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: 15-0109	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 4/29/2021 3:52 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 4/29/2021 Time: 3:52 pm
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH LAFAYETTE (15-0109) 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 Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-51,038	-23,276	0	-160,946	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-9,081	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	1		0	9.00
200.00	Total	0	-60,119	-23,275	0	-160,946	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I | Date/Time Prepared: 4/29/2021 3:52 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1701 SOUTH CREASY LANE	PO Box:			1.00
2.00	City: LAFAYETTE	State: IN	Zip Code: 47905-	County: TIPPECANOE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	FRANCISCAN HEALTH LAFAYETTE	150109	29200	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	FRNACISCAN HEALTH LAFAYETTE REHAB	15T109	29200	5	01/01/1995	N	P	O	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	FRANCISCAN HOME CARE	157124	29200		07/06/1966	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	FRNACISCAN HEALTH LAFAYETTE HOSPICE	151563	29200		01/01/1984				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	Y	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I | Date/Time Prepared: 4/29/2021 3:52 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	
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.	706	150	17	14	9,381	253	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	41	5	0	0	382		25.00

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 3:52 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustement? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.03

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 3:52 pm

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

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

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

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

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		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00

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

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

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				V	XIX	
				1.00	2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00
				1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N		111.00
		1.00	2.00	3.00		
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00
	Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	635,304	0	403,602		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	5.06		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part I | Date/Time Prepared: 4/29/2021 3:52 pm

		1.00	2.00	
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

	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: WPS	Contractor's Number: 08101	141.00
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290		142.00
143.00	City: MISHAWAKA	State: IN	Zip Code: 46546-1290	143.00

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

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

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

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
160.01		N	N	N	N	160.01
160.02		N	N	N	N	160.02
161.00	CMHC		N	N	N	161.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0109	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 3:52 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part II | Date/Time Prepared: 4/29/2021 3:52 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	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

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

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

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	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	03/08/2021	Y	03/08/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-2 Part II Date/Time Prepared: 4/29/2021 3:52 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 relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	Y	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.	N	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.	STEVE	HOWELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-428-5927	STEVEN.HOWELL@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0109	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 4/29/2021 3:52 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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part I | Date/Time Prepared: 4/29/2021 3:52 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	153	55,998	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)		153	55,998	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	17	6,222	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	14	5,124	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		184	67,344	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	15	5,490		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			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)		199				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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part I | Date/Time Prepared: 4/29/2021 3:52 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,220	359	31,572			1.00
2.00	HMO and other (see instructions)	5,728	5,687				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	449	382				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)	16,220	359	31,572			7.00
8.00	INTENSIVE CARE UNIT	1,659	528	4,197			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	NEONATAL INTENSIVE CARE UNIT	0	1,987	3,667			12.00
13.00	NURSERY		1,707	3,105			13.00
14.00	Total (see instructions)	17,879	4,581	42,541	0.00	1,350.85	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,621	46	3,124	0.00	21.74	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	13,801	0	23,836	0.00	54.90	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	39.61	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,467.10	27.00
28.00	Observation Bed Days		0	0			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	253	498			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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part I | Date/Time Prepared: 4/29/2021 3:52 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,477	305	9,319	1.00
2.00	HMO and other (see instructions)			1,123	2,715		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				31		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	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,477	305	9,319	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	134	4	245	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part II Date/Time Prepared: 4/29/2021 3:52 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	126,321,518	-1,604,906	124,716,612	3,063,307.28	40.71	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		26,249,476	334,463	26,583,939	416,133.53	63.88	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,016,604	0	4,016,604	71,792.10	55.95	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,727,649	0	22,727,649			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		6,156,873	0	6,156,873			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part II | Date/Time Prepared: 4/29/2021 3:52 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	4.00	2,243,567	-211,321	2,032,246	37,902.67	53.62	26.00
27.00	Administrative & General	5.00	24,296,659	-1,004,662	23,291,997	237,299.26	98.15	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,323,041	0	3,323,041	127,215.12	26.12	30.00
31.00	Laundry & Linen Service	8.00	125,524	0	125,524	6,654.80	18.86	31.00
32.00	Housekeeping	9.00	2,310,535	0	2,310,535	135,017.53	17.11	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,312,636	-1,299,550	1,013,086	55,344.69	18.31	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,299,550	1,299,550	70,994.16	18.31	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,630,296	-405,674	3,224,622	88,899.25	36.27	38.00
39.00	Central Services and Supply	14.00	379,509	0	379,509	20,007.10	18.97	39.00
40.00	Pharmacy	15.00	3,004,228	-94,889	2,909,339	75,012.84	38.78	40.00
41.00	Medical Records & Medical Records Library	16.00	65,500	-41,168	24,332	2,463.00	9.88	41.00
42.00	Social Service	17.00	621,388	0	621,388	20,514.85	30.29	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part III Date/Time Prepared: 4/29/2021 3:52 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		126,321,518	-1,604,906	124,716,612	3,063,307.28	40.71	1.00
2.00	Excluded area salaries (see instructions)		26,249,476	334,463	26,583,939	416,133.53	63.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)		100,072,042	-1,939,369	98,132,673	2,647,173.75	37.07	3.00
4.00	Subtotal other wages & related costs (see inst.)		4,016,604	0	4,016,604	71,792.10	55.95	4.00
5.00	Subtotal wage-related costs (see inst.)		22,727,649	0	22,727,649	0.00	23.16	5.00
6.00	Total (sum of lines 3 thru 5)		126,816,295	-1,939,369	124,876,926	2,718,965.85	45.93	6.00
7.00	Total overhead cost (see instructions)		42,312,883	-1,757,714	40,555,169	877,325.27	46.23	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part IV Date/Time Prepared: 4/29/2021 3:52 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	8,124,272	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	439,864	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)	9,572,601	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	1,022,364	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	70,128	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)	489,782	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,309,844	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	7,705,837	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	139,895	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	9,935	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	28,884,522	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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-3 Part V Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 15-0109 | Component CCN: 15-7124 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-4 | Date/Time Prepared: 4/29/2021 3:52 pm

Home Health Agency I | PPS

					1.00		
0.00	County						0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	0.00	0.00	0.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		0.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			0.00	0.00	0.00	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	0.00	0.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.00	0.00	0.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			5			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			23844			20.00
20.01				26900			20.01
20.02				29200			20.02
20.03				45460			20.03
20.04				99915			20.04
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	5,460	712	224	37	6,433	21.00
22.00	Skilled Nursing Visit Charges	2,172,445	283,145	89,238	14,717	2,559,545	22.00
23.00	Physical Therapy Visits	3,944	623	91	23	4,681	23.00
24.00	Physical Therapy Visit Charges	1,628,616	257,922	37,554	9,498	1,933,590	24.00
25.00	Occupational Therapy Visits	1,254	377	25	5	1,661	25.00
26.00	Occupational Therapy Visit Charges	517,212	156,078	10,326	2,046	685,662	26.00
27.00	Speech Pathology Visits	222	79	4	0	305	27.00
28.00	Speech Pathology Visit Charges	91,860	32,706	1,656	0	126,222	28.00
29.00	Medical Social Service Visits	26	11	0	0	37	29.00
30.00	Medical Social Service Visit Charges	12,424	5,280	0	0	17,704	30.00
31.00	Home Health Aide Visits	539	140	1	4	684	31.00
32.00	Home Health Aide Visit Charges	103,543	26,877	193	772	131,385	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,445	1,942	345	69	13,801	33.00
34.00	Other Charges	30,427	14,115	1,430	1,630	47,602	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,556,527	776,123	140,397	28,663	5,501,710	35.00
36.00	Total Number of Episodes (standard/non outlier)	13,387		345	69	13,801	36.00
37.00	Total Number of Outlier Episodes		1,942		14	1,956	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA | Provider CCN: 15-0109 | Hospice CCN: 15-1563 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	35,413	0	0	35,413	11.00
12.00	Hospice Inpatient Respite Care	110	0	0	110	12.00
13.00	Hospice General Inpatient Care	24	0	0	24	13.00
14.00	Total Hospice Days	35,547	0	0	35,547	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet S-10 | Date/Time Prepared: 4/29/2021 3:52 pm

		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)	0.201851	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	61,607,839	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?		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	234,738,631	6.00
7.00	Medicaid cost (line 1 times line 6)	47,382,227	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	44,818,303	5,351,109	50,169,412	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,046,619	5,351,109	14,397,728	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)	9,046,619	5,351,109	14,397,728	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)	18,416,001	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	549,894	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	845,991	27.01
28.00	Non-Medicare bad debt expense (see instructions)	17,570,010	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,842,621	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	18,240,349	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	18,240,349	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A | Date/Time Prepared: 4/29/2021 3:52 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		18,632,088	18,632,088	8,228,928	26,861,016	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,964,050	1,964,050	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,243,567	30,393,841	32,637,408	-57,889	32,579,519	4.00
5.01	01160	COMMUNICATIONS	630,436	801,949	1,432,385	0	1,432,385	5.01
5.02	01140	MGMT INFO SYSTEMS	0	909,838	909,838	0	909,838	5.02
5.03	00550	PURCHASING	0	327,348	327,348	0	327,348	5.03
5.04	00570	ADMITTING	0	573	573	0	573	5.04
5.05	00580	PATIENT ACCOUNTING	0	1,528,403	1,528,403	0	1,528,403	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	23,666,223	50,508,170	74,174,393	-192,818	73,981,575	5.06
7.00	00700	OPERATION OF PLANT	3,323,041	8,644,635	11,967,676	-10,073	11,957,603	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	125,524	603,688	729,212	0	729,212	8.00
9.00	00900	HOUSEKEEPING	2,310,535	853,773	3,164,308	-1,969	3,162,339	9.00
10.00	01000	DIETARY	2,312,636	1,345,643	3,658,279	-2,080,107	1,578,172	10.00
11.00	01100	CAFETERIA	0	0	0	2,023,972	2,023,972	11.00
13.00	01300	NURSING ADMINISTRATION	3,630,296	135,535	3,765,831	-1,862	3,763,969	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	379,509	764,184	1,143,693	-628,138	515,555	14.00
15.00	01500	PHARMACY	3,004,228	9,573,761	12,577,989	-9,582,746	2,995,243	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	65,500	157,595	223,095	-159,491	63,604	16.00
17.00	01700	SOCIAL SERVICE	621,388	2,512	623,900	0	623,900	17.00
20.00	02000	NURSING SCHOOL	2,034,594	368,097	2,402,691	296,957	2,699,648	20.00
23.00	02301	PHARMACY RESIDENCY	177,169	4,237	181,406	172,067	353,473	23.00
23.01	02300	EMS EDUCATION	74,964	10,527	85,491	153,700	239,191	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,713,903	3,751,277	23,465,180	-6,427,752	17,037,428	30.00
31.00	03100	INTENSIVE CARE UNIT	3,547,861	839,547	4,387,408	-320,625	4,066,783	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,092,642	888,462	2,981,104	-107,923	2,873,181	35.00
41.00	04100	SUBPROVIDER - IRF	1,522,781	207,370	1,730,151	-36,006	1,694,145	41.00
43.00	04300	NURSERY	0	0	0	602,295	602,295	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,588,540	16,907,990	20,496,530	-13,563,012	6,933,518	50.00
51.00	05100	RECOVERY ROOM	573,346	24,086	597,432	-20,591	576,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,926,024	3,926,024	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,516,297	5,776,990	9,293,287	-1,880,153	7,413,134	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	354,269	214,782	569,051	-6,947	562,104	55.00
56.00	05600	RADIOISOTOPE	359,784	68,718	428,502	-10,418	418,084	56.00
56.01	03950	CARDIAC CATH LAB	1,311,471	3,795,214	5,106,685	-2,494,335	2,612,350	56.01
57.00	05700	CT SCAN	718,068	284,103	1,002,171	-221,886	780,285	57.00
58.00	05800	MRI	252,045	64,221	316,266	-62,155	254,111	58.00
60.00	06000	LABORATORY	0	11,146,314	11,146,314	-95,320	11,050,994	60.00
65.00	06500	RESPIRATORY THERAPY	1,998,825	898,830	2,897,655	-679,718	2,217,937	65.00
66.00	06600	PHYSICAL THERAPY	3,690,238	1,062,861	4,753,099	-751,204	4,001,895	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,412,328	36,160	1,448,488	-16,012	1,432,476	67.00
68.00	06800	SPEECH PATHOLOGY	652,980	13,517	666,497	-5,266	661,231	68.00
69.00	06900	ELECTROCARDIOLOGY	1,680,466	1,754,799	3,435,265	-26,990	3,408,275	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	595,005	93,347	688,352	-49,040	639,312	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,822,744	10,822,744	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,760,544	11,760,544	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,778,079	9,778,079	73.00
73.01	07301	DIABETES CENTER	397,193	3,706	400,899	-295	400,604	73.01
74.00	07400	RENAL DIALYSIS	105,163	824,596	929,759	-24,264	905,495	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,400	6,400	0	6,400	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	468,118	893,713	1,361,831	-522,067	839,764	90.00
91.00	09100	EMERGENCY	7,816,285	4,279,521	12,095,806	-1,230,094	10,865,712	91.00
91.01	04950	WOUND CARE	1,469,585	347,888	1,817,473	-326,513	1,490,960	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,444,747	316,496	1,761,243	-291,265	1,469,978	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,331,106	876,307	3,207,413	-270,874	2,936,539	95.00
101.00	10100	HOME HEALTH AGENCY	4,882,099	7,600,269	12,482,368	0	12,482,368	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		8,739,070	8,739,070	-7,567,160	1,171,910	113.00
116.00	11600	HOSPICE	2,731,551	2,224,832	4,956,383	-6,382	4,950,001	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	113,826,306	199,507,783	313,334,089	0	313,334,089	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,341	31,848	85,189	0	85,189	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,441,871	5,622,926	18,064,797	0	18,064,797	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	61,106	61,106	0	61,106	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A | Date/Time Prepared: 4/29/2021 3:52 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)	126,321,518	205,223,663	331,545,181	0	331,545,181	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A | Date/Time Prepared: 4/29/2021 3:52 pm

		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	1,544,223	28,405,239		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,497,813	3,461,863		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,040,718	31,538,801		4.00
5.01	01160	COMMUNICATIONS	0	1,432,385		5.01
5.02	01140	MGMT INFO SYSTEMS	18,525,497	19,435,335		5.02
5.03	00550	PURCHASING	1,531,024	1,858,372		5.03
5.04	00570	ADMITTING	0	573		5.04
5.05	00580	PATIENT ACCOUNTING	5,000,361	6,528,764		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-52,426,060	21,555,515		5.06
7.00	00700	OPERATION OF PLANT	-221,801	11,735,802		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	729,212		8.00
9.00	00900	HOUSEKEEPING	-207,938	2,954,401		9.00
10.00	01000	DIETARY	-409,646	1,168,526		10.00
11.00	01100	CAFETERIA	-819,566	1,204,406		11.00
13.00	01300	NURSING ADMINISTRATION	-536,026	3,227,943		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-268,293	247,262		14.00
15.00	01500	PHARMACY	504,205	3,499,448		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,877,670	1,941,274		16.00
17.00	01700	SOCIAL SERVICE	0	623,900		17.00
20.00	02000	NURSING SCHOOL	-2,361,425	338,223		20.00
23.00	02301	PHARMACY RESIDENCY	-7,967	345,506		23.00
23.01	02300	EMS EDUCATION	0	239,191		23.01
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-655,018	16,382,410		30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,066,783		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-717,520	2,155,661		35.00
41.00	04100	SUBPROVIDER - IRF	-70,459	1,623,686		41.00
43.00	04300	NURSERY	0	602,295		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-785,149	6,148,369		50.00
51.00	05100	RECOVERY ROOM	0	576,841		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,926,024		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-202,895	7,210,239		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	562,104		55.00
56.00	05600	RADIOISOTOPE	0	418,084		56.00
56.01	03950	CARDIAC CATH LAB	-285,314	2,327,036		56.01
57.00	05700	CT SCAN	0	780,285		57.00
58.00	05800	MRI	0	254,111		58.00
60.00	06000	LABORATORY	-23,414	11,027,580		60.00
65.00	06500	RESPIRATORY THERAPY	-10,358	2,207,579		65.00
66.00	06600	PHYSICAL THERAPY	-175,575	3,826,320		66.00
67.00	06700	OCCUPATIONAL THERAPY	-49,277	1,383,199		67.00
68.00	06800	SPEECH PATHOLOGY	-1,262	659,969		68.00
69.00	06900	ELECTROCARDIOLOGY	-1,292,015	2,116,260		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,000	645,312		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,822,744		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,760,544		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,778,079		73.00
73.01	07301	DIABETES CENTER	-153	400,451		73.01
74.00	07400	RENAL DIALYSIS	0	905,495		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,400		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-18,735	821,029		90.00
91.00	09100	EMERGENCY	-2,351,596	8,514,116		91.00
91.01	04950	WOUND CARE	-7,358	1,483,602		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,469,978		92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	2,936,539		95.00
101.00	10100	HOME HEALTH AGENCY	-163,243	12,319,125		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-1,171,910	0		113.00
116.00	11600	HOSPICE	0	4,950,001		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-35,793,898	277,540,191		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	85,189		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	18,064,797		192.00
194.00	07950	MOB	0	0		194.00
194.01	07951	LIFELINE	0	0		194.01
194.02	07952	PATIENT TRANSPORT	0	61,106		194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-35,793,898	295,751,283		200.00

RECLASSIFICATIONS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-6 | Date/Time Prepared: 4/29/2021 3:52 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RENTALS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,316,248		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
	0		0	2,316,248		
	B - EQUIPMENT RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	298,122		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
	0		0	298,122		
	C - MEDICAL SUPPLIES					
1.00	DIETARY	10.00	0	351		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,822,744		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,760,544		3.00
4.00	RADIOISOTOPE	56.00	0	82		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
	0		0	22,583,721		
	D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,778,079		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

RECLASSIFICATIONS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-6 | Date/Time Prepared: 4/29/2021 3:52 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	9,778,079		
	E - LDRP					
1.00	NURSERY	43.00	524,122	78,173		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,416,460	509,564		2.00
	0		3,940,582	587,737		
	F - CAFETERIA					
1.00	CAFETERIA	11.00	1,299,550	724,422		1.00
	0		1,299,550	724,422		
	G - CAPITAL EXP (INT & DEP)					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,448		1.00
	0		0	11,448		
	H - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,912,680		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,654,480		2.00
	0		0	7,567,160		
	I - NURSING SCHOOL					
1.00	NURSING SCHOOL	20.00	96,956			1.00
2.00	NURSING SCHOOL	20.00	77,491	122,510		2.00
3.00		0.00	0	0		3.00
	0		174,447	122,510		
	J - PARAMED PROGRAM					
1.00	PHARMACY RESIDENCY	23.00	75,317	96,750		1.00
2.00	EMS EDUCATION	23.01	153,700			2.00
3.00		0.00	0	0		3.00
	0		229,017	96,750		
	K - FSEH SHARED SERVICES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	211,321		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	968,339		2.00
3.00	NURSING ADMINISTRATION	13.00	0	405,674		3.00
4.00	PHARMACY	15.00	0	19,572		4.00
	0		0	1,604,906		
500.00	Grand Total: Increases		5,643,596	45,691,103		500.00

