

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all inter 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: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/14/2021 11:13 am
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PART I - COST REPORT STATUS

Provider use only

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

Date: 7/14/2021 Time: 11:13 am

Contractor use only

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

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

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

PART II - CERTIFICATION

MI SREPRESENTATION 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 PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE 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 IU HEALTH BLOOMINGTON HOSPITAL (15-0051) 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) MICHAEL CRAIG
Officer or Administrator of Provider(s)

 CHIEF FINANCIAL OFFICER
Title

 (Dated when report is electronically signed.)
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	410,724	-485,141	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	31,468	0	0	0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0	0	0	5.00
6.00 Swing Bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	442,192	-485,141	0	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA 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 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: 15-0051		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/14/2021 11:13 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 601 WEST SECOND STREET			PO Box: 1149				1.00			
2.00	City: BLOOMINGTON			State: IN		Zip Code: 47402		County: MONROE			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital -Based Component Identification:											
3.00	Hospital		IU HEALTH BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		IU HEALTH BLOOMINGTON HOSPITAL	15T051	14020	5	10/01/2002	N	P	P	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital -Based SNF										9.00
10.00	Hospital -Based NF										10.00
11.00	Hospital -Based OLTC										11.00
12.00	Hospital -Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital -Based Hospice										14.00
15.00	Hospital -Based Health Clinic - RHC										15.00
16.00	Hospital -Based Health Clinic - FQHC										16.00
17.00	Hospital -Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,589	487	35	26	13,491	45		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/14/2021 11:13 am		
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	27	0	0	0	197	25.00	
					Urban/Rural Status	Date of Geographic Reclassification		
					1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the 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 reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0		35.00	
					Beginning:	Ending:		
					1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.				0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)						37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
					Y/N	Y/N		
					1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N	40.00	
					V	XVIII	XIX	
					1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)				with	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	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	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					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.				or "N"			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1	60.01	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)			0.00	0.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
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	
63.00	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" N for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					63.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part 1 Date/Time Prepared: 7/14/2021 11:13 am					
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))					
		1.00	2.00	3.00	4.00	5.00					
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		65.00			
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))					
				1.00	2.00	3.00					
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00			
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))					
		1.00	2.00	3.00	4.00	5.00					
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		67.00			
						1.00	2.00	3.00			
70.00	<u>Inpatient Psychiatric Facility PPS</u> 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	
75.00	<u>Inpatient Rehabilitation Facility PPS</u> Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.							N		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)							N	N	0	76.00

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				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	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.			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	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	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	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	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	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	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	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	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through 1V? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			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	
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.					109.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 1 Date/Time Prepared: 7/14/2021 11:13 am
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00
				1.00
				2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
				1.00
				2.00
				3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	389,119	0	118.01
				1.00
				2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §312N 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 §312I and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	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	5.00	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/14/2021 11:13 am
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		1.00	2.00										
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	15H059		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: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS		Contractor's Number: 08101			141.00						
142.00	Street: 340 W. 10TH STREET	PO Box:					142.00						
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202-3082			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.						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	N		N		N		N		158.00			
159.00	SNF	N		N		N		N		159.00			
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00			
161.00	CMHC	N		N		N		N		161.00			
					1.00								
Multi campus													
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								
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	
					1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y								
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)												
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)												
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99								
					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)												

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 1 Date/Time Prepared: 7/14/2021 11:13 am
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	Y	1,341 171.00

		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.	N		5.00	
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the 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 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.			13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00	
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00	
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2021	Y	04/02/2021
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: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/14/2021 11:13 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 11 Date/Time Prepared: 7/14/2021 11:13 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR		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: 15-0051

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

Worksheet S-3
Part 1
Date/Time Prepared:
7/14/2021 11:13 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps	
					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	214	78,324	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)		214	78,324	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,856	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	14	5,124	0.00	0	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	18	6,588	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		262	95,892	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,856		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					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)		278				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)		12	4,392			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

