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						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						3,819,736	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						8,262,385	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)						77,821	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						52,209	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						130,030	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						8,132,355	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: 15-0090 Component CCN: 15-T090		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:27 pm	
		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	126,583	7,225,314	0.017519	0	0	90.00
91.00	Nursing School cost	0	7,225,314	0.000000	0	0	91.00
92.00	Allied health cost	0	7,225,314	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,225,314	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:27 pm
		Title XIX	Subprovider - IRF	TEFRA
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,652	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,652	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,652	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)		683	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,225,314	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		7,225,314	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,225,314	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)		944.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		644,916	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)		644,916	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:27 pm	
		Title XIX		Subprovider - IRF		TEFRA	
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						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	95					
PASS THROUGH COST ADJUSTMENTS		645,011					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	5					
52.00	Total Program excludable cost (sum of lines 50 and 51)	5					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	645,006					
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges	43					
55.00	Target amount per discharge	0.00					
56.00	Target amount (line 54 x line 55)	0					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	-645,006					
58.00	Bonus payment (see instructions)	0					
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					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00					
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					
62.00	Relief payment (see instructions)	0					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	5					
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					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0					
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					
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					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0					
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					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00					
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0					

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/29/2021 1:27 pm	
		Title XIX		Subprovider - IRF		TEFRA	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	7,225,314	0.000000	0	0	90.00
91.00	Nursing School cost	0	7,225,314	0.000000	0	0	91.00
92.00	Allied health cost	0	7,225,314	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,225,314	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,549,087	30.00
31.00	03100	INTENSIVE CARE UNIT		4,721,528	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - I RF		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	0.097707	5,610,163	50.00
50.01	05001	OUTPATIENT SURGERY	0.364637	1,627,922	50.01
51.00	05100	RECOVERY ROOM	0.205106	621,931	51.00
53.00	05300	ANESTHESIOLOGY	0.255312	1,926,129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113638	7,787,023	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.255755	731,949	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.124032	605,724	56.00
60.00	06000	LABORATORY	0.141055	10,350,426	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094668	840,117	63.00
65.00	06500	RESPIRATORY THERAPY	0.243584	3,695,331	65.00
66.00	06600	PHYSICAL THERAPY	0.674585	1,071,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227667	893,825	67.00
68.00	06800	SPEECH PATHOLOGY	0.231818	459,639	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113444	2,893,381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246470	201,762	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270695	5,517,313	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.847889	2,644,207	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.303556	9,735,950	73.00
76.00	03630	ULTRA SOUND	0.147331	1,166,879	76.00
76.01	03951	PAIN CLINIC	0.206009	8,877	76.01
76.02	03952	CATH LAB	0.094016	6,880,192	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.807512	10,461	76.03
76.04	03954	WOUND CARE CENTER	0.510904	9,217	76.04
76.05	03340	BARIATRIC CLINIC	2.042716	141	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.786768	1,065	76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.158978	7,665,177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.513373	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		72,956,131	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)		72,956,131	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:27 pm	
		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
41.00	04100	SUBPROVIDER - IRF		7,489,199	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.097707	114,139	50.00
50.01	05001	OUTPATIENT SURGERY	0.364637	20,670	50.01
51.00	05100	RECOVERY ROOM	0.205106	14,716	51.00
53.00	05300	ANESTHESIOLOGY	0.255312	26,500	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113638	342,617	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.255755	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.124032	8,586	56.00
60.00	06000	LABORATORY	0.141055	825,875	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094668	21,762	63.00
65.00	06500	RESPIRATORY THERAPY	0.243584	524,340	65.00
66.00	06600	PHYSICAL THERAPY	0.674585	2,943,685	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227667	2,826,900	67.00
68.00	06800	SPEECH PATHOLOGY	0.231818	1,021,787	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113444	61,193	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246470	13,187	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270695	636,187	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.847889	39,951	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.303556	1,219,044	73.00
76.00	03630	ULTRA SOUND	0.147331	52,714	76.00
76.01	03951	PAIN CLINIC	0.206009	0	76.01
76.02	03952	CATH LAB	0.094016	23,956	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.807512	225	76.03
76.04	03954	WOUND CARE CENTER	0.510904	0	76.04
76.05	03340	BARIATRIC CLINIC	2.042716	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.786768	10,600	76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.158978	213,205	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.513373	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,961,839	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)		10,961,839	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:27 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,670,198	30.00
31.00	03100	INTENSIVE CARE UNIT		1,133,458	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - I RF		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	0.097707	5,105,070	50.00
50.01	05001	OUTPATIENT SURGERY	0.364533	231,796	50.01
51.00	05100	RECOVERY ROOM	0.205106	294,362	51.00
53.00	05300	ANESTHESIOLOGY	0.255312	660,075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.113638	1,086,829	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.255755	168,939	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.124032	73,690	56.00
60.00	06000	LABORATORY	0.140876	2,422,012	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094668	124,913	63.00
65.00	06500	RESPIRATORY THERAPY	0.243444	848,227	65.00
66.00	06600	PHYSICAL THERAPY	0.674585	165,984	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227667	172,480	67.00