RECLASSIFICATIONS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-6 | Date/Time Prepared: 4/29/2021 3:52 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RENTALS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	52,902	10		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	120,276	0		2.00
3.00	DIETARY	10.00	0	56,486	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	279,997	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	762,671	0		5.00
6.00	LABORATORY	60.00	0	4,538	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	645,580	0		7.00
8.00	EMERGENCY	91.00	0	138,694	0		8.00
9.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	229,505	0		9.00
10.00	AMBULANCE SERVICES	95.00	0	25,599	0		10.00
	0		0	2,316,248			
	B - EQUIPMENT RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	32,013	10		1.00
2.00	OPERATION OF PLANT	7.00	0	10,073	0		2.00
3.00	HOUSEKEEPING	9.00	0	1,969	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	21,605	0		4.00
5.00	PHARMACY	15.00	0	18,457	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,050	0		6.00
7.00	OPERATING ROOM	50.00	0	28,180	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,900	0		8.00
9.00	RADIOISOTOPE	56.00	0	10,500	0		9.00
10.00	CT SCAN	57.00	0	6,350	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	151,095	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	4,200	0		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,348	0		13.00
14.00	HOSPICE	116.00	0	6,382	0		14.00
	0		0	298,122			
	C - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,987	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	19	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,862	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	605,627	0		4.00
5.00	PHARMACY	15.00	0	329,063	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,515,271	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	319,644	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	106,823	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	36,006	0		9.00
10.00	OPERATING ROOM	50.00	0	13,480,459	0		10.00
11.00	RECOVERY ROOM	51.00	0	20,532	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,073,613	0		12.00
13.00	RADIOLOGY - THERAPEUTIC	55.00	0	6,923	0		13.00
14.00	CARDIAC CATH LAB	56.01	0	2,492,970	0		14.00
15.00	CT SCAN	57.00	0	142,212	0		15.00
16.00	MRI	58.00	0	24,684	0		16.00
17.00	LABORATORY	60.00	0	90,782	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	528,144	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	105,375	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	16,012	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	5,266	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	22,687	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,692	0		23.00
24.00	DIABETES CENTER	73.01	0	295	0		24.00
25.00	RENAL DIALYSIS	74.00	0	16,993	0		25.00
26.00	CLINIC	90.00	0	41,685	0		26.00
27.00	EMERGENCY	91.00	0	1,004,230	0		27.00
28.00	WOUND CARE	91.01	0	324,146	0		28.00
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	61,219	0		29.00
30.00	AMBULANCE SERVICES	95.00	0	159,500	0		30.00
	0		0	22,583,721			
	D - DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	906	0		1.00
2.00	PHARMACY	15.00	0	9,063,159	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	6,159	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	981	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,100	0		5.00
6.00	OPERATING ROOM	50.00	0	54,373	0		6.00
7.00	RECOVERY ROOM	51.00	0	59	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	28,521	0		8.00

RECLASSIFICATIONS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-6 | Date/Time Prepared: 4/29/2021 3:52 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00	RADIOLOGY - THERAPEUTIC	55.00	0	24	0		9.00
10.00	CARDIAC CATH LAB	56.01	0	1,365	0		10.00
11.00	CT SCAN	57.00	0	73,324	0		11.00
12.00	MRI	58.00	0	37,471	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	479	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	249	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	103	0		15.00
16.00	RENAL DIALYSIS	74.00	0	7,271	0		16.00
17.00	CLINIC	90.00	0	480,382	0		17.00
18.00	EMERGENCY	91.00	0	2,471	0		18.00
19.00	WOUND CARE	91.01	0	2,367	0		19.00
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	541	0		20.00
21.00	AMBULANCE SERVICES	95.00	0	16,774	0		21.00
	0		0	9,778,079			
	E - LDRP						
1.00	ADULTS & PEDIATRICS	30.00	3,940,582	587,737	0		1.00
2.00		0.00	0	0	0		2.00
	0		3,940,582	587,737			
	F - CAFETERIA						
1.00	DIETARY	10.00	1,299,550	724,422	0		1.00
	0		1,299,550	724,422			
	G - CAPITAL EXP (INT & DEP)						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,448	9		1.00
	0		0	11,448			
	H - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	7,567,160	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	7,567,160			
	I - NURSING SCHOOL						
1.00	ADULTS & PEDIATRICS	30.00	96,956		0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	36,323	4,187	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	41,168	118,323	0		3.00
	0		174,447	122,510			
	J - PARAMED PROGRAM						
1.00	PHARMACY	15.00	75,317	96,750	0		1.00
2.00	EMERGENCY	91.00	84,699		0		2.00
3.00	AMBULANCE SERVICES	95.00	69,001		0		3.00
	0		229,017	96,750			
	K - FSEH SHARED SERVICES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	211,321	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	968,339	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	405,674	0	0		3.00
4.00	PHARMACY	15.00	19,572	0	0		4.00
	0		1,604,906	0			
500.00	Grand Total: Decreases		7,248,502	44,086,197			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-7 Part I | Date/Time Prepared: 4/29/2021 3:52 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	12,770,293	0	0	0	0	1.00
2.00	Land Improvements	3,684,928	722,966	0	722,966	0	2.00
3.00	Buildings and Fixtures	281,423,128	7,955,450	0	7,955,450	0	3.00
4.00	Building Improvements	2,998,580	1,919,358	0	1,919,358	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	79,586,588	11,104,730	0	11,104,730	4,335,888	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	380,463,517	21,702,504	0	21,702,504	4,335,888	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	380,463,517	21,702,504	0	21,702,504	4,335,888	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	12,770,293	0	1.00
2.00	Land Improvements	4,407,894	0	2.00
3.00	Buildings and Fixtures	289,378,578	0	3.00
4.00	Building Improvements	4,917,938	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	86,355,430	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	397,830,133	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	397,830,133	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-7 Part II | Date/Time Prepared: 4/29/2021 3:52 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	18,632,088	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)	18,632,088	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	18,632,088	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	18,632,088	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-7 Part III Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	311,474,703	3,213,181	308,261,522	0.781166	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	86,355,430	0	86,355,430	0.218834	0	2.00
3.00	Total (sum of lines 1-2)	397,830,133	3,213,181	394,616,952	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	20,743,053	2,316,248	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,667,846	298,122	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,410,899	2,614,370	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	5,345,938	0	0	0	28,405,239	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,495,895	0	0	0	3,461,863	2.00
3.00	Total (sum of lines 1-2)	6,841,833	0	0	0	31,867,102	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-8 | Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-566,742	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-158,585	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,752,519			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,110,406			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-819,566	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-897	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-2,356,895	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-16,081	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	RECRUITMENT	A	-18,686	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-8 | Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	RECRUITMENT	A	-50,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
34.00	HAF	A	-16,502,206	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.00
35.00	ADVERTISING	A	-2,450	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
35.01	ADVERTISING	A	-4,530	NURSING SCHOOL	20.00	0	35.01
35.02	ADVERTISING	A	-10,000	ELECTROCARDIOLOGY	69.00	0	35.02
35.03	ADVERTISING	A	-200	CLINIC	90.00	0	35.03
36.00	ATHLETIC TRAINING	B	-161,627	PHYSICAL THERAPY	66.00	0	36.00
37.00	BLDG RENT	B	-325,878	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.00
38.00	DISCOUNTS / REBATES	B	-39,023	MGMT INFO SYSTEMS	5.02	0	38.00
38.01	DISCOUNTS / REBATES	B	-23,184	PURCHASING	5.03	0	38.01
38.02	DISCOUNTS / REBATES	B	-55,805	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.02
38.03	DISCOUNTS / REBATES	B	-109,245	DIETARY	10.00	0	38.03
38.04	DISCOUNTS / REBATES	B	-268,293	CENTRAL SERVICES & SUPPLY	14.00	0	38.04
38.05	DISCOUNTS / REBATES	B	-215,648	OPERATING ROOM	50.00	0	38.05
38.06	DISCOUNTS / REBATES	B	-51,059	RADIOLOGY-DIAGNOSTIC	54.00	0	38.06
38.07	DISCOUNTS / REBATES	B	-23,414	LABORATORY	60.00	0	38.07
38.08	DISCOUNTS / REBATES	B	-10,358	RESPIRATORY THERAPY	65.00	0	38.08
39.00	EDUCATION	B	-7,967	PHARMACY RESIDENCY	23.00	0	39.00
40.00	FOOD SERVICE DAY CARE	B	-4,639	DIETARY	10.00	0	40.00
41.00	MARKETING	A	-945	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.00
41.02	MARKETING	A	-518	ADULTS & PEDIATRICS	30.00	0	41.02
41.05	MARKETING	A	-13,948	PHYSICAL THERAPY	66.00	0	41.05
41.06	MARKETING	A	-4,626	OCCUPATIONAL THERAPY	67.00	0	41.06
41.07	MARKETING	A	-1,262	SPEECH PATHOLOGY	68.00	0	41.07
41.08	MARKETING	A	-1,303	ELECTROCARDIOLOGY	69.00	0	41.08
41.09	MARKETING	A	-153	DIABETES CENTER	73.01	0	41.09
41.10	MARKETING	A	-1,008	WOUND CARE	91.01	0	41.10
41.11	MARKETING	A	-18	HOME HEALTH AGENCY	101.00	0	41.11
42.00	MISCELLANEOUS REVENUE	B	-14,685	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.00
42.01	MISCELLANEOUS REVENUE	B	-239,310	OTHER ADMINISTRATIVE AND GENERAL	5.06	9	42.01
42.02	MISCELLANEOUS REVENUE	B	-207,938	HOUSEKEEPING	9.00	0	42.02
42.03	MISCELLANEOUS REVENUE	B	-44,651	OCCUPATIONAL THERAPY	67.00	0	42.03
42.04	MISCELLANEOUS REVENUE	B	-18,535	CLINIC	90.00	0	42.04
42.05	MISCELLANEOUS REVENUE	B	-555	EMERGENCY	91.00	0	42.05
42.06	MISCELLANEOUS REVENUE	B	-1,350	WOUND CARE	91.01	0	42.06
42.07	MISCELLANEOUS REVENUE	B	-115,772	OPERATION OF PLANT	7.00	0	42.07
42.08	MISCELLANEOUS REVENUE	B	-279,681	DIETARY	10.00	0	42.08
42.09	MISCELLANEOUS REVENUE	B	-179,169	PHARMACY	15.00	0	42.09
42.10	MISCELLANEOUS REVENUE	B	-285,314	CARDIAC CATH LAB	56.01	0	42.10
42.11	MISCELLANEOUS REVENUE	B	-163,225	HOME HEALTH AGENCY	101.00	0	42.11
43.00	MAINTENANCE REVENUE	B	-106,029	OPERATION OF PLANT	7.00	0	43.00
44.00	PENSION	A	-448,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,793,898				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-8-1 | Date/Time Prepared: 4/29/2021 3:52 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	1.00	CAP REL COSTS-BLDG & FIXT	FRANCISCAN DEPRECIATION	2,110,965	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	FRANCISCAN DEPRECIATION	1,656,398	0	2.00
3.00	113.00	INTEREST EXPENSE	FRANCISCAN INTEREST	7,567,160	8,739,070	3.00
3.01	5.06	OTHER ADMINISTRATIVE AND GEN	FRANCISCAN A&G	12,456,839	0	3.01
3.02	15.00	PHARMACY	FRANCISCAN COEP	702,946	0	3.02
4.00	5.02	MGMT INFO SYSTEMS	INFORMATION TECHNOLOGY	18,564,520	0	4.00
4.01	5.03	PURCHASING	PURCHASING SERVICES	1,554,208	0	4.01
4.02	5.05	PATIENT ACCOUNTING	PATIENT ACCT	5,000,361	0	4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,878,567	0	4.03
4.04	5.06	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATION	0	41,275,658	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	FSEH SHARED SERVICES	0	556,897	4.05
4.06	5.06	OTHER ADMINISTRATIVE AND GEN	FSEH SHARED SERVICES	0	2,475,147	4.06
4.07	13.00	NURSING ADMINISTRATION	FSEH SHARED SERVICES	0	536,026	4.07
4.08	15.00	PHARMACY	FSEH SHARED SERVICES	0	19,572	4.08
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			51,491,964	53,602,370	5.00

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

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

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

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

6.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00	G	FSEH	100.00	FSEH	100.00	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