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)	17,091	996	44,876			1.00
2.00 HMO and other (see instructions)	9,047	12,959				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	128	197				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)	17,091	996	44,876			7.00
8.00 INTENSIVE CARE UNIT	1,632	909	4,121			8.00
9.00 CORONARY CARE UNIT	1,476	0	3,518			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	490	3,325			12.00
13.00 NURSERY		1,274	2,707			13.00
14.00 Total (see instructions)	20,199	3,669	58,547	0.00	1,800.95	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	815	27	1,425	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			46			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	1,800.95	27.00
28.00 Observation Bed Days		127	3,978			28.00
29.00 Ambulance Trips	7,241					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	45	1,336			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

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,966	333	11,664	1.00
2.00 HMO and other (see instructions)				1,619	2,382		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					14		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	3,966	333		11,664	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	55		1	100	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						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: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
7/14/2021 11:13 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	120,539,760	-563,727	119,976,033	3,745,976.65	32.03
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		332,021	0	332,021	4,789.10	69.33
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,407,238	0	1,407,238	12,572.82	111.93
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		14,952,947	635,742	15,588,689	541,547.96	28.79
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,614,796	0	3,614,796	45,279.00	79.83
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,364,245	0	1,364,245	12,900.05	105.76
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		34,492,915	0	34,492,915	923,629.67	37.34
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,776,375	0	26,776,375		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,347,577	0	4,347,577		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		58,765	0	58,765		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		181,473	0	181,473		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		10,587,568	0	10,587,568		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part 11
Date/Time Prepared:
7/14/2021 11:13 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00 2,468,958	-68,988	2,399,970	8,783.43	273.24	26.00
27.00	Administrative & General	5.00 7,121,123	-442,357	6,678,766	99,077.28	67.41	27.00
28.00	Administrative & General under contract (see inst.)	3,242,238	0	3,242,238	16,897.00	191.88	28.00
29.00	Maintenance & Repairs	6.00 0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00 2,178,027	-867	2,177,160	80,704.09	26.98	30.00
31.00	Laundry & Linen Service	8.00 0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00 2,066,887	-9,246	2,057,641	134,710.01	15.27	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00 2,198,011	-790,867	1,407,144	76,665.21	18.35	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00 0	774,310	774,310	48,385.50	16.00	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 7,420,075	-124,477	7,295,598	207,131.25	35.22	38.00
39.00	Central Services and Supply	14.00 0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00 5,849,487	-601,795	5,247,692	125,180.65	41.92	40.00
41.00	Medical Records & Medical Records Library	16.00 0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 639,487	-6,177	633,310	30,974.18	20.45	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part III
Date/Time Prepared:
7/14/2021 11:13 am

	Worksheet A	Amount Reported	Reclassification	Adjusted	Paid Hours	Average Hourly	
	Line Number		of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	122,374,760	-563,727	121,811,033	3,750,300.83	32.48	1.00
2.00	Excluded area salaries (see instructions)	14,952,947	635,742	15,588,689	541,547.96	28.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	107,421,813	-1,199,469	106,222,344	3,208,752.87	33.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	39,471,956	0	39,471,956	981,808.72	40.20	4.00
5.00	Subtotal wage-related costs (see inst.)	37,422,708	0	37,422,708	0.00	35.23	5.00
6.00	Total (sum of lines 3 thru 5)	184,316,477	-1,199,469	183,117,008	4,190,561.59	43.70	6.00
7.00	Total overhead cost (see instructions)	33,184,293	-1,270,464	31,913,829	828,508.60	38.52	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0051

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

Worksheet S-3
Part IV
Date/Time Prepared:
7/14/2021 11:13 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,454,812	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	16,362,668	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	512,417	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	54,293	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)	714,242	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	553,227	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106 cumulative portion)	Non 0	16.00
TAXES			
17.00	FICA-Employers Portion Only	8,605,345	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	87,679	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	19,508	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,364,191	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: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 7/14/2021 11:13 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		3,614,796	31,364,191 1.00
2.00	Hospital		3,614,796	31,364,191 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		0	0 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