68.00	06800	SPEECH PATHOLOGY	0.231818	58,070	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113444	491,370	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246470	45,240	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.270695	6,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.847889	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.303556	2,525,557	73.00
76.00	03630	ULTRA SOUND	0.147331	181,093	76.00
76.01	03951	PAIN CLINIC	0.206009	0	76.01
76.02	03952	CATH LAB	0.093888	842,011	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.807512	1,316,772	76.03
76.04	03954	WOUND CARE CENTER	0.510479	400	76.04
76.05	03340	BARIATRIC CLINIC	2.038152	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.11
76.12	03959	ANTICOAGULATION CLINIC	0.785676	0	76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.158702	1,733,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.513373	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		18,554,312	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)		18,554,312	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:27 pm
		Title XIX	Subprovider - IRF	TEFRA
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
41.00	04100 SUBPROVIDER - IRF		280,500	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	0.097707	0	50.00
50.01	05001 OUTPATIENT SURGERY	0.364533	0	50.01
51.00	05100 RECOVERY ROOM	0.205106	0	51.00
53.00	05300 ANESTHESIOLOGY	0.255312	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.113638	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.255755	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0.124032	0	56.00
60.00	06000 LABORATORY	0.140876	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.094668	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.243444	0	65.00
66.00	06600 PHYSICAL THERAPY	0.674585	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.227667	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.231818	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.113444	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.246470	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.270695	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.847889	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.303556	0	73.00
76.00	03630 ULTRA SOUND	0.147331	0	76.00
76.01	03951 PAIN CLINIC	0.206009	0	76.01
76.02	03952 CATH LAB	0.093888	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.807512	0	76.03
76.04	03954 WOUND CARE CENTER	0.510479	0	76.04
76.05	03340 BARIATRIC CLINIC	2.038152	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950 CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.08
76.09	03956 LACTATION CLINIC	0.000000	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.11
76.12	03959 ANTI COAGULATION CLINIC	0.785676	0	76.12
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.158702	600	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.513373	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		600	95 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		600	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 1:27 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,930,744	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,877,381	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)		429,795	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		178,400	2.04
3.00	Managed Care Simulated Payments		7,355,224	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		94.20	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)		7.80	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)		0.89	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)		6.91	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		4.17	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.84	11.00
12.00	Current year allowable FTE (see instructions)		7.01	12.00
13.00	Total allowable FTE count for the prior year.		7.07	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.		8.67	14.00
15.00	Sum of lines 12 through 14 divided by 3.		7.58	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		7.58	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.080467	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.075704	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.075704	21.00
22.00	IME payment adjustment (see instructions)		721,140	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		297,850	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)		-2.74	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)		721,140	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		297,850	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.12	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.59	31.00
32.00	Sum of lines 30 and 31		18.71	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.91	33.00
34.00	Disproportionate share adjustment (see instructions)		218,595	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 1:27 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000154997	0.000315558	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,294,322	2,615,979	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	968,973	659,371	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,628,344		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)	20,984,399		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)		21,282,249	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,452,654	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).		289,384	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		32,478	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)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,056,765	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,056,765	61.00
62.00	Deductibles billed to program beneficiaries		1,716,660	62.00
63.00	Coinurance billed to program beneficiaries		80,190	63.00
64.00	Allowable bad debts (see instructions)		378,097	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		245,763	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		185,742	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,505,678	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-141,729	70.93
70.94	HRR adjustment amount (see instructions)		-148,338	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 1:27 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			21,215,611	71.00
71.01	Sequestration adjustment (see instructions)			140,023	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			21,049,382	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			26,206	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			514,740	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0090

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 1:27 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,930,744	0	12,930,744	12,930,744	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,877,381	0	4,877,381	4,877,381	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00					2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	429,795	0	429,795	429,795	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	178,400	0	178,400	178,400	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	7,355,224	0	5,579,011	1,776,213	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.075704	0.075704	0.075704	0.075704	5.00	
6.00	IME payment adjustment (see instructions)	22.00	721,140	0	523,630	197,510	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	297,850	0	225,922	71,928	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	721,140	0	523,630	197,510	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	297,850	0	225,922	71,928	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0491	0.0491	0.0491	0.0491	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	218,595	0	158,725	59,870	11.00	
11.01	Uncompensated care payments	36.00	1,628,344	0	1,138,045	216,350	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	20,984,399	0	15,454,888	5,529,511	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,282,249	0	15,680,810	5,601,439	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,452,654	0	1,065,247	387,407	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0090