(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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-8-1 | Date/Time Prepared: 4/29/2021 3:52 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,110,965	9		1.00
2.00	1,656,398	9		2.00
3.00	-1,171,910	11		3.00
3.01	12,456,839	0		3.01
3.02	702,946	0		3.02
4.00	18,564,520	0		4.00
4.01	1,554,208	0		4.01
4.02	5,000,361	0		4.02
4.03	1,878,567	0		4.03
4.04	-41,275,658	0		4.04
4.05	-556,897	0		4.05
4.06	-2,475,147	0		4.06
4.07	-536,026	0		4.07
4.08	-19,572	0		4.08
5.00	-2,110,406			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	SISTER FACILITY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet A-8-2 | Date/Time Prepared: 4/29/2021 3:52 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	5.06	OTHER ADMINISTRATIVE AND GENERAL	3,957,950	3,957,950	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	654,500	654,500	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	717,520	717,520	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	70,459	70,459	0	0	0	4.00
5.00	50.00	OPERATING ROOM	569,501	569,501	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	151,836	151,836	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	1,280,712	1,280,712	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	-6,000	-6,000	0	0	0	8.00
9.00	91.00	EMERGENCY	2,351,041	2,351,041	0	0	0	9.00
10.00	91.01	WOUND CARE	5,000	5,000	0	0	0	10.00
200.00			9,752,519	9,752,519	0		0	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	91.01	WOUND CARE	0	0	0	0	0	10.00
200.00			0	0	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	3,957,950		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	654,500		2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	717,520		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	70,459		4.00
5.00	50.00	OPERATING ROOM	0	0	0	569,501		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	151,836		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	1,280,712		7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	-6,000		8.00
9.00	91.00	EMERGENCY	0	0	0	2,351,041		9.00
10.00	91.01	WOUND CARE	0	0	0	5,000		10.00
200.00			0	0	0	9,752,519		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	28,405,239	28,405,239				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,461,863		3,461,863			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	31,538,801	367,720	53,085	31,959,606		4.00
5.01	01160	COMMUNICATIONS	1,432,385	36,149	5,219	164,230	1,637,983	5.01
5.02	01140	MGMT INFO SYSTEMS	19,435,335	544,653	78,627	0	53,438	5.02
5.03	00550	PURCHASING	1,858,372	393,932	56,869	0	32,527	5.03
5.04	00570	ADMITTING	573	0	0	0	0	5.04
5.05	00580	PATIENT ACCOUNTING	6,528,764	211,301	30,504	0	32,527	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	21,555,515	2,173,233	313,733	5,903,369	169,607	5.06
7.00	00700	OPERATION OF PLANT	11,735,802	4,231,929	610,932	865,662	127,786	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	729,212	167,103	24,123	32,699	2,323	8.00
9.00	00900	HOUSEKEEPING	2,954,401	345,283	49,846	601,901	20,910	9.00
10.00	01000	DIETARY	1,168,526	612,819	88,468	263,912	69,701	10.00
11.00	01100	CAFETERIA	1,204,406	553,734	79,938	338,537	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,227,943	122,514	17,686	840,024	20,910	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	247,262	202,789	29,275	98,863	9,294	14.00
15.00	01500	PHARMACY	3,499,448	328,615	47,440	757,892	53,438	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,941,274	82,590	11,923	6,339	39,497	16.00
17.00	01700	SOCIAL SERVICE	623,900	21,476	3,100	161,873	20,910	17.00
20.00	02000	NURSING SCHOOL	338,223	1,187,174	171,383	575,462	0	20.00
23.00	02301	PHARMACY RESIDENCY	345,506	0	0	65,773	0	23.00
23.01	02300	EMS EDUCATION	239,191	147,195	21,249	59,568	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,382,410	4,219,286	609,106	4,083,740	267,192	30.00
31.00	03100	INTENSIVE CARE UNIT	4,066,783	408,498	58,972	924,228	51,114	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,155,661	285,878	41,270	545,140	39,497	35.00
41.00	04100	SUBPROVIDER - IRF	1,623,686	513,704	74,159	396,689	55,761	41.00
43.00	04300	NURSERY	602,295	0	0	136,535	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,148,369	1,171,610	169,136	934,825	55,761	50.00
51.00	05100	RECOVERY ROOM	576,841	96,800	13,974	149,358	18,587	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,926,024	0	0	889,998	60,408	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,210,239	646,937	93,393	916,006	139,403	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	562,104	25,073	3,620	92,288	0	55.00
56.00	05600	RADIOISOTOPE	418,084	12,180	1,758	93,725	0	56.00
56.01	03950	CARDIAC CATH LAB	2,327,036	300,800	43,424	341,642	0	56.01
57.00	05700	CT SCAN	780,285	54,811	7,913	187,059	0	57.00
58.00	05800	MRI	254,111	48,507	7,003	65,658	0	58.00
60.00	06000	LABORATORY	11,027,580	231,316	33,393	0	102,229	60.00
65.00	06500	RESPIRATORY THERAPY	2,207,579	82,198	11,866	520,700	78,995	65.00
66.00	06600	PHYSICAL THERAPY	3,826,320	34,012	4,910	961,318	13,940	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,383,199	0	0	367,916	0	67.00
68.00	06800	SPEECH PATHOLOGY	659,969	3,490	504	170,103	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,116,260	371,994	53,702	437,766	13,940	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	645,312	190,858	27,553	155,001	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,822,744	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,760,544	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,778,079	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	400,451	0	0	103,470	13,940	73.01
74.00	07400	RENAL DIALYSIS	905,495	65,566	9,465	27,395	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,400	71,229	10,283	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	821,029	0	0	121,946	74,348	90.00
91.00	09100	EMERGENCY	8,514,116	1,515,397	218,766	2,014,101	0	91.00
91.01	04950	WOUND CARE	1,483,602	603,773	87,162	382,831	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,469,978	284,560	41,080	376,361	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,936,539	330,218	47,671	589,285	0	95.00
101.00	10100	HOME HEALTH AGENCY	12,319,125	280,322	40,468	1,271,801	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,950,001	0	0	711,577	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	277,540,191	23,579,226	3,403,951	28,704,566	1,637,983	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85,189	111,402	16,082	13,895	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,064,797	289,760	41,830	3,241,145	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	61,106	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	4,424,851	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	295,751,283	28,405,239	3,461,863	31,959,606	1,637,983	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS	20,112,053					5.02
5.03	00550	PURCHASING	0	2,341,700				5.03
5.04	00570	ADMITTING	0	0	573			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	573	6,803,669		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,378,343	50,357	0	0	31,544,157	5.06
7.00	00700	OPERATION OF PLANT	884,612	2,281	0	0	18,459,004	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46,277	0	0	0	1,001,737	8.00
9.00	00900	HOUSEKEEPING	938,871	4,690	0	0	4,915,902	9.00
10.00	01000	DIETARY	878,520	2,252	0	0	3,084,198	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,176,615	11.00
13.00	01300	NURSING ADMINISTRATION	618,175	0	0	0	4,847,252	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	139,122	489	0	0	727,094	14.00
15.00	01500	PHARMACY	521,616	48	0	0	5,208,497	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,127	0	0	0	2,098,750	16.00
17.00	01700	SOCIAL SERVICE	142,655	3	0	0	973,917	17.00
20.00	02000	NURSING SCHOOL	375,512	915	0	0	2,648,669	20.00
23.00	02301	PHARMACY RESIDENCY	61,457	0	0	0	472,736	23.00
23.01	02300	EMS EDUCATION	0	6	0	0	467,209	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,201,067	5,921	0	369,976	30,138,698	30.00
31.00	03100	INTENSIVE CARE UNIT	797,385	1,977	0	95,557	6,404,514	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	376,242	2,296	0	104,720	3,550,704	35.00
41.00	04100	SUBPROVIDER - IRF	315,655	83	0	31,018	3,010,755	41.00
43.00	04300	NURSERY	0	0	0	25,058	763,888	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	705,248	170,591	0	823,023	10,178,563	50.00
51.00	05100	RECOVERY ROOM	94,786	1	0	62,694	1,013,041	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	150,671	5,027,101	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	704,783	112,990	0	503,566	10,327,317	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	62,778	0	0	57,322	803,185	55.00
56.00	05600	RADIOISOTOPE	59,781	16	0	0	585,544	56.00
56.01	03950	CARDIAC CATH LAB	224,805	99,454	0	279,786	3,616,947	56.01
57.00	05700	CT SCAN	136,111	712	0	294,626	1,461,517	57.00
58.00	05800	MRI	34,205	79	0	45,741	455,304	58.00
60.00	06000	LABORATORY	0	49,102	0	684,316	12,127,936	60.00
65.00	06500	RESPIRATORY THERAPY	416,476	9,404	0	97,877	3,425,095	65.00
66.00	06600	PHYSICAL THERAPY	781,391	0	0	114,202	5,736,093	66.00
67.00	06700	OCCUPATIONAL THERAPY	289,648	0	0	68,976	2,109,739	67.00
68.00	06800	SPEECH PATHOLOGY	133,490	48	0	24,071	991,675	68.00
69.00	06900	ELECTROCARDIOLOGY	334,214	66	0	155,651	3,483,593	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,948	0	0	25,366	1,162,038	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	944,557	0	643,744	12,411,045	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	838,750	0	411,736	13,011,030	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	759,381	10,537,460	73.00
73.01	07301	DIABETES CENTER	83,479	62	0	472	601,874	73.01
74.00	07400	RENAL DIALYSIS	23,997	2	0	17,468	1,049,388	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	87,912	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	152,577	1	0	7,268	1,177,169	90.00
91.00	09100	EMERGENCY	1,655,301	7,572	0	576,410	14,501,663	91.00
91.01	04950	WOUND CARE	272,883	34	0	35,192	2,865,477	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	86,058	2,258,037	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	748,320	1,267	0	68,521	4,721,821	95.00
101.00	10100	HOME HEALTH AGENCY	797,065	29,622	0	69,160	14,807,563	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	575,166	6,032	0	114,042	6,356,818	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,097,088	2,341,680	573	6,803,669	269,386,241	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,742	10	0	0	241,320	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	223	10	0	0	21,637,765	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	61,106	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	4,424,851	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
202.00	TOTAL (sum lines 118 through 201)	20,112,053	2,341,700	573	6,803,669	295,751,283	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	31,544,157					5.06
7.00	00700	OPERATION OF PLANT	2,203,857	20,662,861				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	119,599	168,873	1,290,209			8.00
9.00	00900	HOUSEKEEPING	586,919	348,939	29,838	5,881,598		9.00
10.00	01000	DIETARY	368,229	619,309	36,237	232,403	4,340,376	10.00
11.00	01100	CAFETERIA	259,870	559,599	0	209,996	0	11.00
13.00	01300	NURSING ADMINISTRATION	578,723	123,811	0	46,462	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	86,809	204,937	32,700	76,905	0	14.00
15.00	01500	PHARMACY	621,853	332,095	0	124,623	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	250,574	83,465	0	31,321	0	16.00
17.00	01700	SOCIAL SERVICE	116,278	21,703	0	8,144	0	17.00
20.00	02000	NURSING SCHOOL	316,230	1,199,747	0	450,219	0	20.00
23.00	02301	PHARMACY RESIDENCY	56,441	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	55,781	148,754	0	55,822	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,598,256	4,263,971	455,466	1,600,102	3,644,520	30.00
31.00	03100	INTENSIVE CARE UNIT	764,648	412,825	69,384	154,917	398,917	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	423,926	288,905	28,920	108,415	0	35.00
41.00	04100	SUBPROVIDER - IRF	359,460	519,144	24,493	194,815	296,939	41.00
43.00	04300	NURSERY	91,202	0	47,529	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,215,239	1,184,018	226,279	444,316	0	50.00
51.00	05100	RECOVERY ROOM	120,949	97,825	41,609	36,710	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	600,196	0	50,818	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,232,999	653,789	79,398	245,342	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	95,894	25,338	0	9,508	0	55.00
56.00	05600	RADIOISOTOPE	69,909	12,309	0	4,619	0	56.00
56.01	03950	CARDIAC CATH LAB	431,835	303,986	5,246	114,074	0	56.01
57.00	05700	CT SCAN	174,493	55,391	0	20,786	0	57.00
58.00	05800	MRI	54,360	49,021	0	18,396	0	58.00
60.00	06000	LABORATORY	1,447,979	233,766	8,226	87,723	0	60.00
65.00	06500	RESPIRATORY THERAPY	408,929	83,069	9,633	31,173	0	65.00
66.00	06600	PHYSICAL THERAPY	684,844	34,372	17,927	12,899	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	251,886	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	118,398	3,527	0	1,324	0	68.00
69.00	06900	ELECTROCARDIOLOGY	415,913	375,933	7,306	141,073	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,738	192,879	0	72,380	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,481,779	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,553,413	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,258,088	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	71,859	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	125,289	66,261	0	24,865	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,496	71,983	0	27,013	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	140,545	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,731,383	1,531,446	119,200	574,693	0	91.00
91.01	04950	WOUND CARE	342,115	610,167	0	228,972	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	269,592	287,574	0	107,915	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	563,748	333,715	0	125,230	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,767,905	283,291	0	106,308	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	758,953	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,396,381	15,785,737	1,290,209	5,729,463	4,340,376	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,812	112,582	0	42,248	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,583,376	292,828	0	109,887	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	7,296	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	528,292	4,471,714	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	31,544,157	20,662,861	1,290,209	5,881,598	4,340,376	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	3,206,080					11.00
13.00	01300	NURSING ADMINISTRATION	123,983	5,720,231				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,903	0	1,156,348			14.00
15.00	01500	PHARMACY	104,617	0	24	6,391,709		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,435	0	0	0	2,467,545	16.00
17.00	01700	SOCIAL SERVICE	28,611	0	2	0	0	17.00
20.00	02000	NURSING SCHOOL	75,314	0	464	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	12,326	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	0	0	3	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	842,574	1,847,927	3,001	0	134,185	30.00
31.00	03100	INTENSIVE CARE UNIT	159,926	350,746	1,002	0	34,657	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	75,460	165,498	1,164	0	37,980	35.00
41.00	04100	SUBPROVIDER - IRF	63,309	138,847	42	0	11,250	41.00
43.00	04300	NURSERY	0	0	0	0	9,088	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	141,446	310,218	86,457	0	298,455	50.00
51.00	05100	RECOVERY ROOM	19,010	41,693	0	0	22,738	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	54,646	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	141,353	0	57,264	0	182,636	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	12,591	0	0	0	20,790	55.00
56.00	05600	RADIOISOTOPE	11,990	26,296	8	0	0	56.00
56.01	03950	CARDIAC CATH LAB	45,088	98,885	50,404	0	101,474	56.01
57.00	05700	CT SCAN	27,299	0	361	0	106,856	57.00
58.00	05800	MRI	6,860	0	40	0	16,590	58.00
60.00	06000	LABORATORY	0	0	24,885	0	248,191	60.00
65.00	06500	RESPIRATORY THERAPY	83,530	183,196	4,766	0	35,498	65.00
66.00	06600	PHYSICAL THERAPY	156,718	343,711	0	0	41,419	66.00
67.00	06700	OCCUPATIONAL THERAPY	58,093	127,408	0	0	25,017	67.00
68.00	06800	SPEECH PATHOLOGY	26,773	58,718	24	0	8,730	68.00
69.00	06900	ELECTROCARDIOLOGY	67,031	147,011	33	0	56,452	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,656	51,882	0	0	9,200	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	478,713	0	233,477	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	425,083	0	149,331	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,391,709	275,416	73.00
73.01	07301	DIABETES CENTER	16,743	36,720	31	0	171	73.01
74.00	07400	RENAL DIALYSIS	4,813	10,556	1	0	6,336	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	30,601	0	1	0	2,636	90.00
91.00	09100	EMERGENCY	331,992	728,118	3,837	0	209,055	91.00
91.01	04950	WOUND CARE	54,730	120,033	17	0	12,764	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	31,212	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	150,085	329,164	642	0	24,851	95.00
101.00	10100	HOME HEALTH AGENCY	159,861	350,605	15,012	0	25,083	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	115,357	252,999	3,057	0	41,361	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,203,078	5,720,231	1,156,338	6,391,709	2,467,545	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,957	0	5	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45	0	5	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,206,080	5,720,231	1,156,348	6,391,709	2,467,545	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,148,655					17.00
20.00	02000	NURSING SCHOOL	0	4,690,643				20.00
23.00	02301	PHARMACY RESIDENCY	0		541,503			23.00
23.01	02300	EMS EDUCATION	0			727,569		23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	811,206	4,690,643	0	0	52,030,549	30.00
31.00	03100	INTENSIVE CARE UNIT	112,785	0	0	0	8,864,321	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	66,354	0	0	0	4,747,326	35.00
41.00	04100	SUBPROVIDER - IRF	71,651	0	0	0	4,690,705	41.00
43.00	04300	NURSERY	86,659	0	0	0	998,366	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	14,084,991	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,393,575	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,732,761	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	12,920,098	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	967,306	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	710,675	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	4,767,939	56.01
57.00	05700	CT SCAN	0	0	0	0	1,846,703	57.00
58.00	05800	MRI	0	0	0	0	600,571	58.00
60.00	06000	LABORATORY	0	0	0	0	14,178,706	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,264,889	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	7,027,983	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,572,143	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,209,169	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,694,345	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,650,773	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	14,605,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	15,138,857	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	541,503	0	19,004,176	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	727,398	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,287,509	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	197,404	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	1,350,952	90.00
91.00	09100	EMERGENCY	0	0	0	727,569	20,458,956	91.00
91.01	04950	WOUND CARE	0	0	0	0	4,234,275	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	2,954,330	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	6,249,256	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	17,515,628	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	7,528,545	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,148,655	4,690,643	541,503	727,569	261,206,194	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	427,924	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	24,623,906	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	68,402	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	9,424,857	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
		17.00	20.00	23.00	23.01	24.00	
202.00	TOTAL (sum lines 118 through 201)	1,148,655	4,690,643	541,503	727,569	295,751,283	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	01140	MGMT INFO SYSTEMS				5.02
5.03	00550	PURCHASING				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
20.00	02000	NURSING SCHOOL				20.00
23.00	02301	PHARMACY RESIDENCY				23.00
23.01	02300	EMS EDUCATION				23.01
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	52,030,549		30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,864,321		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	4,747,326		35.00
41.00	04100	SUBPROVIDER - IRF	0	4,690,705		41.00
43.00	04300	NURSERY	0	998,366		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	14,084,991		50.00
51.00	05100	RECOVERY ROOM	0	1,393,575		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,732,761		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,920,098		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	967,306		55.00
56.00	05600	RADIOISOTOPE	0	710,675		56.00
56.01	03950	CARDIAC CATH LAB	0	4,767,939		56.01
57.00	05700	CT SCAN	0	1,846,703		57.00
58.00	05800	MRI	0	600,571		58.00
60.00	06000	LABORATORY	0	14,178,706		60.00
65.00	06500	RESPIRATORY THERAPY	0	4,264,889		65.00
66.00	06600	PHYSICAL THERAPY	0	7,027,983		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,572,143		67.00
68.00	06800	SPEECH PATHOLOGY	0	1,209,169		68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,694,345		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,650,773		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,605,014		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,138,857		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,004,176		73.00
73.01	07301	DIABETES CENTER	0	727,398		73.01
74.00	07400	RENAL DIALYSIS	0	1,287,509		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	197,404		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	1,350,952		90.00
91.00	09100	EMERGENCY	0	20,458,956		91.00
91.01	04950	WOUND CARE	0	4,234,275		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,954,330		92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	6,249,256		95.00
101.00	10100	HOME HEALTH AGENCY	0	17,515,628		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	7,528,545		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	261,206,194		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	427,924		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	24,623,906		192.00
194.00	07950	MOB	0	0		194.00
194.01	07951	LIFELINE	0	0		194.01
194.02	07952	PATIENT TRANSPORT	0	68,402		194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part I Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	9,424,857	194.03
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	295,751,283	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	367,720	53,085	420,805	420,805	4.00
5.01	01160	COMMUNICATIONS	0	36,149	5,219	41,368	2,162	5.01
5.02	01140	MGMT INFO SYSTEMS	0	544,653	78,627	623,280	0	5.02
5.03	00550	PURCHASING	0	393,932	56,869	450,801	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	PATIENT ACCOUNTING	0	211,301	30,504	241,805	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,173,233	313,733	2,486,966	77,727	5.06
7.00	00700	OPERATION OF PLANT	0	4,231,929	610,932	4,842,861	11,398	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	167,103	24,123	191,226	431	8.00
9.00	00900	HOUSEKEEPING	0	345,283	49,846	395,129	7,925	9.00
10.00	01000	DIETARY	0	612,819	88,468	701,287	3,475	10.00
11.00	01100	CAFETERIA	0	553,734	79,938	633,672	4,457	11.00
13.00	01300	NURSING ADMINISTRATION	0	122,514	17,686	140,200	11,060	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	202,789	29,275	232,064	1,302	14.00
15.00	01500	PHARMACY	0	328,615	47,440	376,055	9,979	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	82,590	11,923	94,513	83	16.00
17.00	01700	SOCIAL SERVICE	0	21,476	3,100	24,576	2,131	17.00
20.00	02000	NURSING SCHOOL	0	1,187,174	171,383	1,358,557	7,577	20.00
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	866	23.00
23.01	02300	EMS EDUCATION	0	147,195	21,249	168,444	784	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	4,219,286	609,106	4,828,392	53,770	30.00
31.00	03100	INTENSIVE CARE UNIT	0	408,498	58,972	467,470	12,169	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	285,878	41,270	327,148	7,178	35.00
41.00	04100	SUBPROVIDER - IRF	0	513,704	74,159	587,863	5,223	41.00
43.00	04300	NURSERY	0	0	0	0	1,798	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,171,610	169,136	1,340,746	12,309	50.00
51.00	05100	RECOVERY ROOM	0	96,800	13,974	110,774	1,967	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	11,718	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	646,937	93,393	740,330	12,061	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	25,073	3,620	28,693	1,215	55.00
56.00	05600	RADIOISOTOPE	0	12,180	1,758	13,938	1,234	56.00
56.01	03950	CARDIAC CATH LAB	0	300,800	43,424	344,224	4,498	56.01
57.00	05700	CT SCAN	0	54,811	7,913	62,724	2,463	57.00
58.00	05800	MRI	0	48,507	7,003	55,510	865	58.00
60.00	06000	LABORATORY	0	231,316	33,393	264,709	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	82,198	11,866	94,064	6,856	65.00
66.00	06600	PHYSICAL THERAPY	0	34,012	4,910	38,922	12,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	4,844	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,490	504	3,994	2,240	68.00
69.00	06900	ELECTROCARDIOLOGY	0	371,994	53,702	425,696	5,764	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	190,858	27,553	218,411	2,041	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
73.01	07301	DIABETES CENTER	0	0	0	0	1,362	73.01
74.00	07400	RENAL DIALYSIS	0	65,566	9,465	75,031	361	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	71,229	10,283	81,512	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	1,606	90.00
91.00	09100	EMERGENCY	0	1,515,397	218,766	1,734,163	26,519	91.00
91.01	04950	WOUND CARE	0	603,773	87,162	690,935	5,041	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	284,560	41,080	325,640	4,955	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	330,218	47,671	377,889	7,759	95.00
101.00	10100	HOME HEALTH AGENCY	0	280,322	40,468	320,790	16,746	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	9,369	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	23,579,226	3,403,951	26,983,177	377,946	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	111,402	16,082	127,484	183	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	289,760	41,830	331,590	42,676	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	4,424,851	0	4,424,851	0	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)	0	28,405,239	3,461,863	31,867,102	420,805	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	43,530					5.01
5.02	01140	MGMT INFO SYSTEMS	1,420	624,700				5.02
5.03	00550	PURCHASING	864	0	451,665			5.03
5.04	00570	ADMITTING	0	0	0	0		5.04
5.05	00580	PATIENT ACCOUNTING	864	0	0	0	242,669	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,507	42,813	9,713	0	0	5.06
7.00	00700	OPERATION OF PLANT	3,396	27,477	440	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	62	1,437	0	0	0	8.00
9.00	00900	HOUSEKEEPING	556	29,162	905	0	0	9.00
10.00	01000	DIETARY	1,852	27,288	434	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	556	19,201	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	247	4,321	94	0	0	14.00
15.00	01500	PHARMACY	1,420	16,202	9	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,050	532	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	556	4,431	1	0	0	17.00
20.00	02000	NURSING SCHOOL	0	11,664	177	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	1,909	0	0	0	23.00
23.01	02300	EMS EDUCATION	0	0	1	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,102	130,488	1,142	0	13,229	30.00
31.00	03100	INTENSIVE CARE UNIT	1,358	24,768	381	0	3,417	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,050	11,686	443	0	3,744	35.00
41.00	04100	SUBPROVIDER - IRF	1,482	9,805	16	0	1,109	41.00
43.00	04300	NURSERY	0	0	0	0	896	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,482	21,906	32,903	0	28,828	50.00
51.00	05100	RECOVERY ROOM	494	2,944	0	0	2,242	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,605	0	0	0	5,387	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,705	21,891	21,793	0	18,005	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	1,950	0	0	2,050	55.00
56.00	05600	RADIOISOTOPE	0	1,857	3	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	6,983	19,182	0	10,004	56.01
57.00	05700	CT SCAN	0	4,228	137	0	10,534	57.00
58.00	05800	MRI	0	1,062	15	0	1,635	58.00
60.00	06000	LABORATORY	2,717	0	9,471	0	24,468	60.00
65.00	06500	RESPIRATORY THERAPY	2,099	12,936	1,814	0	3,500	65.00
66.00	06600	PHYSICAL THERAPY	370	24,271	0	0	4,083	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,997	0	0	2,466	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,146	9	0	861	68.00
69.00	06900	ELECTROCARDIOLOGY	370	10,381	13	0	5,565	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,664	0	0	907	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	182,189	0	23,017	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	161,776	0	14,722	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	27,152	73.00
73.01	07301	DIABETES CENTER	370	2,593	12	0	17	73.01
74.00	07400	RENAL DIALYSIS	0	745	0	0	625	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,976	4,739	0	0	260	90.00
91.00	09100	EMERGENCY	0	51,415	1,460	0	20,610	91.00
91.01	04950	WOUND CARE	0	8,476	7	0	1,258	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	3,077	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	23,244	244	0	2,450	95.00
101.00	10100	HOME HEALTH AGENCY	0	24,758	5,713	0	2,473	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	17,865	1,164	0	4,078	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,530	624,235	451,661	0	242,669	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	458	2	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7	2	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	
		5.01	5.02	5.03	5.04	5.05	
202.00	TOTAL (sum lines 118 through 201)	43,530	624,700	451,665	0	242,669	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,621,726					5.06
7.00	00700	OPERATION OF PLANT	183,169	5,068,741				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,940	41,426	244,522			8.00
9.00	00900	HOUSEKEEPING	48,780	85,597	5,655	573,709		9.00
10.00	01000	DIETARY	30,604	151,921	6,868	22,669	946,398	10.00
11.00	01100	CAFETERIA	21,599	137,273	0	20,484	0	11.00
13.00	01300	NURSING ADMINISTRATION	48,099	30,372	0	4,532	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,215	50,272	6,197	7,502	0	14.00
15.00	01500	PHARMACY	51,684	81,465	0	12,156	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,826	20,474	0	3,055	0	16.00
17.00	01700	SOCIAL SERVICE	9,664	5,324	0	794	0	17.00
20.00	02000	NURSING SCHOOL	26,283	294,306	0	43,916	0	20.00
23.00	02301	PHARMACY RESIDENCY	4,691	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	4,636	36,490	0	5,445	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	299,065	1,045,981	86,319	156,079	794,670	30.00
31.00	03100	INTENSIVE CARE UNIT	63,552	101,269	13,150	15,111	86,982	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35,234	70,870	5,481	10,575	0	35.00
41.00	04100	SUBPROVIDER - IRF	29,876	127,350	4,642	19,003	64,746	41.00
43.00	04300	NURSERY	7,580	0	9,008	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	101,002	290,448	42,885	43,340	0	50.00
51.00	05100	RECOVERY ROOM	10,052	23,997	7,886	3,581	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,884	0	9,631	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	102,478	160,379	15,048	23,931	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	7,970	6,216	0	927	0	55.00
56.00	05600	RADIOISOTOPE	5,810	3,020	0	451	0	56.00
56.01	03950	CARDIAC CATH LAB	35,891	74,570	994	11,127	0	56.01
57.00	05700	CT SCAN	14,503	13,588	0	2,028	0	57.00
58.00	05800	MRI	4,518	12,025	0	1,794	0	58.00
60.00	06000	LABORATORY	120,346	57,344	1,559	8,557	0	60.00
65.00	06500	RESPIRATORY THERAPY	33,987	20,377	1,826	3,041	0	65.00
66.00	06600	PHYSICAL THERAPY	56,919	8,432	3,397	1,258	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,935	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,840	865	0	129	0	68.00
69.00	06900	ELECTROCARDIOLOGY	34,568	92,219	1,385	13,761	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,531	47,315	0	7,060	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	123,155	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	129,108	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,563	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	5,972	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	10,413	16,254	0	2,425	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	872	17,658	0	2,635	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,681	0	0	0	0	90.00
91.00	09100	EMERGENCY	143,900	375,674	22,591	56,057	0	91.00
91.01	04950	WOUND CARE	28,434	149,678	0	22,335	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	22,407	70,544	0	10,526	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	46,855	81,863	0	12,215	0	95.00
101.00	10100	HOME HEALTH AGENCY	146,935	69,493	0	10,370	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	63,079	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,360,105	3,872,349	244,522	558,869	946,398	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,395	27,617	0	4,121	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	214,712	71,833	0	10,719	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	606	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	43,908	1,096,942	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,621,726	5,068,741	244,522	573,709	946,398	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	817,485					11.00
13.00	01300	NURSING ADMINISTRATION	31,613	285,633				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,115	0	316,329			14.00
15.00	01500	PHARMACY	26,675	0	7	575,652		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	876	0	0	0	141,409	16.00
17.00	01700	SOCIAL SERVICE	7,295	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	19,203	0	127	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	3,143	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	0	0	1	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	214,841	92,273	821	0	7,670	30.00
31.00	03100	INTENSIVE CARE UNIT	40,778	17,514	274	0	1,981	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	19,241	8,264	318	0	2,171	35.00
41.00	04100	SUBPROVIDER - IRF	16,142	6,933	11	0	643	41.00
43.00	04300	NURSERY	0	0	0	0	519	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,066	15,490	23,650	0	17,429	50.00
51.00	05100	RECOVERY ROOM	4,847	2,082	0	0	1,300	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,123	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,042	0	15,665	0	10,439	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,210	0	0	0	1,188	55.00
56.00	05600	RADIOISOTOPE	3,057	1,313	2	0	0	56.00
56.01	03950	CARDIAC CATH LAB	11,496	4,938	13,788	0	5,800	56.01
57.00	05700	CT SCAN	6,961	0	99	0	6,108	57.00
58.00	05800	MRI	1,749	0	11	0	948	58.00
60.00	06000	LABORATORY	0	0	6,807	0	14,186	60.00
65.00	06500	RESPIRATORY THERAPY	21,298	9,148	1,304	0	2,029	65.00
66.00	06600	PHYSICAL THERAPY	39,960	17,163	0	0	2,367	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,812	6,362	0	0	1,430	67.00
68.00	06800	SPEECH PATHOLOGY	6,827	2,932	7	0	499	68.00
69.00	06900	ELECTROCARDIOLOGY	17,092	7,341	9	0	3,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,032	2,591	0	0	526	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	130,961	0	13,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	116,282	0	8,535	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	575,652	15,742	73.00
73.01	07301	DIABETES CENTER	4,269	1,834	9	0	10	73.01
74.00	07400	RENAL DIALYSIS	1,227	527	0	0	362	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,803	0	0	0	151	90.00
91.00	09100	EMERGENCY	84,651	36,358	1,050	0	11,949	91.00
91.01	04950	WOUND CARE	13,955	5,994	5	0	730	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1,784	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	38,269	16,436	176	0	1,420	95.00
101.00	10100	HOME HEALTH AGENCY	40,761	17,507	4,107	0	1,434	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	29,414	12,633	836	0	2,364	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	816,720	285,633	316,327	575,652	141,409	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	754	0	1	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11	0	1	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	817,485	285,633	316,329	575,652	141,409	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	54,772					17.00
20.00	02000	NURSING SCHOOL	0	1,761,810				20.00
23.00	02301	PHARMACY RESIDENCY	0		10,609			23.00
23.01	02300	EMS EDUCATION	0			215,801		23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,681				7,770,523	30.00
31.00	03100	INTENSIVE CARE UNIT	5,378				855,552	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,164				506,567	35.00
41.00	04100	SUBPROVIDER - IRF	3,417				878,261	41.00
43.00	04300	NURSERY	4,132				23,933	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0				2,008,484	50.00
51.00	05100	RECOVERY ROOM	0				172,166	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				81,348	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				1,181,767	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0				53,419	55.00
56.00	05600	RADIOISOTOPE	0				30,685	56.00
56.01	03950	CARDIAC CATH LAB	0				543,495	56.01
57.00	05700	CT SCAN	0				123,373	57.00
58.00	05800	MRI	0				80,132	58.00
60.00	06000	LABORATORY	0				510,164	60.00
65.00	06500	RESPIRATORY THERAPY	0				214,279	65.00
66.00	06600	PHYSICAL THERAPY	0				209,800	66.00
67.00	06700	OCCUPATIONAL THERAPY	0				59,846	67.00
68.00	06800	SPEECH PATHOLOGY	0				32,349	68.00
69.00	06900	ELECTROCARDIOLOGY	0				617,391	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				300,078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				472,667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				430,423	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				723,109	73.00
73.01	07301	DIABETES CENTER	0				16,448	73.01
74.00	07400	RENAL DIALYSIS	0				107,970	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0				102,677	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0				28,216	90.00
91.00	09100	EMERGENCY	0				2,566,397	91.00
91.01	04950	WOUND CARE	0				926,848	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0				438,933	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0				608,820	95.00
101.00	10100	HOME HEALTH AGENCY	0				661,087	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0				140,802	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,772	0	0	0	23,478,009	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				163,015	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				671,551	192.00
194.00	07950	MOB	0				0	194.00
194.01	07951	LIFELINE	0				0	194.01
194.02	07952	PATIENT TRANSPORT	0				606	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0				5,565,701	194.03
200.00		Cross Foot Adjustments		1,761,810	10,609	215,801	1,988,220	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
		17.00	20.00	23.00	23.01	24.00	
202.00	TOTAL (sum lines 118 through 201)	54,772	1,761,810	10,609	215,801	31,867,102	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	01140	MGMT INFO SYSTEMS				5.02
5.03	00550	PURCHASING				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
20.00	02000	NURSING SCHOOL				20.00
23.00	02301	PHARMACY RESIDENCY				23.00
23.01	02300	EMS EDUCATION				23.01
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	7,770,523		30.00
31.00	03100	INTENSIVE CARE UNIT	0	855,552		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	506,567		35.00
41.00	04100	SUBPROVIDER - IRF	0	878,261		41.00
43.00	04300	NURSERY	0	23,933		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,008,484		50.00
51.00	05100	RECOVERY ROOM	0	172,166		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	81,348		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,181,767		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	53,419		55.00
56.00	05600	RADIOISOTOPE	0	30,685		56.00
56.01	03950	CARDIAC CATH LAB	0	543,495		56.01
57.00	05700	CT SCAN	0	123,373		57.00
58.00	05800	MRI	0	80,132		58.00
60.00	06000	LABORATORY	0	510,164		60.00
65.00	06500	RESPIRATORY THERAPY	0	214,279		65.00
66.00	06600	PHYSICAL THERAPY	0	209,800		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	59,846		67.00
68.00	06800	SPEECH PATHOLOGY	0	32,349		68.00
69.00	06900	ELECTROCARDIOLOGY	0	617,391		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	300,078		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	472,667		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	430,423		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	723,109		73.00
73.01	07301	DIABETES CENTER	0	16,448		73.01
74.00	07400	RENAL DIALYSIS	0	107,970		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	102,677		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	28,216		90.00
91.00	09100	EMERGENCY	0	2,566,397		91.00
91.01	04950	WOUND CARE	0	926,848		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	438,933		92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	608,820		95.00
101.00	10100	HOME HEALTH AGENCY	0	661,087		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	140,802		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	23,478,009		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	163,015		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	671,551		192.00
194.00	07950	MOB	0	0		194.00
194.01	07951	LIFELINE	0	0		194.01
194.02	07952	PATIENT TRANSPORT	0	606		194.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B Part II | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	5,565,701		194.03
200.00		Cross Foot Adjustments	0	1,988,220		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	31,867,102		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINE S)	MGMT INFO SYSTEMS (MANHOURS)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	797,575					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		673,332				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,325	10,325	122,684,366			4.00
5.01	01160	COMMUNICATIONS	1,015	1,015	630,436	705		5.01
5.02	01140	MGMT INFO SYSTEMS	15,293	15,293	0	23	2,892,292	5.02
5.03	00550	PURCHASING	11,061	11,061	0	14	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	PATIENT ACCOUNTING	5,933	5,933	0	14	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	61,021	61,021	22,661,561	73	198,218	5.06
7.00	00700	OPERATION OF PLANT	118,826	118,826	3,323,041	55	127,215	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,692	4,692	125,524	1	6,655	8.00
9.00	00900	HOUSEKEEPING	9,695	9,695	2,310,535	9	135,018	9.00
10.00	01000	DIETARY	17,207	17,207	1,013,086	30	126,339	10.00
11.00	01100	CAFETERIA	15,548	15,548	1,299,550	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,440	3,440	3,224,622	9	88,899	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,694	5,694	379,509	4	20,007	14.00
15.00	01500	PHARMACY	9,227	9,227	2,909,339	23	75,013	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,319	2,319	24,332	17	2,463	16.00
17.00	01700	SOCIAL SERVICE	603	603	621,388	9	20,515	17.00
20.00	02000	NURSING SCHOOL	33,334	33,334	2,209,041	0	54,002	20.00
23.00	02301	PHARMACY RESIDENCY	0	0	252,486	0	8,838	23.00
23.01	02300	EMS EDUCATION	4,133	4,133	228,664	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,471	118,471	15,676,365	115	604,151	30.00
31.00	03100	INTENSIVE CARE UNIT	11,470	11,470	3,547,861	22	114,671	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,027	8,027	2,092,642	17	54,107	35.00
41.00	04100	SUBPROVIDER - IRF	14,424	14,424	1,522,781	24	45,394	41.00
43.00	04300	NURSERY	0	0	524,122	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,897	32,897	3,588,540	24	101,421	50.00
51.00	05100	RECOVERY ROOM	2,718	2,718	573,346	8	13,631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,416,460	26	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,165	18,165	3,516,297	60	101,354	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	704	704	354,269	0	9,028	55.00
56.00	05600	RADIOISOTOPE	342	342	359,784	0	8,597	56.00
56.01	03950	CARDIAC CATH LAB	8,446	8,446	1,311,471	0	32,329	56.01
57.00	05700	CT SCAN	1,539	1,539	718,068	0	19,574	57.00
58.00	05800	MRI	1,362	1,362	252,045	0	4,919	58.00
60.00	06000	LABORATORY	6,495	6,495	0	44	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,308	2,308	1,998,825	34	59,893	65.00
66.00	06600	PHYSICAL THERAPY	955	955	3,690,238	6	112,371	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,412,328	0	41,654	67.00
68.00	06800	SPEECH PATHOLOGY	98	98	652,980	0	19,197	68.00
69.00	06900	ELECTROCARDIOLOGY	10,445	10,445	1,680,466	6	48,063	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,359	5,359	595,005	0	16,962	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
73.01	07301	DIABETES CENTER	0	0	397,193	6	12,005	73.01
74.00	07400	RENAL DIALYSIS	1,841	1,841	105,163	0	3,451	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,000	2,000	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	468,118	32	21,942	90.00
91.00	09100	EMERGENCY	42,550	42,550	7,731,586	0	238,047	91.00
91.01	04950	WOUND CARE	16,953	16,953	1,469,585	0	39,243	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,990	7,990	1,444,747	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	9,272	9,272	2,262,105	0	107,615	95.00
101.00	10100	HOME HEALTH AGENCY	7,871	7,871	4,882,099	0	114,625	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,731,551	0	82,714	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	662,068	662,068	110,189,154	705	2,890,140	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,128	3,128	53,341	0	2,120	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,136	8,136	12,441,871	0	32	192.00
194.00	07950	MOB	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINE S)	MGMT INFO SYSTEMS (MANHOURS)	
			1.00	2.00	4.00	5.01	5.02	
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	124,243	0	0	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)	28,405,239	3,461,863	31,959,606	1,637,983	20,112,053	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	35.614505	5.141391	0.260503	2,323.380142	6.953673	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			420,805	43,530	624,700	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.003430	61.744681	0.215988	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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	PURCHASING (COSTED REQUISI)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING	27,058,588					5.03
5.04	00570	ADMITTING	0	1,294,056,261				5.04
5.05	00580	PATIENT ACCOUNTING	0	0	1,294,056,261			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	581,875	0	0	-31,544,157	264,207,126	5.06
7.00	00700	OPERATION OF PLANT	26,360	0	0	0	18,459,004	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,001,737	8.00
9.00	00900	HOUSEKEEPING	54,196	0	0	0	4,915,902	9.00
10.00	01000	DIETARY	26,017	0	0	0	3,084,198	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,176,615	11.00
13.00	01300	NURSING ADMINISTRATION	2	0	0	0	4,847,252	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,650	0	0	0	727,094	14.00
15.00	01500	PHARMACY	554	0	0	0	5,208,497	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,098,750	16.00
17.00	01700	SOCIAL SERVICE	37	0	0	0	973,917	17.00
20.00	02000	NURSING SCHOOL	10,576	0	0	0	2,648,669	20.00
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	472,736	23.00
23.01	02300	EMS EDUCATION	66	0	0	0	467,209	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	68,423	70,364,439	70,364,439	0	30,138,698	30.00
31.00	03100	INTENSIVE CARE UNIT	22,839	18,173,682	18,173,682	0	6,404,514	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	26,528	19,916,275	19,916,275	0	3,550,704	35.00
41.00	04100	SUBPROVIDER - IRF	956	5,899,155	5,899,155	0	3,010,755	41.00
43.00	04300	NURSERY	0	4,765,766	4,765,766	0	763,888	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,971,195	156,618,877	156,618,877	0	10,178,563	50.00
51.00	05100	RECOVERY ROOM	6	11,923,504	11,923,504	0	1,013,041	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,655,566	28,655,566	0	5,027,101	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,305,605	95,771,314	95,771,314	0	10,327,317	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	10,901,914	10,901,914	0	803,185	55.00
56.00	05600	RADIOISOTOPE	187	0	0	0	585,544	56.00
56.01	03950	CARDIAC CATH LAB	1,149,197	53,211,516	53,211,516	0	3,616,947	56.01
57.00	05700	CT SCAN	8,231	56,033,807	56,033,807	0	1,461,517	57.00
58.00	05800	MRI	915	8,699,308	8,699,308	0	455,304	58.00
60.00	06000	LABORATORY	567,375	130,147,520	130,147,520	0	12,127,936	60.00
65.00	06500	RESPIRATORY THERAPY	108,660	18,614,778	18,614,778	0	3,425,095	65.00
66.00	06600	PHYSICAL THERAPY	0	21,719,620	21,719,620	0	5,736,093	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,118,390	13,118,390	0	2,109,739	67.00
68.00	06800	SPEECH PATHOLOGY	551	4,577,957	4,577,957	0	991,675	68.00
69.00	06900	ELECTROCARDIOLOGY	762	29,602,644	29,602,644	0	3,483,593	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,824,258	4,824,258	0	1,162,038	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,914,506	122,431,337	122,431,337	0	12,411,045	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,691,822	78,306,543	78,306,543	0	13,011,030	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	144,423,961	144,423,961	0	10,537,460	73.00
73.01	07301	DIABETES CENTER	711	89,684	89,684	0	601,874	73.01
74.00	07400	RENAL DIALYSIS	25	3,322,268	3,322,268	0	1,049,388	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	87,912	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	14	1,382,301	1,382,301	0	1,177,169	90.00
91.00	09100	EMERGENCY	87,493	109,625,296	109,625,296	0	14,501,663	91.00
91.01	04950	WOUND CARE	395	6,693,123	6,693,123	0	2,865,477	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	16,367,140	16,367,140	0	2,258,037	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	14,642	13,031,710	13,031,710	0	4,721,821	95.00
101.00	10100	HOME HEALTH AGENCY	342,282	13,153,346	13,153,346	0	14,807,563	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	69,705	21,689,262	21,689,262	0	6,356,818	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,058,358	1,294,056,261	1,294,056,261	-31,544,157	237,842,084	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	113	0	0	0	241,320	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	117	0	0	0	21,637,765	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	61,106	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	4,424,851	194.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	PURCHASING (COSTED REQUISI)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,341,700	573	6,803,669		31,544,157	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.086542	0.000000	0.005258		0.119392	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	451,665	0	242,669		2,621,726	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.016692	0.000000	0.000188		0.009923	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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	574,101					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,692	1,183,654				8.00
9.00	00900	HOUSEKEEPING	9,695	27,374	435,471			9.00
10.00	01000	DIETARY	17,207	33,244	17,207	202,125		10.00
11.00	01100	CAFETERIA	15,548	0	15,548	0	2,298,847	11.00
13.00	01300	NURSING ADMINISTRATION	3,440	0	3,440	0	88,899	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,694	29,999	5,694	0	20,007	14.00
15.00	01500	PHARMACY	9,227	0	9,227	0	75,013	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,319	0	2,319	0	2,463	16.00
17.00	01700	SOCIAL SERVICE	603	0	603	0	20,515	17.00
20.00	02000	NURSING SCHOOL	33,334	0	33,334	0	54,002	20.00
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	8,838	23.00
23.01	02300	EMS EDUCATION	4,133	0	4,133	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,471	417,849	118,471	169,720	604,151	30.00
31.00	03100	INTENSIVE CARE UNIT	11,470	63,654	11,470	18,577	114,671	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,027	26,532	8,027	0	54,107	35.00
41.00	04100	SUBPROVIDER - IRF	14,424	22,470	14,424	13,828	45,394	41.00
43.00	04300	NURSERY	0	43,604	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,897	207,591	32,897	0	101,421	50.00
51.00	05100	RECOVERY ROOM	2,718	38,173	2,718	0	13,631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	46,621	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,165	72,841	18,165	0	101,354	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	704	0	704	0	9,028	55.00
56.00	05600	RADIOISOTOPE	342	0	342	0	8,597	56.00
56.01	03950	CARDIAC CATH LAB	8,446	4,813	8,446	0	32,329	56.01
57.00	05700	CT SCAN	1,539	0	1,539	0	19,574	57.00
58.00	05800	MRI	1,362	0	1,362	0	4,919	58.00
60.00	06000	LABORATORY	6,495	7,547	6,495	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,308	8,837	2,308	0	59,893	65.00
66.00	06600	PHYSICAL THERAPY	955	16,446	955	0	112,371	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	41,654	67.00
68.00	06800	SPEECH PATHOLOGY	98	0	98	0	19,197	68.00
69.00	06900	ELECTROCARDIOLOGY	10,445	6,703	10,445	0	48,063	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,359	0	5,359	0	16,962	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
73.01	07301	DIABETES CENTER	0	0	0	0	12,005	73.01
74.00	07400	RENAL DIALYSIS	1,841	0	1,841	0	3,451	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,000	0	2,000	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	21,942	90.00
91.00	09100	EMERGENCY	42,550	109,356	42,550	0	238,047	91.00
91.01	04950	WOUND CARE	16,953	0	16,953	0	39,243	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,990	0	7,990	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	9,272	0	9,272	0	107,615	95.00
101.00	10100	HOME HEALTH AGENCY	7,871	0	7,871	0	114,625	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	82,714	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	438,594	1,183,654	424,207	202,125	2,296,695	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,128	0	3,128	0	2,120	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,136	0	8,136	0	32	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	124,243	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
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)	20,662,861	1,290,209	5,881,598	4,340,376	3,206,080	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	35.991683	1.090022	13.506291	21.473722	1.394647	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,068,741	244,522	573,709	946,398	817,485	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.829006	0.206582	1.317445	4.682241	0.355607	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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUISI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,870,141					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26,364,488				14.00
15.00	01500	PHARMACY	0	554	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,294,056,261		16.00
17.00	01700	SOCIAL SERVICE	0	37	0	0	48,142	17.00
20.00	02000	NURSING SCHOOL	0	10,576	0	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	0	66	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	604,151	68,423	0	70,364,439	33,999	30.00
31.00	03100	INTENSIVE CARE UNIT	114,671	22,839	0	18,173,682	4,727	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	54,107	26,528	0	19,916,275	2,781	35.00
41.00	04100	SUBPROVIDER - IRF	45,394	956	0	5,899,155	3,003	41.00
43.00	04300	NURSERY	0	0	0	4,765,766	3,632	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	101,421	1,971,195	0	156,618,877	0	50.00
51.00	05100	RECOVERY ROOM	13,631	6	0	11,923,504	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	28,655,566	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,305,605	0	95,771,314	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	10,901,914	0	55.00
56.00	05600	RADIOISOTOPE	8,597	187	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	32,329	1,149,197	0	53,211,516	0	56.01
57.00	05700	CT SCAN	0	8,231	0	56,033,807	0	57.00
58.00	05800	MRI	0	915	0	8,699,308	0	58.00
60.00	06000	LABORATORY	0	567,375	0	130,147,520	0	60.00
65.00	06500	RESPIRATORY THERAPY	59,893	108,660	0	18,614,778	0	65.00
66.00	06600	PHYSICAL THERAPY	112,371	0	0	21,719,620	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,654	0	0	13,118,390	0	67.00
68.00	06800	SPEECH PATHOLOGY	19,197	551	0	4,577,957	0	68.00
69.00	06900	ELECTROCARDIOLOGY	48,063	762	0	29,602,644	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,962	0	0	4,824,258	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,914,506	0	122,431,337	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,691,822	0	78,306,543	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	144,423,961	0	73.00
73.01	07301	DIABETES CENTER	12,005	711	0	89,684	0	73.01
74.00	07400	RENAL DIALYSIS	3,451	25	0	3,322,268	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	14	0	1,382,301	0	90.00
91.00	09100	EMERGENCY	238,047	87,493	0	109,625,296	0	91.00
91.01	04950	WOUND CARE	39,243	395	0	6,693,123	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	16,367,140	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	107,615	14,642	0	13,031,710	0	95.00
101.00	10100	HOME HEALTH AGENCY	114,625	342,282	0	13,153,346	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	82,714	69,705	0	21,689,262	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,870,141	26,364,258	100	1,294,056,261	48,142	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	113	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	117	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUISI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	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)	5,720,231	1,156,348	6,391,709	2,467,545	1,148,655	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.058716	0.043860	63,917.090000	0.001907	23.859727	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	285,633	316,329	575,652	141,409	54,772	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.152733	0.011998	5,756.520000	0.000109	1.137718	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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)		
			20.00	23.00	23.01		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
20.00	02000	NURSING SCHOOL	100				20.00
23.00	02301	PHARMACY RESIDENCY		100			23.00
23.01	02300	EMS EDUCATION			100		23.01
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	100	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
43.00	04300	NURSERY	0	0	0		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03950	CARDIAC CATH LAB	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0		73.00
73.01	07301	DIABETES CENTER	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	100		91.00
91.01	04950	WOUND CARE	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07950	MOB	0	0	0		194.00
194.01	07951	LIFELINE	0	0	0		194.01
194.02	07952	PATIENT TRANSPORT	0	0	0		194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet B-1 | Date/Time Prepared: 4/29/2021 3:52 pm