				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)			0.186770	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			58,513,887	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			309,911,194	6.00	
7.00	Medicaid cost (line 1 times line 6)			57,882,114	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)			21,035	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			412,113	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			76,970	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)			55,935	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, 15, and 16)			1255,935	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)	26,074,846	536,138	26,610,984	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,869,999	536,138	5,406,137	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)	4,869,999	536,138	5,406,137	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)			21,848,883	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			450,931	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			693,740	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			21,155,143	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,193,955	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,600,092	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,656,027	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0051		Period: From 01/01/2020 To 12/31/2020		Worksheet A	
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		0	0	7,013,584	7,013,584	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,054,283	7,054,283	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,468,958	1,134,578	3,603,536	21,183,112	24,786,648	4.00
5.00	00500	ADMINI STRATIVE & GENERAL	7,121,123	80,214,133	87,335,256	-2,521,449	84,813,807	5.00
7.00	00700	OPERATION OF PLANT	2,178,027	15,129,856	17,307,883	-5,247,874	12,060,009	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	214,824	214,824	-7,676	207,148	8.00
9.00	00900	HOUSEKEEPING	2,066,887	2,328,255	4,395,142	-882,640	3,512,502	9.00
10.00	01000	DI ETARY	2,198,011	2,126,131	4,324,142	-2,028,457	2,295,685	10.00
11.00	01100	CAFETERIA	0	0	0	1,429,547	1,429,547	11.00
13.00	01300	NURSI NG ADMINI STRATION	7,420,075	2,458,693	9,878,768	-1,646,187	8,232,581	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	778,157	778,157	12,253,531	13,031,688	14.00
15.00	01500	PHARMACY	5,849,487	36,213,418	42,062,905	-35,248,652	6,814,253	15.00
16.00	01600	MEDI CAL RECORDS & LIBRARY	0	61,485	61,485	-837	60,648	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	639,487	653,799	1,293,286	-571,992	721,294	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	146,361	48,649	195,010	163,899	358,909	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDI ATRICS	24,501,072	17,053,876	41,554,948	-6,762,459	34,792,489	30.00
31.00	03100	INTENSIVE CARE UNIT	3,366,892	2,109,778	5,476,670	-1,417,669	4,059,001	31.00
32.00	03200	CORONARY CARE UNIT	2,592,631	1,146,583	3,739,214	-846,027	2,893,187	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,861,046	1,107,056	2,968,102	-572,297	2,395,805	35.00
41.00	04100	SUBPROVIDER - IRF	1,311,383	493,341	1,804,724	-1,091,569	713,155	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	661,645	661,645	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,075,690	26,051,680	32,127,370	-22,421,391	9,705,979	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,780,687	1,167,333	3,948,020	-882,605	3,065,415	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,818,430	1,715,722	4,534,152	-1,135,014	3,399,138	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,175,275	3,496,645	6,671,920	-2,929,368	3,742,552	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,345,035	3,509,396	5,854,431	-2,421,212	3,433,219	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	697,695	935,708	1,633,403	-701,332	932,071	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	574,564	606,461	1,181,025	-514,302	666,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,237,458	9,117,091	10,354,549	-8,881,948	1,472,601	59.00
60.00	06000	LABORATORY	0	14,476,175	14,476,175	-39,919	14,436,256	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,518,283	1,411,982	3,930,265	-1,139,668	2,790,597	65.00
66.00	06600	PHYSICAL THERAPY	6,556,873	2,910,141	9,467,014	-1,882,534	7,584,480	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	674,287	478,475	1,152,762	-396,176	756,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	177,571	1,831,203	2,008,774	-177,065	1,831,709	70.00
71.00	07100	MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,722,399	6,722,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,411,392	18,411,392	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,710,650	34,710,650	73.00
73.01	07302	OP PHARMACY	374,777	731,031	1,105,808	-80,765	1,025,043	73.01
74.00	07400	RENAL DIALYSIS	0	1,659,948	1,659,948	-35,294	1,624,654	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	564,422	151,835	716,257	-102,414	613,843	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,435,560	438,604	1,874,164	-391,202	1,482,962	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,126,629	1,960,862	5,087,491	-1,438,862	3,648,629	90.01
90.02	09002	WOUND CARE CENTER	542,048	398,341	940,389	-294,544	645,845	90.02
90.03	09003	PAIN CLINIC	274,197	258,976	533,173	-175,327	357,846	90.03
90.05	09005	OP PSYCH CLINIC	2,408,552	750,092	3,158,644	-310,753	2,847,891	90.05
91.00	09100	EMERGENCY	4,965,084	6,273,688	11,238,772	-2,402,175	8,836,597	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	5,613,042	3,455,410	9,068,452	-2,217,146	6,851,306	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	-90,565	-90,565	90,565	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A

Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	112,657,599	246,968,846	359,626,445	-122,194	359,504,251	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	178,889	185,244	364,133	-33,394	330,739	190.00
190.01	19001 PROMPTCARE	1,673,548	1,207,622	2,881,170	-752,840	2,128,330	190.01
190.02	19002 RENTAL PROPERTIES	0	24,918	24,918	-19,958	4,960	190.02
190.03	19003 OLCOTT	317,356	173,958	491,314	-109,640	381,674	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005 FOUNDATION	0	0	0	3,121	3,121	190.05
190.06	19006 MARKETING	0	0	0	0	0	190.06
190.07	19007 HME STORE	18	1,139	1,157	-1,012	145	190.07
190.08	19008 UNUSED SPACE	0	0	0	54,423	54,423	190.08
190.09	19009 CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	3,674,045	3,281,070	6,955,115	-1,058,918	5,896,197	190.11
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,038,305	459,609	2,497,914	-303,485	2,194,429	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	0	0	749,479	749,479	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	1,463,049	1,463,049	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953 IU HEALTH SIP	0	0	0	131,369	131,369	194.03
194.04	07954 HOME CARE	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
200.00	TOTAL (SUM OF LINES 118 through 199)	120,539,760	252,302,406	372,842,166	0	372,842,166	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT	-1,777,695	5,235,889	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	4,966,775	12,021,058	2.00
3.00	00300 OTHER CAP REL COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	2,138,524	26,925,172	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-12,150,600	72,663,207	5.00
7.00	00700 OPERATION OF PLANT	-58,928	12,001,081	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	207,148	8.00
9.00	00900 HOUSEKEEPING	-38,000	3,474,502	9.00
10.00	01000 DIETARY	-201,613	2,094,072	10.00
11.00	01100 CAFETERIA	-726,851	702,696	11.00
13.00	01300 NURSING ADMINISTRATION	-83,421	8,149,160	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	13,031,688	14.00
15.00	01500 PHARMACY	-934	6,813,319	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	60,648	16.00
18.00	01850 SOCIAL SERVICES	0	0	18.00
18.01	01851 CENTRAL STERILIZATION	0	721,294	18.01
23.00	02301 PARAMED PRGM-PHARMACY RESIDENCY	36,553	395,462	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-6,695,274	28,097,215	30.00
31.00	03100 INTENSIVE CARE UNIT	0	4,059,001	31.00
32.00	03200 CORONARY CARE UNIT	0	2,893,187	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	-148,342	2,247,463	35.00
41.00	04100 SUBPROVIDER - IRF	0	713,155	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	661,645	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-1,635,319	8,070,660	50.00
50.01	05001 CV SURGERY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	3,065,415	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,399,138	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,742,552	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-467,125	2,966,094	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	932,071	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	666,723	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,472,601	59.00
60.00	06000 LABORATORY	-322,457	14,113,799	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,790,597	65.00
66.00	06600 PHYSICAL THERAPY	-496,262	7,088,218	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	756,586	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-883,089	948,620	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,722,399	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,411,392	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	34,710,650	73.00
73.01	07302 OP PHARMACY	-12,137	1,012,906	73.01
74.00	07400 RENAL DIALYSIS	0	1,624,654	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	613,843	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-19,757	1,463,205	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	3,648,629	90.01
90.02	09002 WOUND CARE CENTER	0	645,845	90.02
90.03	09003 PAIN CLINIC	0	357,846	90.03
90.05	09005 OP PSYCH CLINIC	-839,203	2,008,688	90.05
91.00	09100 EMERGENCY	-1,501,952	7,334,645	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	-345,011	6,506,295	95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	-21,262,118	338,242,133	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	330,739	190.00
190.01	19001	PROMPTCARE	-25,950	2,102,380	190.01
190.02	19002	RENTAL PROPERTIES	0	4,960	190.02
190.03	19003	OLCOTT	0	381,674	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005	FOUNDATION	0	3,121	190.05
190.06	19006	MARKETING	0	0	190.06
190.07	19007	HME STORE	0	145	190.07
190.08	19008	UNUSED SPACE	0	54,423	190.08
190.09	19009	CLINICAL TRIALS	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	5,896,197	190.11