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/29/2021 1:27 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	32,478	0	0	32,478	32,478	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	16,746,057	6,021,324	22,767,381	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,380,110	0	1,014,285	365,825	1,380,110	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	21,342	0	13,332	8,010	21,342	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0371	0.0371	0.0371	0.0371		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	51,202	0	37,630	13,572	51,202	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,452,654	0	1,065,247	387,407	1,452,654	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/29/2021 1:27 pm
Title XVIII			Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,930,744	12,930,744		12,930,744
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,877,381		4,877,381	4,877,381
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00				
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	429,795	429,795		429,795
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	178,400		178,400	178,400
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	7,355,224	5,579,011	1,776,213	7,355,224
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.075704	0.075704	0.075704	
6.00	IME payment adjustment (see instructions)	22.00	721,140	523,630	197,510	721,140
6.01	IME payment adjustment for managed care (see instructions)	22.01	297,850	225,922	71,928	297,850
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	721,140	523,630	197,510	721,140
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	297,850	225,922	71,928	297,850
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0491	0.0491	0.0491	
11.00	Disproportionate share adjustment (see instructions)	34.00	218,595	158,725	59,870	218,595
11.01	Uncompensated care payments	36.00	1,628,344	641,993	604,623	1,246,616
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	20,984,399	15,066,615	5,917,784	20,984,399
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,282,249	15,292,537	5,989,712	21,282,249
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,452,654	1,065,247	387,407	1,452,654
17.00	Special add-on payments for new technologies	54.00	32,478	0	32,478	32,478
17.01	Net organ acquisition cost					
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			16,357,784	6,409,597	22,767,381

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0090

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/29/2021 1:27 pm

		Title XVIII				Hospital	PPS
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,380,110	1,014,285	365,825	1,380,110	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	21,342	13,332	8,010	21,342	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0371	0.0371	0.0371		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	51,202	37,630	13,572	51,202	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,452,654	1,065,247	387,407	1,452,654	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-141,729	-79,755	-61,974	-141,729	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-148,338	-68,533	-79,805	-148,338	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 1:27 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,800	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,295,417	2.00
3.00	OPPS payments		8,598,369	3.00
4.00	Outlier payment (see instructions)		60,214	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,800	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		82,137	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)		82,137	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)		82,137	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		68,337	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)		13,800	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		8,658,583	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		12,392	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,506,840	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		7,153,151	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		99,149	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,252,300	30.00
31.00	Primary payer payments		3,516	31.00
32.00	Subtotal (line 30 minus line 31)		7,248,784	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)		260,547	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		169,356	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		129,565	36.00
37.00	Subtotal (see instructions)		7,418,140	37.00
38.00	MSP-LCC reconciliation amount from PS&R		70	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,418,070	40.00
40.01	Sequestration adjustment (see instructions)		48,959	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		7,469,412	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-100,301	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 1:27 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		289	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		371	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		289	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,090	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)		1,090	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)		1,090	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		801	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)		289	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)		371	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		660	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)		660	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		660	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		660	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		660	40.00
40.01	Sequestration adjustment (see instructions)		4	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		581	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		75	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0090

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

Worksheet E-1
Part I
Date/Time Prepared:
7/29/2021 1:27 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		21,049,382		7,469,412	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)		21,049,382		7,469,412	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		26,206		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		100,301	6.02	
7.00	Total Medicare program liability (see instructions)		21,075,588		7,369,111	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: 15-0090
Component CCN: 15-T090

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

Worksheet E-1
Part I
Date/Time Prepared:
7/29/2021 1:27 pm

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					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		8,193,293		581	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)		8,193,293		581	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		19,158		75	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		8,212,451		656	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: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/29/2021 1:27 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/29/2021 1:27 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		7,880,737	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0347	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		297,892	3.00
4.00	Outlier Payments		154,873	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)		20.907104	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)		8,333,502	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		8,333,502	17.00
18.00	Primary payer payments		797	18.00
19.00	Subtotal (line 17 less line 18).		8,332,705	19.00
20.00	Deductibles		29,524	20.00
21.00	Subtotal (line 19 minus line 20)		8,303,181	21.00
22.00	Coinsurance		36,168	22.00
23.00	Subtotal (line 21 minus line 22)		8,267,013	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		8,267,013	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		8,267,013	32.00
32.01	Sequestration adjustment (see instructions)		54,562	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		8,193,293	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)		19,158	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		154,873	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: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/29/2021 1:27 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		18,554,312	28,019,061	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)		18,554,312	28,019,061	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)		18,554,312	28,019,061	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		18,554,312	28,019,061	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/29/2021 1:27 pm
		Title XIX	Subprovider - IRF	TEFRA
			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		5	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)		5	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)		5	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		600	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)		600	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		600	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		595	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		5	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		5	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		5	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		5	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		5	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		5	40.00
41.00	Interim payments		5	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 1:27 pm
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Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			7.76	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			6.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.53	6.00
7.00	Enter the lesser of line 5 or line 6			3.53	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.27	2.91	3.18	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.27	2.91	3.18	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.84		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.27	5.75		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.41	6.33		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.59	7.31		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.42	6.46		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.42	6.46		17.00
18.00	Per resident amount	90,010.57	86,992.20		18.00
19.00	Approved amount for resident costs	37,804	561,970	599,774	19.00