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)		
			20.00	23.00	23.01		
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)	4,690,643	541,503	727,569		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	46,906.430000	5,415.030000	7,275.690000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,761,810	10,609	215,801		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	17,618.100000	106.090000	2,158.010000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I Date/Time Prepared: 4/29/2021 3:52 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	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	52,030,549		52,030,549	0	52,030,549	30.00
31.00	03100	INTENSIVE CARE UNIT	8,864,321		8,864,321	0	8,864,321	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,747,326		4,747,326	0	4,747,326	35.00
41.00	04100	SUBPROVIDER - IRF	4,690,705		4,690,705	0	4,690,705	41.00
43.00	04300	NURSERY	998,366		998,366	0	998,366	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,084,991		14,084,991	0	14,084,991	50.00
51.00	05100	RECOVERY ROOM	1,393,575		1,393,575	0	1,393,575	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,732,761		5,732,761	0	5,732,761	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,920,098		12,920,098	0	12,920,098	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	967,306		967,306	0	967,306	55.00
56.00	05600	RADIOISOTOPE	710,675		710,675	0	710,675	56.00
56.01	03950	CARDIAC CATH LAB	4,767,939		4,767,939	0	4,767,939	56.01
57.00	05700	CT SCAN	1,846,703		1,846,703	0	1,846,703	57.00
58.00	05800	MRI	600,571		600,571	0	600,571	58.00
60.00	06000	LABORATORY	14,178,706		14,178,706	0	14,178,706	60.00
65.00	06500	RESPIRATORY THERAPY	4,264,889	0	4,264,889	0	4,264,889	65.00
66.00	06600	PHYSICAL THERAPY	7,027,983	0	7,027,983	0	7,027,983	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,572,143	0	2,572,143	0	2,572,143	67.00
68.00	06800	SPEECH PATHOLOGY	1,209,169	0	1,209,169	0	1,209,169	68.00
69.00	06900	ELECTROCARDIOLOGY	4,694,345		4,694,345	0	4,694,345	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,650,773		1,650,773	0	1,650,773	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,605,014		14,605,014	0	14,605,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,138,857		15,138,857	0	15,138,857	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,004,176		19,004,176	0	19,004,176	73.00
73.01	07301	DIABETES CENTER	727,398		727,398	0	727,398	73.01
74.00	07400	RENAL DIALYSIS	1,287,509		1,287,509	0	1,287,509	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	197,404		197,404	0	197,404	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,350,952		1,350,952	0	1,350,952	90.00
91.00	09100	EMERGENCY	20,458,956		20,458,956	0	20,458,956	91.00
91.01	04950	WOUND CARE	4,234,275		4,234,275	0	4,234,275	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,954,330		2,954,330	0	2,954,330	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	6,249,256		6,249,256	0	6,249,256	95.00
101.00	10100	HOME HEALTH AGENCY	17,515,628		17,515,628		17,515,628	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,528,545		7,528,545		7,528,545	116.00
200.00		Subtotal (see instructions)	261,206,194	0	261,206,194	0	261,206,194	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	261,206,194	0	261,206,194	0	261,206,194	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	70,364,439		70,364,439			30.00
31.00	03100	INTENSIVE CARE UNIT	18,173,682		18,173,682			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	19,916,275		19,916,275			35.00
41.00	04100	SUBPROVIDER - IRF	5,899,155		5,899,155			41.00
43.00	04300	NURSERY	4,765,766		4,765,766			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	80,672,202	75,946,675	156,618,877	0.089932	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,828,084	7,095,420	11,923,504	0.116876	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,760,141	895,425	28,655,566	0.200058	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,636,082	75,135,232	95,771,314	0.134906	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,916,039	7,985,875	10,901,914	0.088728	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	30,650,486	22,561,030	53,211,516	0.089604	0.000000	56.01
57.00	05700	CT SCAN	16,623,675	39,410,132	56,033,807	0.032957	0.000000	57.00
58.00	05800	MRI	3,155,435	5,543,873	8,699,308	0.069037	0.000000	58.00
60.00	06000	LABORATORY	56,546,341	73,601,179	130,147,520	0.108943	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	15,856,302	2,758,476	18,614,778	0.229113	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,474,411	13,245,209	21,719,620	0.323578	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,072,436	6,045,954	13,118,390	0.196072	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,832,492	2,745,465	4,577,957	0.264129	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,483,750	19,118,894	29,602,644	0.158579	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,043,242	3,781,016	4,824,258	0.342182	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,672,107	51,759,230	122,431,337	0.119291	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,839,493	23,467,050	78,306,543	0.193328	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,801,171	95,622,790	144,423,961	0.131586	0.000000	73.00
73.01	07301	DIABETES CENTER	1,190	88,494	89,684	8.110677	0.000000	73.01
74.00	07400	RENAL DIALYSIS	2,475,736	846,532	3,322,268	0.387539	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,382,301	1,382,301	0.977321	0.000000	90.00
91.00	09100	EMERGENCY	18,890,967	90,734,329	109,625,296	0.186626	0.000000	91.00
91.01	04950	WOUND CARE	109,674	6,583,449	6,693,123	0.632631	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,703,685	14,663,455	16,367,140	0.180504	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	13,031,710	13,031,710	0.479542	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	21,194	13,132,152	13,153,346			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	21,689,262	21,689,262			116.00
200.00		Subtotal (see instructions)	605,185,652	688,870,609	1,294,056,261			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	605,185,652	688,870,609	1,294,056,261			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.089932		50.00
51.00	05100	RECOVERY ROOM	0.116876		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200058		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134906		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.088728		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03950	CARDIAC CATH LAB	0.089604		56.01
57.00	05700	CT SCAN	0.032957		57.00
58.00	05800	MRI	0.069037		58.00
60.00	06000	LABORATORY	0.108943		60.00
65.00	06500	RESPIRATORY THERAPY	0.229113		65.00
66.00	06600	PHYSICAL THERAPY	0.323578		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.196072		67.00
68.00	06800	SPEECH PATHOLOGY	0.264129		68.00
69.00	06900	ELECTROCARDIOLOGY	0.158579		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.342182		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.119291		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.193328		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131586		73.00
73.01	07301	DIABETES CENTER	8.110677		73.01
74.00	07400	RENAL DIALYSIS	0.387539		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.977321		90.00
91.00	09100	EMERGENCY	0.186626		91.00
91.01	04950	WOUND CARE	0.632631		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.180504		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.479542		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I Date/Time Prepared: 4/29/2021 3:52 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	52,030,549		52,030,549	0	52,030,549	30.00
31.00	03100	INTENSIVE CARE UNIT	8,864,321		8,864,321	0	8,864,321	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,747,326		4,747,326	0	4,747,326	35.00
41.00	04100	SUBPROVIDER - IRF	4,690,705		4,690,705	0	4,690,705	41.00
43.00	04300	NURSERY	998,366		998,366	0	998,366	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,084,991		14,084,991	0	14,084,991	50.00
51.00	05100	RECOVERY ROOM	1,393,575		1,393,575	0	1,393,575	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,732,761		5,732,761	0	5,732,761	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,920,098		12,920,098	0	12,920,098	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	967,306		967,306	0	967,306	55.00
56.00	05600	RADIOISOTOPE	710,675		710,675	0	710,675	56.00
56.01	03950	CARDIAC CATH LAB	4,767,939		4,767,939	0	4,767,939	56.01
57.00	05700	CT SCAN	1,846,703		1,846,703	0	1,846,703	57.00
58.00	05800	MRI	600,571		600,571	0	600,571	58.00
60.00	06000	LABORATORY	14,178,706		14,178,706	0	14,178,706	60.00
65.00	06500	RESPIRATORY THERAPY	4,264,889	0	4,264,889	0	4,264,889	65.00
66.00	06600	PHYSICAL THERAPY	7,027,983	0	7,027,983	0	7,027,983	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,572,143	0	2,572,143	0	2,572,143	67.00
68.00	06800	SPEECH PATHOLOGY	1,209,169	0	1,209,169	0	1,209,169	68.00
69.00	06900	ELECTROCARDIOLOGY	4,694,345		4,694,345	0	4,694,345	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,650,773		1,650,773	0	1,650,773	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,605,014		14,605,014	0	14,605,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,138,857		15,138,857	0	15,138,857	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,004,176		19,004,176	0	19,004,176	73.00
73.01	07301	DIABETES CENTER	727,398		727,398	0	727,398	73.01
74.00	07400	RENAL DIALYSIS	1,287,509		1,287,509	0	1,287,509	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	197,404		197,404	0	197,404	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,350,952		1,350,952	0	1,350,952	90.00
91.00	09100	EMERGENCY	20,458,956		20,458,956	0	20,458,956	91.00
91.01	04950	WOUND CARE	4,234,275		4,234,275	0	4,234,275	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,954,330		2,954,330	0	2,954,330	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	6,249,256		6,249,256	0	6,249,256	95.00
101.00	10100	HOME HEALTH AGENCY	17,515,628		17,515,628		17,515,628	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,528,545		7,528,545		7,528,545	116.00
200.00		Subtotal (see instructions)	261,206,194	0	261,206,194	0	261,206,194	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	261,206,194	0	261,206,194	0	261,206,194	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I Date/Time Prepared: 4/29/2021 3:52 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	70,364,439		70,364,439			30.00
31.00	03100	INTENSIVE CARE UNIT	18,173,682		18,173,682			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	19,916,275		19,916,275			35.00
41.00	04100	SUBPROVIDER - IRF	5,899,155		5,899,155			41.00
43.00	04300	NURSERY	4,765,766		4,765,766			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	80,672,202	75,946,675	156,618,877	0.089932	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,828,084	7,095,420	11,923,504	0.116876	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,760,141	895,425	28,655,566	0.200058	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,636,082	75,135,232	95,771,314	0.134906	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,916,039	7,985,875	10,901,914	0.088728	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	30,650,486	22,561,030	53,211,516	0.089604	0.000000	56.01
57.00	05700	CT SCAN	16,623,675	39,410,132	56,033,807	0.032957	0.000000	57.00
58.00	05800	MRI	3,155,435	5,543,873	8,699,308	0.069037	0.000000	58.00
60.00	06000	LABORATORY	56,546,341	73,601,179	130,147,520	0.108943	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	15,856,302	2,758,476	18,614,778	0.229113	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,474,411	13,245,209	21,719,620	0.323578	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,072,436	6,045,954	13,118,390	0.196072	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,832,492	2,745,465	4,577,957	0.264129	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,483,750	19,118,894	29,602,644	0.158579	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,043,242	3,781,016	4,824,258	0.342182	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,672,107	51,759,230	122,431,337	0.119291	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,839,493	23,467,050	78,306,543	0.193328	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,801,171	95,622,790	144,423,961	0.131586	0.000000	73.00
73.01	07301	DIABETES CENTER	1,190	88,494	89,684	8.110677	0.000000	73.01
74.00	07400	RENAL DIALYSIS	2,475,736	846,532	3,322,268	0.387539	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,382,301	1,382,301	0.977321	0.000000	90.00
91.00	09100	EMERGENCY	18,890,967	90,734,329	109,625,296	0.186626	0.000000	91.00
91.01	04950	WOUND CARE	109,674	6,583,449	6,693,123	0.632631	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,703,685	14,663,455	16,367,140	0.180504	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	13,031,710	13,031,710	0.479542	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	21,194	13,132,152	13,153,346			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	21,689,262	21,689,262			116.00
200.00		Subtotal (see instructions)	605,185,652	688,870,609	1,294,056,261			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	605,185,652	688,870,609	1,294,056,261			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet C Part I Date/Time Prepared: 4/29/2021 3:52 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03950	CARDIAC CATH LAB	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
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
73.01	07301	DIABETES CENTER	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
91.01	04950	WOUND CARE	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part I Date/Time Prepared: 4/29/2021 3:52 pm