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,193,432	997	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	749,479	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	1,463,049	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953	IU HEALTH SIP	0	131,369	194.03
194.04	07954	HOME CARE	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-23,481,500	349,360,666	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,412,191	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
0			0	21,412,191	
B - CAPITAL RELATED					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,966,359	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,934,874	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
0			0	12,901,233	
C - BILLABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		6,722,399	1.00
2.00	RECOVERY ROOM	51.00		64,699	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
0			0	6,787,098	
D - NONBILLABLE MEDICAL SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,268,535	1.00
2.00	OPERATION OF PLANT	7.00	0	387	2.00
3.00	HME STORE	190.07	0	15	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
0			0	12,268,937	
E - IMPLANTS SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		18,411,392	1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00		107	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	18,411,499	
F - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,326,965	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	43,636	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
0			0	1,370,601	
G - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	34,710,650	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
0			0	34,710,650	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	933,938	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,457	2.00
3.00	PHYSICAL THERAPY	66.00	0	273	3.00
4.00	COMMUNITY HEALTH SERVICES	190.11	0	154	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
0			0	935,822	
J - INTEREST EXPENSE					
1.00	INTEREST EXPENSE	113.00	0	90,565	1.00
0			0	90,565	
K - PHARMACY RESIDENCY					
1.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	180,475	13,807	1.00
2.00		0.00	0	0	2.00
0			180,475	13,807	
L - PSYCH ADMIN					
1.00	OP PSYCH CLINIC	90.05	134,613	91,986	1.00
0			134,613	91,986	
M - SOFTWARE LICENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	79,413	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
0			0	79,413	
N - CAFETERIA					
1.00	CAFETERIA	11.00	774,310	655,237	1.00
0			774,310	655,237	
O - SHORT TERM DISABILITY/FLMA					
1.00	ADMINISTRATIVE & GENERAL	5.00		4,248	1.00
2.00	OPERATION OF PLANT	7.00		867	2.00
3.00	HOUSEKEEPING	9.00		9,246	3.00
4.00	DIETARY	10.00		4,810	4.00
5.00	NURSING ADMINISTRATION	13.00		44,698	5.00
6.00	PHARMACY	15.00		81,943	6.00
7.00	CENTRAL STERILIZATION	18.01		6,177	7.00
8.00	ADULTS & PEDIATRICS	30.00		82,852	8.00
9.00	INTENSIVE CARE UNIT	31.00		10,930	9.00
10.00	CORONARY CARE UNIT	32.00		19,242	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00		14,045	11.00
12.00	SUBPROVIDER - IRF	41.00		2,097	12.00
13.00	OPERATING ROOM	50.00		66,837	13.00
14.00	RECOVERY ROOM	51.00		32,639	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00		35,227	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00		14,876	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00		12,633	17.00
18.00	CT SCAN	57.00		5,071	18.00
19.00	CARDIAC CATHETERIZATION	59.00		9,501	19.00
20.00	PHYSICAL THERAPY	66.00		35,667	20.00
21.00	CARDIAC REHABILITATION	76.97		521	21.00
22.00	CLINIC	90.00		9,249	22.00
23.00	OP ONCOLOGY INFUSION CENTER	90.01		6,788	23.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00	WOUND CARE CENTER	90.02		303	24.00
25.00	OP PSYCH CLINIC	90.05		136	25.00
26.00	EMERGENCY	91.00		17,418	26.00
27.00	AMBULANCE SERVICES	95.00		32,612	27.00
28.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		2,033	28.00
29.00	PROMPTCARE	190.01		1,061	29.00
	0		0	563,727	
P - UTILITIES EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	273,935	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
	0		0	273,935	
Q - BCC DEPRECIATION					
1.00	RENTAL PROPERTIES	190.02	0	3,902	1.00
2.00	FOUNDATION	190.05	0	3,121	2.00
3.00	UNUSED SPACE	190.08	0	54,423	3.00
	TOTALS		0	61,446	
R - OCCUPATIONAL HEALTH ADMIN					
1.00	ADMINISTRATIVE & GENERAL	5.00	219,531	0	1.00
	0		219,531	0	
S - NURSERY					
1.00	NURSERY	43.00	598,659	62,986	1.00
2.00		0.00	0	0	2.00
	0		598,659	62,986	
T - BEDFORD ALLOCATION					
1.00	IU HEALTH BEDFORD HOSPITAL	194.01	919,693	543,356	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
	0		919,693	543,356	
U - PAOLI ALLOCATION					
1.00	IU HEALTH PAOLI HOSPITAL	194.00	476,571	272,908	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
	0		476,571	272,908	
V - LIBERTY BUILDING DEPRECIATION					
1.00	IU HEALTH SIP	194.03	0	131,369	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	131,369	