					1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			599,774	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	14,034	5,639		26.00
27.00	Total Inpatient Days (see instructions)	29,139	29,139		27.00
28.00	Ratio of inpatient days to total inpatient days	0.481623	0.193521		28.00
29.00	Program direct GME amount	288,865	116,069	404,934	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		16,401	16,401	30.00
31.00	Net Program direct GME amount			388,533	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 1:27 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		35,917,860	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		797	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		35,917,063	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		12,309,506	42.00
43.00	Primary payer payments (see instructions)		3,516	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		12,305,990	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		48,223,053	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.744811	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.255189	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		388,533	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		289,384	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		99,149	50.00

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

Provider CCN: 15-0090

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

Worksheet G

Date/Time Prepared:
7/29/2021 1:27 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	18,878	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	24,858,947	0	0	0	4.00
5.00	Other receivable	4,373,492	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,592,262	0	0	0	6.00
7.00	Inventory	2,189,216	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	26,848,271	0	0	0	11.00
FIXED ASSETS						
12.00	Land	346,472	0	0	0	12.00
13.00	Land improvements	9,701,677	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	68,352,523	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	178,989	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	168,737,576	0	0	0	23.00
24.00	Accumulated depreciation	-154,516,650	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)	92,800,587	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	383,221	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	383,221	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	120,032,079	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,720,001	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,272,554	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	568,012	0	0	0	43.00
44.00	Other current liabilities	1,434,574	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,995,141	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	60,451,087	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	60,451,087	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	74,446,228	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	45,585,851	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	45,585,851	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	120,032,079	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0090

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

Worksheet G-1

Date/Time Prepared:
7/29/2021 1:27 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		230,078,207		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-52,141,969			2.00
3.00	Total (sum of line 1 and line 2)		177,936,238		0	3.00
4.00	CONTRIBUTIONS OF PPE	52,336		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		52,336		0	10.00
11.00	Subtotal (line 3 plus line 10)		177,988,574		0	11.00
12.00	EQUITY TRANSFERS	132,402,722		0		12.00
13.00	ROUNDING	1		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		132,402,723		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		45,585,851		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	CONTRIBUTIONS OF PPE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	EQUITY TRANSFERS		0			12.00
13.00	ROUNDING		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: 15-0090

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/29/2021 1:27 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	40,289,026		40,289,026	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	12,191,671		12,191,671	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				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)	52,480,697		52,480,697	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,655,087		11,655,087	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,655,087		11,655,087	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	64,135,784		64,135,784	17.00
18.00	Ancillary services	177,188,551	210,271,181	387,459,732	18.00
19.00	Outpatient services	18,262,566	43,697,178	61,959,744	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSEABLE COST CENTERS	8,686,744	19,287,973	27,974,717	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	268,273,645	273,256,332	541,529,977	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		162,530,332		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	ROUNDING	22			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)		22		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		162,530,310		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0090

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

Worksheet G-3

Date/Time Prepared:
7/29/2021 1:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	541,529,977	1.00
2.00	Less contractual allowances and discounts on patients' accounts	444,611,543	2.00
3.00	Net patient revenues (line 1 minus line 2)	96,918,434	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	162,530,310	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-65,611,876	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	155,043	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	797,491	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	347,909	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	59,779	20.00
21.00	Rental of vending machines	13,012	21.00
22.00	Rental of hospital space	42,183	22.00
23.00	Governmental appropriations	0	23.00
24.00	OT, PREM - REV	12,054,490	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	13,469,907	25.00
26.00	Total (line 5 plus line 25)	-52,141,969	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-52,141,969	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0090	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/29/2021 1:27 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,380,110	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		21,342	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)		58.71	3.00
4.00	Number of interns & residents (see instructions)		7.58	4.00
5.00	Indirect medical education percentage (see instructions)		3.71	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)		51,202	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,452,654	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