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	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,770,523	0	7,770,523	31,572	246.12	30.00
31.00	INTENSIVE CARE UNIT	855,552		855,552	4,197	203.85	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	506,567		506,567	3,667	138.14	35.00
41.00	SUBPROVIDER - IRF	878,261	0	878,261	3,124	281.13	41.00
43.00	NURSERY	23,933		23,933	3,105	7.71	43.00
200.00	Total (lines 30 through 199)	10,034,836		10,034,836	45,665		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	16,220	3,992,066				30.00
31.00	INTENSIVE CARE UNIT	1,659	338,187				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
41.00	SUBPROVIDER - IRF	1,621	455,712				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	19,500	4,785,965				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part II Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,008,484	156,618,877	0.012824	31,586,060	405,060	50.00
51.00	05100	RECOVERY ROOM	172,166	11,923,504	0.014439	2,355,945	34,017	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,348	28,655,566	0.002839	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,181,767	95,771,314	0.012339	10,118,520	124,852	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	53,419	10,901,914	0.004900	1,186,913	5,816	55.00
56.00	05600	RADIOISOTOPE	30,685	0	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	543,495	53,211,516	0.010214	11,044,650	112,810	56.01
57.00	05700	CT SCAN	123,373	56,033,807	0.002202	7,273,819	16,017	57.00
58.00	05800	MRI	80,132	8,699,308	0.009211	1,027,820	9,467	58.00
60.00	06000	LABORATORY	510,164	130,147,520	0.003920	22,860,251	89,612	60.00
65.00	06500	RESPIRATORY THERAPY	214,279	18,614,778	0.011511	6,102,709	70,248	65.00
66.00	06600	PHYSICAL THERAPY	209,800	21,719,620	0.009659	2,778,516	26,838	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,846	13,118,390	0.004562	2,166,873	9,885	67.00
68.00	06800	SPEECH PATHOLOGY	32,349	4,577,957	0.007066	482,394	3,409	68.00
69.00	06900	ELECTROCARDIOLOGY	617,391	29,602,644	0.020856	4,977,358	103,808	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	300,078	4,824,258	0.062202	425,254	26,452	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	472,667	122,431,337	0.003861	29,907,439	115,473	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	430,423	78,306,543	0.005497	28,329,041	155,725	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	723,109	144,423,961	0.005007	18,334,565	91,801	73.00
73.01	07301	DIABETES CENTER	16,448	89,684	0.183399	573	105	73.01
74.00	07400	RENAL DIALYSIS	107,970	3,322,268	0.032499	1,487,913	48,356	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	102,677	0	0.000000	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	28,216	1,382,301	0.020412	0	0	90.00
91.00	09100	EMERGENCY	2,566,397	109,625,296	0.023411	9,018,366	211,129	91.00
91.01	04950	WOUND CARE	926,848	6,693,123	0.138478	109,406	15,150	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	438,933	16,367,140	0.026818	1,507,548	40,429	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	12,032,464	1,127,062,626		193,081,933	1,716,459	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part III Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	4,690,643	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	4,690,643	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	4,690,643	31,572	148.57	16,220	30.00
31.00	03100	INTENSIVE CARE UNIT		0	4,197	0.00	1,659	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,667	0.00	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,124	0.00	1,621	41.00
43.00	04300	NURSERY		0	3,105	0.00	0	43.00
200.00		Total (lines 30 through 199)		4,690,643	45,665		19,500	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	2,409,805	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	2,409,805	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part IV Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	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	541,503	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	727,569	91.00
91.01	04950	WOUND CARE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,269,072	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part IV | Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	156,618,877	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	11,923,504	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	28,655,566	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	95,771,314	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	10,901,914	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	53,211,516	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	56,033,807	0.000000	57.00
58.00	05800	MRI	0	0	0	8,699,308	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	130,147,520	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,614,778	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,719,620	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,118,390	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,577,957	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,602,644	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,824,258	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	122,431,337	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	78,306,543	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	541,503	541,503	144,423,961	0.003749	73.00
73.01	07301	DIABETES CENTER	0	0	0	89,684	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3,322,268	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	1,382,301	0.000000	90.00
91.00	09100	EMERGENCY	0	727,569	727,569	109,625,296	0.006637	91.00
91.01	04950	WOUND CARE	0	0	0	6,693,123	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	16,367,140	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,269,072	1,269,072	1,127,062,626		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part IV | Date/Time Prepared: 4/29/2021 3:52 pm

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		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	31,586,060	0	16,107,736	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,355,945	0	1,512,538	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	10,118,520	0	14,405,175	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	1,186,913	0	1,273,236	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.000000	11,044,650	0	7,295,403	0	56.01
57.00	05700	CT SCAN	0.000000	7,273,819	0	9,376,414	0	57.00
58.00	05800	MRI	0.000000	1,027,820	0	1,346,688	0	58.00
60.00	06000	LABORATORY	0.000000	22,860,251	0	3,994,986	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	6,102,709	0	1,079,016	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,778,516	0	80,441	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,166,873	0	21,328	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	482,394	0	8,713	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,977,358	0	6,958,822	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	425,254	0	897,495	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	29,907,439	0	16,600,628	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	28,329,041	0	10,007,350	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003749	18,334,565	68,736	33,224,858	124,560	73.00
73.01	07301	DIABETES CENTER	0.000000	573	0	85	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	1,487,913	0	119,500	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	300,580	0	90.00
91.00	09100	EMERGENCY	0.006637	9,018,366	59,855	15,553,888	103,231	91.00
91.01	04950	WOUND CARE	0.000000	109,406	0	3,614,462	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	1,507,548	0	1,734,286	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		193,081,933	128,591	145,513,628	227,791	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part V Date/Time Prepared: 4/29/2021 3:52 pm

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		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.089932	16,107,736	0	0	1,448,601	50.00
51.00	05100	RECOVERY ROOM	0.116876	1,512,538	0	0	176,779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200058	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134906	14,405,175	0	0	1,943,345	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.088728	1,273,236	0	0	112,972	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.089604	7,295,403	0	0	653,697	56.01
57.00	05700	CT SCAN	0.032957	9,376,414	0	0	309,018	57.00
58.00	05800	MRI	0.069037	1,346,688	0	0	92,971	58.00
60.00	06000	LABORATORY	0.108943	3,994,986	0	0	435,226	60.00
65.00	06500	RESPIRATORY THERAPY	0.229113	1,079,016	0	0	247,217	65.00
66.00	06600	PHYSICAL THERAPY	0.323578	80,441	0	0	26,029	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.196072	21,328	0	0	4,182	67.00
68.00	06800	SPEECH PATHOLOGY	0.264129	8,713	0	0	2,301	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158579	6,958,822	0	0	1,103,523	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.342182	897,495	0	0	307,107	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.119291	16,600,628	0	0	1,980,306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.193328	10,007,350	0	0	1,934,701	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131586	33,224,858	34,822	0	4,371,926	73.00
73.01	07301	DIABETES CENTER	8.110677	85	0	0	689	73.01
74.00	07400	RENAL DIALYSIS	0.387539	119,500	0	0	46,311	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.977321	300,580	0	0	293,763	90.00
91.00	09100	EMERGENCY	0.186626	15,553,888	0	0	2,902,760	91.00
91.01	04950	WOUND CARE	0.632631	3,614,462	0	0	2,286,621	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.180504	1,734,286	0	0	313,046	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.479542		0			95.00
200.00		Subtotal (see instructions)		145,513,628	34,822	0	20,993,091	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		145,513,628	34,822	0	20,993,091	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part V Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03950	CARDIAC CATH LAB	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
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	4,582	0		73.00
73.01	07301	DIABETES CENTER	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	04950	WOUND CARE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	4,582	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	4,582	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0109 | Component CCN: 15-T109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part II Date/Time Prepared: 4/29/2021 3:52 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	2,008,484	156,618,877	0.012824	36,204	464	50.00
51.00	05100	RECOVERY ROOM	172,166	11,923,504	0.014439	6,231	90	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,348	28,655,566	0.002839	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,181,767	95,771,314	0.012339	62,964	777	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	53,419	10,901,914	0.004900	43,103	211	55.00
56.00	05600	RADIOISOTOPE	30,685	0	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	543,495	53,211,516	0.010214	0	0	56.01
57.00	05700	CT SCAN	123,373	56,033,807	0.002202	98,072	216	57.00
58.00	05800	MRI	80,132	8,699,308	0.009211	13,568	125	58.00
60.00	06000	LABORATORY	510,164	130,147,520	0.003920	481,833	1,889	60.00
65.00	06500	RESPIRATORY THERAPY	214,279	18,614,778	0.011511	201,661	2,321	65.00
66.00	06600	PHYSICAL THERAPY	209,800	21,719,620	0.009659	1,417,901	13,696	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,846	13,118,390	0.004562	1,336,467	6,097	67.00
68.00	06800	SPEECH PATHOLOGY	32,349	4,577,957	0.007066	361,633	2,555	68.00
69.00	06900	ELECTROCARDIOLOGY	617,391	29,602,644	0.020856	20,088	419	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	300,078	4,824,258	0.062202	2,120	132	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	472,667	122,431,337	0.003861	391,869	1,513	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	430,423	78,306,543	0.005497	3,726	20	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	723,109	144,423,961	0.005007	348,360	1,744	73.00
73.01	07301	DIABETES CENTER	16,448	89,684	0.183399	0	0	73.01
74.00	07400	RENAL DIALYSIS	107,970	3,322,268	0.032499	52,258	1,698	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	102,677	0	0.000000	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	28,216	1,382,301	0.020412	0	0	90.00
91.00	09100	EMERGENCY	2,566,397	109,625,296	0.023411	24,000	562	91.00
91.01	04950	WOUND CARE	926,848	6,693,123	0.138478	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	438,933	16,367,140	0.026818	176	5	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	12,032,464	1,127,062,626		4,902,234	34,534	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0109 | Component CCN: 15-T109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part IV Date/Time Prepared: 4/29/2021 3:52 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	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	541,503	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	727,569	91.00
91.01	04950	WOUND CARE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,269,072	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0109 | Component CCN: 15-T109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part IV | Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	156,618,877	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	11,923,504	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	28,655,566	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	95,771,314	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	10,901,914	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	53,211,516	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	56,033,807	0.000000	57.00
58.00	05800	MRI	0	0	0	8,699,308	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	130,147,520	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,614,778	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,719,620	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,118,390	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,577,957	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,602,644	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,824,258	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	122,431,337	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	78,306,543	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	541,503	541,503	144,423,961	0.003749	73.00
73.01	07301	DIABETES CENTER	0	0	0	89,684	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3,322,268	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	1,382,301	0.000000	90.00
91.00	09100	EMERGENCY	0	727,569	727,569	109,625,296	0.006637	91.00
91.01	04950	WOUND CARE	0	0	0	6,693,123	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	16,367,140	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,269,072	1,269,072	1,127,062,626		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0109 | Component CCN: 15-T109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part IV Date/Time Prepared: 4/29/2021 3:52 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	36,204	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	6,231	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	62,964	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	43,103	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.000000	0	0	0	0	56.01
57.00	05700	CT SCAN	0.000000	98,072	0	0	0	57.00
58.00	05800	MRI	0.000000	13,568	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	481,833	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	201,661	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,417,901	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,336,467	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	361,633	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	20,088	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,120	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	391,869	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,726	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003749	348,360	1,306	0	0	73.00
73.01	07301	DIABETES CENTER	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	52,258	0	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.006637	24,000	159	0	0	91.00
91.01	04950	WOUND CARE	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	176	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		4,902,234	1,465	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part V Date/Time Prepared: 4/29/2021 3:52 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.089932	0	8,071,796	0	0	50.00
51.00	05100	RECOVERY ROOM	0.116876	0	809,506	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200058	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134906	0	4,924,978	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.088728	0	1,783,095	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.089604	0	1,383,334	0	0	56.01
57.00	05700	CT SCAN	0.032957	0	6,352,772	0	0	57.00
58.00	05800	MRI	0.069037	0	557,050	0	0	58.00
60.00	06000	LABORATORY	0.108943	0	11,523,632	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.229113	0	334,383	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.323578	0	1,774,231	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.196072	0	1,186,722	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.264129	0	963,237	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158579	0	1,869,159	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.342182	0	662,768	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.119291	0	4,780,339	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.193328	0	2,184,439	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131586	0	10,731,354	0	0	73.00
73.01	07301	DIABETES CENTER	8.110677	0	9,940	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.387539	0	249,932	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.977321	0	140,998	0	0	90.00
91.00	09100	EMERGENCY	0.186626	0	19,910,836	0	0	91.00
91.01	04950	WOUND CARE	0.632631	0	486,627	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.180504	0	1,599,008	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.479542	0	0			95.00
200.00		Subtotal (see instructions)		0	82,290,136	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	82,290,136	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D Part V Date/Time Prepared: 4/29/2021 3:52 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	725,913	0		50.00
51.00	05100	RECOVERY ROOM	94,612	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	664,409	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	158,210	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03950	CARDIAC CATH LAB	123,952	0		56.01
57.00	05700	CT SCAN	209,368	0		57.00
58.00	05800	MRI	38,457	0		58.00
60.00	06000	LABORATORY	1,255,419	0		60.00
65.00	06500	RESPIRATORY THERAPY	76,611	0		65.00
66.00	06600	PHYSICAL THERAPY	574,102	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	232,683	0		67.00
68.00	06800	SPEECH PATHOLOGY	254,419	0		68.00
69.00	06900	ELECTROCARDIOLOGY	296,409	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	226,787	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	570,251	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	422,313	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,412,096	0		73.00
73.01	07301	DIABETES CENTER	80,620	0		73.01
74.00	07400	RENAL DIALYSIS	96,858	0		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	137,800	0		90.00
91.00	09100	EMERGENCY	3,715,880	0		91.00
91.01	04950	WOUND CARE	307,855	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	288,627	0		92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	11,963,651	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	11,963,651	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-1 | Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	31,572	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	31,572	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)	31,572	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)	16,220	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)	52,030,549	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)	52,030,549	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)	52,030,549	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)	1,648.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	26,730,560	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)	26,730,560	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-1 | Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,864,321	4,197	2,112.06	1,659	3,503,908	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,747,326	3,667	1,294.61	0	0	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	26,224,196	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	56,458,664	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)	6,740,058	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,845,050	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	8,585,108	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	47,873,556	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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-1 | Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	7,770,523	52,030,549	0.149345	0	0	90.00
91.00	Nursing School cost	4,690,643	52,030,549	0.090152	0	0	91.00
92.00	Allied health cost	0	52,030,549	0.000000	0	0	92.00
93.00	All other Medical Education	0	52,030,549	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 4/29/2021 3:52 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)	3,124	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,124	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,124	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,621	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	4,690,705	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,690,705	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,690,705	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)	1,501.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,433,948	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,433,948	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0109 | Component CCN: 15-T109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-1 | Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,057,509	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,491,457	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)	455,712	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	35,999	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	491,711	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,999,746	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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-1

Component CCN: 15-T109 | Date/Time Prepared: 4/29/2021 3:52 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	878,261	4,690,705	0.187234	0	0	90.00
91.00	Nursing School cost	0	4,690,705	0.000000	0	0	91.00
92.00	Allied health cost	0	4,690,705	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,690,705	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-3 | Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		36,833,157		30.00
31.00	03100	INTENSIVE CARE UNIT		7,030,856		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.089932	31,586,060	2,840,598	50.00
51.00	05100	RECOVERY ROOM	0.116876	2,355,945	275,353	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200058	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134906	10,118,520	1,365,049	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.088728	1,186,913	105,312	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.089604	11,044,650	989,645	56.01
57.00	05700	CT SCAN	0.032957	7,273,819	239,723	57.00
58.00	05800	MRI	0.069037	1,027,820	70,958	58.00
60.00	06000	LABORATORY	0.108943	22,860,251	2,490,464	60.00
65.00	06500	RESPIRATORY THERAPY	0.229113	6,102,709	1,398,210	65.00
66.00	06600	PHYSICAL THERAPY	0.323578	2,778,516	899,067	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.196072	2,166,873	424,863	67.00
68.00	06800	SPEECH PATHOLOGY	0.264129	482,394	127,414	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158579	4,977,358	789,304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.342182	425,254	145,514	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.119291	29,907,439	3,567,688	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.193328	28,329,041	5,476,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131586	18,334,565	2,412,572	73.00
73.01	07301	DIABETES CENTER	8.110677	573	4,647	73.01
74.00	07400	RENAL DIALYSIS	0.387539	1,487,913	576,624	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.977321	0	0	90.00
91.00	09100	EMERGENCY	0.186626	9,018,366	1,683,062	91.00
91.01	04950	WOUND CARE	0.632631	109,406	69,214	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.180504	1,507,548	272,118	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		193,081,933	26,224,196	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)		193,081,933		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0109 | Component CCN: 15-T109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-3 | Date/Time Prepared: 4/29/2021 3:52 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
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100	SUBPROVIDER - IRF		3,031,146		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.089932	36,204	3,256	50.00
51.00	05100	RECOVERY ROOM	0.116876	6,231	728	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200058	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134906	62,964	8,494	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.088728	43,103	3,824	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.089604	0	0	56.01
57.00	05700	CT SCAN	0.032957	98,072	3,232	57.00
58.00	05800	MRI	0.069037	13,568	937	58.00
60.00	06000	LABORATORY	0.108943	481,833	52,492	60.00
65.00	06500	RESPIRATORY THERAPY	0.229113	201,661	46,203	65.00
66.00	06600	PHYSICAL THERAPY	0.323578	1,417,901	458,802	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.196072	1,336,467	262,044	67.00
68.00	06800	SPEECH PATHOLOGY	0.264129	361,633	95,518	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158579	20,088	3,186	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.342182	2,120	725	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.119291	391,869	46,746	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.193328	3,726	720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131586	348,360	45,839	73.00
73.01	07301	DIABETES CENTER	8.110677	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.387539	52,258	20,252	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.977321	0	0	90.00
91.00	09100	EMERGENCY	0.186626	24,000	4,479	91.00
91.01	04950	WOUND CARE	0.632631	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.180504	176	32	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,902,234	1,057,509	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)		4,902,234		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-3 | Date/Time Prepared: 4/29/2021 3:52 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		12,952,487		30.00
31.00	03100	INTENSIVE CARE UNIT		1,924,726		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		6,312,505		35.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.089932	6,543,228	588,446	50.00
51.00	05100	RECOVERY ROOM	0.116876	241,225	28,193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200058	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134906	1,657,733	223,638	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.088728	274,652	24,369	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.089604	1,746,223	156,469	56.01
57.00	05700	CT SCAN	0.032957	1,439,649	47,447	57.00
58.00	05800	MRI	0.069037	180,413	12,455	58.00
60.00	06000	LABORATORY	0.108943	5,814,604	633,460	60.00
65.00	06500	RESPIRATORY THERAPY	0.229113	1,629,102	373,248	65.00
66.00	06600	PHYSICAL THERAPY	0.323578	416,121	134,648	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.196072	347,963	68,226	67.00
68.00	06800	SPEECH PATHOLOGY	0.264129	100,410	26,521	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158579	801,030	127,027	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.342182	109,090	37,329	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.119291	5,144,553	613,699	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.193328	1,773,081	342,786	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131586	4,849,029	638,064	73.00
73.01	07301	DIABETES CENTER	8.110677	101	819	73.01
74.00	07400	RENAL DIALYSIS	0.387539	161,597	62,625	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.977321	0	0	90.00
91.00	09100	EMERGENCY	0.186626	1,700,223	317,306	91.00
91.01	04950	WOUND CARE	0.632631	268	170	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.180504	195,961	35,372	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		35,126,256	4,492,317	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)		35,126,256		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0109 | Component CCN: 15-T109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet D-3 | Date/Time Prepared: 4/29/2021 3:52 pm

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100	SUBPROVIDER - IRF		356,645		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.089932	0	0	50.00
51.00	05100	RECOVERY ROOM	0.116876	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200058	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134906	17,223	2,323	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.088728	3,812	338	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.089604	0	0	56.01
57.00	05700	CT SCAN	0.032957	10,553	348	57.00
58.00	05800	MRI	0.069037	1,218	84	58.00
60.00	06000	LABORATORY	0.108943	68,106	7,420	60.00
65.00	06500	RESPIRATORY THERAPY	0.229113	23,060	5,283	65.00
66.00	06600	PHYSICAL THERAPY	0.323578	140,248	45,381	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.196072	130,714	25,629	67.00
68.00	06800	SPEECH PATHOLOGY	0.264129	46,549	12,295	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158579	11,636	1,845	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.342182	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.119291	38,345	4,574	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.193328	3,022	584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131586	62,834	8,268	73.00
73.01	07301	DIABETES CENTER	8.110677	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.387539	8,434	3,269	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.977321	0	0	90.00
91.00	09100	EMERGENCY	0.186626	8,911	1,663	91.00
91.01	04950	WOUND CARE	0.632631	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.180504	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		574,665	119,304	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)		574,665		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0109	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 4/29/2021 3:52 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)	27,795,275	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	10,442,319	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)	526,409	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	158,249	2.04
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	184.00	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.54	30.00
31.00	Percentage of Medicaid patient days (see instructions)	24.45	31.00
32.00	Sum of lines 30 and 31	27.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)	11.85	33.00
34.00	Disproportionate share adjustment (see instructions)	1,132,789	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E Part A Date/Time Prepared: 4/29/2021 3:52 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)	0.000417165	0.000582028	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,483,575	4,825,019	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,607,923	1,216,170	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,824,093		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	43,879,134		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)	43,879,134	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,291,105	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	490,307	53.00
54.00	Special add-on payments for new technologies	87,403	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	2,409,805	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	128,591	58.00
59.00	Total (sum of amounts on lines 49 through 58)	50,286,345	59.00
60.00	Primary payer payments	37,476	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	50,248,869	61.00
62.00	Deductibles billed to program beneficiaries	3,553,660	62.00
63.00	Coinsurance billed to program beneficiaries	55,264	63.00
64.00	Allowable bad debts (see instructions)	284,217	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	184,741	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	61,012	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	46,824,686	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	0	70.93
70.94	HRR adjustment amount (see instructions)	0	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E Part A | Date/Time Prepared: 4/29/2021 3:52 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)		472,576	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		46,352,110	71.00
71.01	Sequestration adjustment (see instructions)		305,924	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		46,097,224	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-51,038	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		280,856	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/29/2021 3:52 pm

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	27,795,275	27,795,275		27,795,275	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,442,319		10,442,319	10,442,319	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	526,409	526,409		526,409	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	158,249		158,249	158,249	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1185	0.1185	0.1185		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,132,789	823,435	309,354	1,132,789	11.00
11.01	Uncompensated care payments	36.00	3,824,093	2,607,923	1,216,170	3,824,093	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	43,879,134	31,753,042	12,126,092	43,879,134	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	43,879,134	31,753,042	12,126,092	43,879,134	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,291,105	2,468,329	822,776	3,291,105	16.00
17.00	Special add-on payments for new technologies	54.00	87,403	65,433	21,970	87,403	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			34,286,804	12,970,838	47,257,642	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/29/2021 3:52 pm

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		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	2,968,743	2,226,557	742,186	2,968,743	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	149,284	111,963	37,321	149,284	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0583	0.0583	0.0583		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	173,078	129,809	43,269	173,078	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,291,105	2,468,329	822,776	3,291,105	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	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01

						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		342,868	129,708	472,576	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E Part B Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	4,582	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	20,765,300	2.00
3.00	OPPS payments	18,033,847	3.00
4.00	Outlier payment (see instructions)	153,394	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	227,791	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	4,582	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	34,822	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)	34,822	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	34,822	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	30,240	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)	4,582	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)	18,415,032	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	3,235,933	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)	15,183,681	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)	15,183,681	30.00
31.00	Primary payer payments	2,226	31.00
32.00	Subtotal (line 30 minus line 31)	15,181,455	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)	561,774	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	365,153	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	298,663	36.00
37.00	Subtotal (see instructions)	15,546,608	37.00
38.00	MSP-LCC reconciliation amount from PS&R	84	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	15,546,524	40.00
40.01	Sequestration adjustment (see instructions)	102,607	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	15,467,193	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-23,276	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E-1 Part I Date/Time Prepared: 4/29/2021 3:52 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		45,580,624		15,467,193	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	11/07/2020	516,600		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)		516,600		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)		46,097,224		15,467,193	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		51,038		23,276	6.02
7.00	Total Medicare program liability (see instructions)		46,046,186		15,443,917	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: 15-0109 | Component CCN: 15-T109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E-1 Part I | Date/Time Prepared: 4/29/2021 3:52 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		3,098,749		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,098,749		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		9,081		0	6.02
7.00	Total Medicare program liability (see instructions)		3,089,668		0	7.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0109	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 4/29/2021 3:52 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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 4/29/2021 3:52 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	2,857,927	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0055	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	123,462	3.00
4.00	Outlier Payments	139,617	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)	8.535519	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)	3,121,006	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)	3,121,006	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	3,121,006	19.00
20.00	Deductibles	4,180	20.00
21.00	Subtotal (line 19 minus line 20)	3,116,826	21.00
22.00	Coinsurance	8,096	22.00
23.00	Subtotal (line 21 minus line 22)	3,108,730	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)	3,108,730	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)	1,465	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)	3,110,195	32.00
32.01	Sequestration adjustment (see instructions)	20,527	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	3,098,749	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)	-9,081	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	139,617	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: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet E-3 Part VII | Date/Time Prepared: 4/29/2021 3:52 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		11,963,651	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	11,963,651	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	11,963,651	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	35,126,256	82,290,136	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)	35,126,256	82,290,136	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)	35,126,256	82,290,136	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	35,126,256	70,326,485	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	11,963,651	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	11,963,651	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	11,963,651	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	11,963,651	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	11,963,651	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	11,963,651	40.00
41.00	Interim payments	0	12,124,597	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	-160,946	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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 4/29/2021 3:52 pm
	Title XIX	Subprovider - IRF	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	574,665	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	574,665	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	574,665	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	574,665	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet G | Date/Time Prepared: 4/29/2021 3:52 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	-24,345	0	0	0	1.00
2.00	Temporary investments	37,557,701	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	70,046,843	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-18,307,339	0	0	0	6.00
7.00	Inventory	5,076,454	0	0	0	7.00
8.00	Prepaid expenses	20,876,960	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)	115,226,274	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	12,770,293	0	0	0	12.00
13.00	Land improvements	4,407,894	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	285,042,253	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	811,902	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	94,797,791	0	0	0	23.00
24.00	Accumulated depreciation	-130,210,024	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)	267,620,109	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	600,808	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	43,711,461	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	44,312,269	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	427,158,652	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	11,375,781	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,468,768	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	50,422,724	0	0	0	43.00
44.00	Other current liabilities	2,464,359	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	80,731,632	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	-13,069,950	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-13,069,950	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	67,661,682	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	359,496,970				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	359,496,970	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	427,158,652	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet G-1 | Date/Time Prepared: 4/29/2021 3:52 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		381,642,104		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-26,098,883				2.00
3.00	Total (sum of line 1 and line 2)		355,543,221		0		3.00
4.00	CHANGE IN NON CONTROLLING INT SUBSID	4,691,954		0		0	4.00
5.00	CHANGE IN DONOR RESTRICTIONS	-2,234,759		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,457,195		0		10.00
11.00	Subtotal (line 3 plus line 10)		358,000,416		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		358,000,416		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	CHANGE IN NON CONTROLLING INT SUBSID		0		4.00
5.00	CHANGE IN DONOR RESTRICTIONS		0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet G-2 Parts I & II Date/Time Prepared: 4/29/2021 3:52 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	75,130,204		75,130,204	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,899,155		5,899,155	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	81,029,359		81,029,359	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	18,173,682		18,173,682	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	19,916,275		19,916,275	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	38,089,957		38,089,957	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	119,119,316		119,119,316	17.00
18.00	Ancillary services	465,340,815	527,653,950	992,994,765	18.00
19.00	Outpatient services	20,534,510	131,924,559	152,459,069	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		13,153,346	13,153,346	22.00
23.00	AMBULANCE SERVICES	0	13,031,710	13,031,710	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	21,689,262	21,689,262	26.00
27.00	OTHER PATIENT REVENUE	212	609,693	609,905	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	604,994,853	708,062,520	1,313,057,373	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		331,545,181		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		331,545,181		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-0109 | Period: From 01/01/2020 To 12/31/2020 | Worksheet G-3 | Date/Time Prepared: 4/29/2021 3:52 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,313,057,373	1.00
2.00	Less contractual allowances and discounts on patients' accounts	971,434,869	2.00
3.00	Net patient revenues (line 1 minus line 2)	341,622,504	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	331,545,181	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,077,323	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	68,431	6.00
7.00	Income from investments	799,703	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	1,272,101	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	819,566	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	103,213	17.00
18.00	Revenue from sale of medical records and abstracts	897	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,487,690	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	188,350	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,151,421	24.00
24.01	NON-OPERATING REVENUE	844,293	24.01
24.50	COVID-19 PHE Funding	11,631,505	24.50
25.00	Total other income (sum of lines 6-24)	22,367,170	25.00
26.00	Total (line 5 plus line 25)	32,444,493	26.00
27.00	EQUITY TRANSFERS	56,136,551	27.00
27.01	CONTRIBUTIONS OF PPE	-2,285,129	27.01
27.02	MINORITY INTEREST	4,691,954	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	58,543,376	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-26,098,883	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0109 HHA CCN: 15-7124 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H | Date/Time Prepared: 4/29/2021 3:52 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		26,617	26,617	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	783,138	1,879	17,144	134,427	-22,932	913,656	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,492,455	0	102,279	2,013	-94	1,596,653	6.00
7.00	Physical Therapy	929,922	0	65,871	18,138	28	1,013,959	7.00
8.00	Occupational Therapy	357,481	0	19,587	36,949	3	414,020	8.00
9.00	Speech Pathology	47,471	0	1,861	41,091	0	90,423	9.00
10.00	Medical Social Services	2,898	0	130	0	0	3,028	10.00
11.00	Home Health Aide	79,292	0	19,711	0	0	99,003	11.00
12.00	Supplies (see instructions)	0	0	0	0	6,773	6,773	12.00
13.00	Drugs	0	0	0	0	252,797	252,797	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	1,189,442	225	16,984	151,198	6,544,347	7,902,196	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,882,099	2,104	243,567	383,816	6,807,539	12,319,125	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	26,617	0	26,617			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	913,656	0	913,656			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,596,653	0	1,596,653			6.00
7.00	Physical Therapy	0	1,013,959	0	1,013,959			7.00
8.00	Occupational Therapy	0	414,020	0	414,020			8.00
9.00	Speech Pathology	0	90,423	0	90,423			9.00
10.00	Medical Social Services	0	3,028	0	3,028			10.00
11.00	Home Health Aide	0	99,003	0	99,003			11.00
12.00	Supplies (see instructions)	0	6,773	0	6,773			12.00
13.00	Drugs	0	252,797	0	252,797			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	7,902,196	0	7,902,196			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	12,319,125	0	12,319,125			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST | Provider CCN: 15-0109 | HHA CCN: 15-7124 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-1 Part I | Date/Time Prepared: 4/29/2021 3:52 pm

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			Capital Related Costs					
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	26,617		26,617			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	913,656	0	26,617	0	0	940,273	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,596,653	0	0	0	0	1,596,653	6.00
7.00	Physical Therapy	1,013,959	0	0	0	0	1,013,959	7.00
8.00	Occupational Therapy	414,020	0	0	0	0	414,020	8.00
9.00	Speech Pathology	90,423	0	0	0	0	90,423	9.00
10.00	Medical Social Services	3,028	0	0	0	0	3,028	10.00
11.00	Home Health Aide	99,003	0	0	0	0	99,003	11.00
12.00	Supplies (see instructions)	6,773	0	0	0	0	6,773	12.00
13.00	Drugs	252,797	0	0	0		252,797	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	7,902,196	0	0	0	0	7,902,196	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	12,319,125	0	26,617	0	0	12,319,125	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	940,273		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	131,936	1,728,589	6.00
7.00	Physical Therapy	83,786	1,097,745	7.00
8.00	Occupational Therapy	34,212	448,232	8.00
9.00	Speech Pathology	7,472	97,895	9.00
10.00	Medical Social Services	250	3,278	10.00
11.00	Home Health Aide	8,181	107,184	11.00
12.00	Supplies (see instructions)	560	7,333	12.00
13.00	Drugs	20,889	273,686	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	652,987	8,555,183	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		12,319,125	24.00

COST ALLOCATION - HHA STATISTICAL BASIS | Provider CCN: 15-0109 HHA CCN: 15-7124 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-1 Part II Date/Time Prepared: 4/29/2021 3:52 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	7,871				0		1.00
2.00	Capital Related - Movable Equipment		7,871			0		2.00
3.00	Plant Operation & Maintenance	0	0	7,871		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	7,871	7,871	7,871	0	-940,273	11,378,852	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,596,653	6.00
7.00	Physical Therapy	0	0	0	0	0	1,013,959	7.00
8.00	Occupational Therapy	0	0	0	0	0	414,020	8.00
9.00	Speech Pathology	0	0	0	0	0	90,423	9.00
10.00	Medical Social Services	0	0	0	0	0	3,028	10.00
11.00	Home Health Aide	0	0	0	0	0	99,003	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	6,773	12.00
13.00	Drugs	0	0	0		0	252,797	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	7,902,196	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	7,871	7,871	7,871	0	-940,273	11,378,852	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	26,617	0	0		940,273	25.00
26.00	Unit Cost Multiplier	0.000000	3.381654	0.000000	0.000000		0.082633	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109 HHA CCN: 15-7124

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

Worksheet H-2 Part I Date/Time Prepared: 4/29/2021 3:52 pm

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	MGMT INFO SYSTEMS	
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	280,322	40,468	1,271,801	0	797,065	1.00
2.00	Skilled Nursing Care	1,728,589	0	0	0	0	0	2.00
3.00	Physical Therapy	1,097,745	0	0	0	0	0	3.00
4.00	Occupational Therapy	448,232	0	0	0	0	0	4.00
5.00	Speech Pathology	97,895	0	0	0	0	0	5.00
6.00	Medical Social Services	3,278	0	0	0	0	0	6.00
7.00	Home Health Aide	107,184	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	7,333	0	0	0	0	0	8.00
9.00	Drugs	273,686	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	8,555,183	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	12,319,125	280,322	40,468	1,271,801	0	797,065	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.03	5.04	5.05	5A.05	5.06	7.00	
1.00	Administrative and General	29,622	0	69,160	2,488,438	297,100	283,291	1.00
2.00	Skilled Nursing Care	0	0	0	1,728,589	206,380	0	2.00
3.00	Physical Therapy	0	0	0	1,097,745	131,062	0	3.00
4.00	Occupational Therapy	0	0	0	448,232	53,515	0	4.00
5.00	Speech Pathology	0	0	0	97,895	11,688	0	5.00
6.00	Medical Social Services	0	0	0	3,278	391	0	6.00
7.00	Home Health Aide	0	0	0	107,184	12,797	0	7.00
8.00	Supplies (see instructions)	0	0	0	7,333	876	0	8.00
9.00	Drugs	0	0	0	273,686	32,676	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	8,555,183	1,021,420	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	29,622	0	69,160	14,807,563	1,767,905	283,291	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109
HHA CCN: 15-7124

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

Worksheet H-2 Part I
Date/Time Prepared: 4/29/2021 3:52 pm

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	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	106,308	0	159,861	350,605	15,012	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	106,308	0	159,861	350,605	15,012	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	
		15.00	16.00	17.00	20.00	23.00	23.01	
1.00	Administrative and General	0	25,083	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	25,083	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109
HHA CCN: 15-7124

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

Worksheet H-2
Part I
Date/Time Prepared:
4/29/2021 3:52 pm

Home Health Agency I

PPS

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	3,725,698	0	3,725,698				1.00
2.00	Skilled Nursing Care	1,934,969	0	1,934,969	522,780	2,457,749		2.00
3.00	Physical Therapy	1,228,807	0	1,228,807	331,993	1,560,800		3.00
4.00	Occupational Therapy	501,747	0	501,747	135,559	637,306		4.00
5.00	Speech Pathology	109,583	0	109,583	29,607	139,190		5.00
6.00	Medical Social Services	3,669	0	3,669	991	4,660		6.00
7.00	Home Health Aide	119,981	0	119,981	32,416	152,397		7.00
8.00	Supplies (see instructions)	8,209	0	8,209	2,218	10,427		8.00
9.00	Drugs	306,362	0	306,362	82,771	389,133		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	9,576,603	0	9,576,603	2,587,363	12,163,966		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	17,515,628	0	17,515,628	3,725,698	17,515,628		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.270175			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0109 HHA CCN: 15-7124

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

Worksheet H-2 Part II Date/Time Prepared: 4/29/2021 3:52 pm

Home Health Agency I

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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINE S)	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQ UISI)	
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	7,871	7,871	4,882,099	0	114,625	342,282	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,871	7,871	4,882,099	0	114,625	342,282	20.00
21.00	Total cost to be allocated	280,322	40,468	1,271,801	0	797,065	29,622	21.00
22.00	Unit cost multiplier	35.614534	5.141405	0.260503	0.000000	6.953675	0.086543	22.00

	Cost Center Description	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5.05	5A.06	5.06	7.00	8.00	
1.00	Administrative and General	13,153,346	13,153,346	0	2,488,438	7,871	0	1.00
2.00	Skilled Nursing Care	0	0	0	1,728,589	0	0	2.00
3.00	Physical Therapy	0	0	0	1,097,745	0	0	3.00
4.00	Occupational Therapy	0	0	0	448,232	0	0	4.00
5.00	Speech Pathology	0	0	0	97,895	0	0	5.00
6.00	Medical Social Services	0	0	0	3,278	0	0	6.00
7.00	Home Health Aide	0	0	0	107,184	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	7,333	0	0	8.00
9.00	Drugs	0	0	0	273,686	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	8,555,183	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	13,153,346	13,153,346		14,807,563	7,871	0	20.00
21.00	Total cost to be allocated	0	69,160		1,767,905	283,291	0	21.00
22.00	Unit cost multiplier	0.000000	0.005258		0.119392	35.991742	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0109
HHA CCN: 15-7124

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

Worksheet H-2 Part II
Date/Time Prepared: 4/29/2021 3:52 pm

Home Health Agency I

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	Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	7,871	0	114,625	114,625	342,282	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,871	0	114,625	114,625	342,282	0	20.00
21.00	Total cost to be allocated	106,308	0	159,861	350,605	15,012	0	21.00
22.00	Unit cost multiplier	13.506289	0.000000	1.394643	3.058713	0.043859	0.000000	22.00

	Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)		
		16.00	17.00	20.00	23.00	23.01		
1.00	Administrative and General	13,153,346	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	13,153,346	0	0	0	0		20.00
21.00	Total cost to be allocated	25,083	0	0	0	0		21.00
22.00	Unit cost multiplier	0.001907	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0109 | HHA CCN: 15-7124 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-3 Part I | Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,457,749		2,457,749	11,831	207.74	1.00
2.00	Physical Therapy	3.00	1,560,800	0	1,560,800	7,849	198.85	2.00
3.00	Occupational Therapy	4.00	637,306	0	637,306	2,748	231.92	3.00
4.00	Speech Pathology	5.00	139,190	0	139,190	545	255.39	4.00
5.00	Medical Social Services	6.00	4,660		4,660	70	66.57	5.00
6.00	Home Health Aide	7.00	152,397		152,397	793	192.18	6.00
7.00	Total (sum of lines 1-6)		4,952,102	0	4,952,102	23,836		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		23844	0	1,407			8.00
8.01	Skilled Nursing Care		26900	0	54			8.01
8.02	Skilled Nursing Care		29200	0	2,404			8.02
8.03	Skilled Nursing Care		45460	0	20			8.03
8.04	Skilled Nursing Care		99915	0	2,548			8.04
9.00	Physical Therapy		23844	0	886			9.00
9.01	Physical Therapy		26900	0	0			9.01
9.02	Physical Therapy		29200	0	2,201			9.02
9.03	Physical Therapy		45460	0	4			9.03
9.04	Physical Therapy		99915	0	1,590			9.04
10.00	Occupational Therapy		23844	0	392			10.00
10.01	Occupational Therapy		26900	0	0			10.01
10.02	Occupational Therapy		29200	0	779			10.02
10.03	Occupational Therapy		45460	0	1			10.03
10.04	Occupational Therapy		99915	0	489			10.04
11.00	Speech Pathology		23844	0	32			11.00
11.01	Speech Pathology		26900	0	0			11.01
11.02	Speech Pathology		29200	0	133			11.02
11.03	Speech Pathology		45460	0	0			11.03
11.04	Speech Pathology		99915	0	140			11.04
12.00	Medical Social Services		23844	0	3			12.00
12.01	Medical Social Services		26900	0	0			12.01
12.02	Medical Social Services		29200	0	20			12.02
12.03	Medical Social Services		45460	0	0			12.03
12.04	Medical Social Services		99915	0	14			12.04
13.00	Home Health Aide		23844	0	288			13.00
13.01	Home Health Aide		26900	0	0			13.01
13.02	Home Health Aide		29200	0	167			13.02
13.03	Home Health Aide		45460	0	0			13.03
13.04	Home Health Aide		99915	0	229			13.04
14.00	Total (sum of lines 8-13)			0	13,801			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	10,427	0	10,427	0	0.000000	15.00
16.00	Cost of Drugs	9.00	389,133	0	389,133	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0109 | HHA CCN: 15-7124 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-3 Part I | Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles & Coinsurance	Cost of Services: Part A	Cost of Services: Part B Not Subject to Deductibles & Coinsurance	Cost of Services: Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	6,433		0	1,336,391		1.00
2.00	Physical Therapy	0	4,681		0	930,817		2.00
3.00	Occupational Therapy	0	1,661		0	385,219		3.00
4.00	Speech Pathology	0	305		0	77,894		4.00
5.00	Medical Social Services	0	37		0	2,463		5.00
6.00	Home Health Aide	0	684		0	131,451		6.00
7.00	Total (sum of lines 1-6)	0	13,801		0	2,864,235		7.00
	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
14.00	Total (sum of lines 8-13)							14.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS | Provider CCN: 15-0109 HHA CCN: 15-7124 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-3 Part I Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	Total Program Cost (sum of cols. 9-10)		
		12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
	Cost Per Visit Computation			
1.00	Skilled Nursing Care	1,336,391		1.00
2.00	Physical Therapy	930,817		2.00
3.00	Occupational Therapy	385,219		3.00
4.00	Speech Pathology	77,894		4.00
5.00	Medical Social Services	2,463		5.00
6.00	Home Health Aide	131,451		6.00
7.00	Total (sum of lines 1-6)	2,864,235		7.00
	Cost Center Description			
		12.00		
	Limitation Cost Computation			
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0109 HHA CCN: 15-7124 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-3 Part II Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.323578	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.196072	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.264129	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.119291	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.131586	0	0	col. 2, line 16.00		5.00
5.01	Cost of Drugs 1	73.01	8.110677	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0109 | HHA CCN: 15-7124 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-4 Part I-II | Date/Time Prepared: 4/29/2021 3:52 pm

Title XVIII | Home Health Agency I | PPS

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

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	2,632,756	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	206,422	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	57,822	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	9,081	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	45,175	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	420	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	2,951,676	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	2,951,676	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	2,951,676	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	2,951,676	29.00
30.00	OTHER PS&R ADJUSTMENTS	0	-8,815	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	2,942,861	31.00
31.01	Sequestration adjustment (see instructions)	0	18,886	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	2,923,974	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 15-0109 | HHA CCN: 15-7124 | Period: From 01/01/2020 To 12/31/2020 | Worksheet H-5 | Date/Time Prepared: 4/29/2021 3:52 pm

Home Health Agency I | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,923,974	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,923,974	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,923,975	7.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109 | Hospice CCN: 15-1563 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O | Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		6,382	6,382	-6,382	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	722,410	118,852	841,262	0	841,262	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	158,957	0	158,957	0	158,957	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	4,709	4,709	0	4,709	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	54,469	0	54,469	0	54,469	13.00
14.00	PHARMACY*	2,519	0	2,519	0	2,519	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	169,290	169,290	0	169,290	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,148,830	0	1,148,830	0	1,148,830	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	115,356	0	115,356	0	115,356	33.00
34.00	SPIRITUAL COUNSELING**	147,261	0	147,261	0	147,261	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	108,736	0	108,736	0	108,736	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	250,017	250,017	0	250,017	38.00
39.00	PATIENT TRANSPORTATION**	0	10,706	10,706	0	10,706	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	52,106	52,106	0	52,106	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	383,338	383,338	0	383,338	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	273,013	1,229,432	1,502,445	0	1,502,445	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	2,731,551	2,224,832	4,956,383	-6,382	4,950,001	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109 | Hospice CCN: 15-1563 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O | Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	841,262		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	158,957		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	4,709		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	54,469		13.00
14.00	PHARMACY*	0	2,519		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	169,290		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	1,148,830		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	115,356		33.00
34.00	SPIRITUAL COUNSELING**	0	147,261		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	108,736		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	250,017		38.00
39.00	PATIENT TRANSPORTATION**	0	10,706		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	52,106		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	383,338		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	1,502,445		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	4,950,001		100.00

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

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

Provider CCN: 15-0109 Hospice CCN: 15-1563 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O-1 | Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

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

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 50.

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

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 50.

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

Provider CCN: 15-0109 Hospice CCN: 15-1563 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O-2 | Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,146,036	0	1,146,036	0	1,146,036	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	112,251	0	112,251	0	112,251	33.00
34.00	SPIRITUAL COUNSELING	146,917	0	146,917	0	146,917	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	108,736	0	108,736	0	108,736	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	250,017	250,017	0	250,017	38.00
39.00	PATIENT TRANSPORTATION	0	7,161	7,161	0	7,161	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	51,935	51,935	0	51,935	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	383,338	383,338	0	383,338	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	269,724	1,229,037	1,498,761	0	1,498,761	46.00
100.00	TOTAL *	1,783,664	1,921,488	3,705,152	0	3,705,152	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	1,146,036		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	112,251		33.00
34.00	SPIRITUAL COUNSELING	0	146,917		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	108,736		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	250,017		38.00
39.00	PATIENT TRANSPORTATION	0	7,161		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	51,935		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	383,338		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,498,761		46.00
100.00	TOTAL *	0	3,705,152		100.00

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

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

Provider CCN: 15-0109 Hospice CCN: 15-1563 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O-3 | Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,208	0	2,208	0	2,208	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,169	0	2,169	0	2,169	33.00
34.00	SPIRITUAL COUNSELING	219	0	219	0	219	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	3,545	3,545	0	3,545	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	3,289	150	3,439	0	3,439	46.00
100.00	TOTAL *	7,885	3,695	11,580	0	11,580	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	2,208		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,169		33.00
34.00	SPIRITUAL COUNSELING	0	219		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	3,545		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3,439		46.00
100.00	TOTAL *	0	11,580		100.00

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

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

Provider CCN: 15-0109 Hospice CCN: 15-1563 | Period: From 01/01/2020 To 12/31/2020 | Worksheet O-4 | Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	586	0	586	0	586	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	936	0	936	0	936	33.00
34.00	SPIRITUAL COUNSELING	125	0	125	0	125	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	171	171	0	171	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	245	245	0	245	46.00
100.00	TOTAL *	1,647	416	2,063	0	2,063	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	586		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	936		33.00
34.00	SPIRITUAL COUNSELING	0	125		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	171		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	245		46.00
100.00	TOTAL *	0	2,063		100.00

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

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

Provider CCN: 15-0109 Hospice CCN: 15-1563

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

Worksheet O-5

Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	711,577	711,577	3.00
4.00	ADMINISTRATIVE & GENERAL	841,262	1,569,550	2,410,812	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	158,957	252,999	411,956	9.00
10.00	ROUTINE MEDICAL SUPPLIES	4,709	3,057	7,766	10.00
11.00	MEDICAL RECORDS	0	41,361	41,361	11.00
12.00	STAFF TRANSPORTATION	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	54,469		54,469	13.00
14.00	PHARMACY	2,519	0	2,519	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	169,290		169,290	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,705,152		3,705,152	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	11,580		11,580	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,063		2,063	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	4,950,001	2,578,544	7,528,545	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109
Hospice CCN: 15-1563

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

Worksheet O-6 Part I
Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	711,577	0	0	711,577		3.00
4.00	ADMINISTRATIVE & GENERAL	2,410,812	0	0	0	2,410,812	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	411,956	0	0	0	411,956	9.00
10.00	ROUTINE MEDICAL SUPPLIES	7,766	0	0	0	7,766	10.00
11.00	MEDICAL RECORDS	41,361	0	0	0	41,361	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	54,469	0	0	0	54,469	13.00
14.00	PHARMACY	2,519	0	0	0	2,519	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	169,290	0	0	0	169,290	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,705,152			0	3,705,152	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	11,580	0	0	0	11,580	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,063	0	0	711,577	713,640	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	7,528,545	0	0	711,577	7,528,545	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109
Hospice CCN: 15-1563

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

Worksheet O-6 Part I
Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	2,410,812					4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	0	0		0		7.00
8.00	DIETARY	0	0		0	0	8.00
9.00	NURSING ADMINISTRATION	194,060	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,658	0		0		10.00
11.00	MEDICAL RECORDS	19,484	0		0		11.00
12.00	STAFF TRANSPORTATION	0	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	25,659	0		0		13.00
14.00	PHARMACY	1,187	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	79,747	0		0		15.00
16.00	OTHER GENERAL SERVICE	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	1,745,388					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5,455	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	336,174	0	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	2,410,812	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109
Hospice CCN: 15-1563

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

Worksheet O-6
Part I
Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	606,016					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	11,424				10.00
11.00	MEDICAL RECORDS	0		60,845			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	80,128	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	11,381	60,616	0	79,826	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	35	188	0	248	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	606,016	8	41	0	54	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	606,016	11,424	60,845	0	80,128	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109
Hospice CCN: 15-1563

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

Worksheet O-6 Part I
Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	3,706					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	249,037				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,692	248,098	0		5,854,153	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	11	771	0	0	18,288	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3	168	0	0	1,656,104	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	3,706	249,037	0	0	7,528,545	100.00

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

Provider CCN: 15-0109
Hospice CCN: 15-1563

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

Worksheet O-6
Part II
Date/Time Prepared:
4/29/2021 3:52 pm

Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,731,551			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-2,410,812	5,117,733	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	411,956	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	7,766	10.00
11.00	MEDICAL RECORDS	0	0	0	0	41,361	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	54,469	13.00
14.00	PHARMACY	0	0	0	0	2,519	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	169,290	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	3,705,152	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	11,580	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	2,731,551	0	713,640	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	0	711,577		2,410,812	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.260503		0.471070	101.00

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

Provider CCN: 15-0109
Hospice CCN: 15-1563

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

Worksheet O-6
Part II
Date/Time Prepared:
4/29/2021 3:52 pm

Hospice I

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		82,714	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	82,714	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	0	0	0	606,016	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	7.326644	101.00

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

Provider CCN: 15-0109
Hospice CCN: 15-1563

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

Worksheet O-6
Part II
Date/Time Prepared:
4/29/2021 3:52 pm

Hospice I

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	35,547					10.00
11.00	MEDICAL RECORDS		35,547				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	35,547		13.00
14.00	PHARMACY			0	0	35,547	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	35,413	35,413	0	35,413	35,413	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	110	110	0	110	110	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	24	24	0	24	24	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	11,424	60,845	0	80,128	3,706	100.00
101.00	UNIT COST MULTIPLIER	0.321377	1.711677	0.000000	2.254142	0.104256	101.00

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

Provider CCN: 15-0109
Hospice CCN: 15-1563

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

Worksheet O-6
Part II
Date/Time Prepared:
4/29/2021 3:52 pm

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	35,547				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	35,413	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	110	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	24	0	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	249,037	0	0		100.00
101.00	UNIT COST MULTIPLIER	7.005851	0.000000	0.000000		101.00

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

Provider CCN: 15-0109 Hospice CCN: 15-1563

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

Worksheet O-7

Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.323578	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.196072	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.264129	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.131586	0	0	0	4.00
4.01	DIABETES CENTER	73.01	8.110677	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.108943	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.119291	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.088728	0	0	0	9.00
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	DIABETES CENTER	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	9.00
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0109 Hospice CCN: 15-1563

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

Worksheet O-8

Date/Time Prepared: 4/29/2021 3:52 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			5,854,153	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			35,413	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			165.31	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	35,413	0		9.00
10.00	Program cost (line 8 times line 9)	5,854,123	0		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			18,288	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			110	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			166.25	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	110	0		14.00
15.00	Program cost (line 13 times line 14)	18,288	0		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			1,656,104	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			24	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			69,004.33	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	24	0		19.00
20.00	Program cost (line 18 times line 19)	1,656,104	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			7,528,545	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			35,547	22.00
23.00	Average cost per diem (line 21 divided by line 22)			211.79	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0109	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 4/29/2021 3:52 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,968,743	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	149,284	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)	109.11	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.54	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	24.45	8.00
9.00	Sum of lines 7 and 8	27.99	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.83	10.00
11.00	Disproportionate share adjustment (see instructions)	173,078	11.00
12.00	Total prospective capital payments (see instructions)	3,291,105	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