		Increases			
		Cost Center	Line #	Salary	Other
		2.00	3.00	4.00	5.00
W - MALPRACTICE INSURANCE					
1.00	ADULTS & PEDIATRICS		30.00	0	16,459
	TOTALS			0	16,459
X - ACCRUED PTO					
1.00	ADULTS & PEDIATRICS		30.00	0	6,366
2.00			0.00	0	0
3.00			0.00	0	0
	TOTALS			0	6,366
Y - REHAB - COVID					
1.00	ADULTS & PEDIATRICS		30.00	683,663	93,049
	TOTALS			683,663	93,049
500.00	Grand Total: Increases			3,987,515	111,754,640

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
7/14/2021 11:13 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	643,737	0		1.00
2.00	OPERATION OF PLANT	7.00	0	495,592	0		2.00
3.00	HOUSEKEEPING	9.00	0	672,560	0		3.00
4.00	DIETARY	10.00	0	513,910	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,228,348	0		5.00
6.00	PHARMACY	15.00	0	928,393	0		6.00
7.00	CENTRAL STERILIZATION	18.01	0	145,243	0		7.00
8.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	0	30,383	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	4,351,330	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	610,572	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	433,385	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	349,811	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	212,434	0		13.00
14.00	OPERATING ROOM	50.00	0	1,181,858	0		14.00
15.00	RECOVERY ROOM	51.00	0	541,401	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	491,461	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	651,197	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	407,561	0		18.00
19.00	CT SCAN	57.00	0	127,701	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	91,643	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	219,057	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	404,330	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	1,091,499	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	126,719	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	32,411	0		25.00
26.00	OP PHARMACY	73.01	0	65,314	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	95,138	0		27.00
28.00	CLINIC	90.00	0	258,748	0		28.00
29.00	OP ONCOLOGY INFUSION CENTER	90.01	0	625,001	0		29.00
30.00	WOUND CARE CENTER	90.02	0	111,591	0		30.00
31.00	PAIN CLINIC	90.03	0	55,096	0		31.00
32.00	OP PSYCH CLINIC	90.05	0	440,707	0		32.00
33.00	EMERGENCY	91.00	0	876,249	0		33.00
34.00	AMBULANCE SERVICES	95.00	0	1,248,455	0		34.00
35.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	30,935	0		35.00
36.00	PROMPTCARE	190.01	0	329,966	0		36.00
37.00	OLCOTT	190.03	0	88,290	0		37.00
38.00	COMMUNITY HEALTH SERVICES	190.11	0	901,918	0		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	302,247	0		39.00
0			0	21,412,191			
B - CAPITAL RELATED							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,280	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	736,142	9		2.00
3.00	OPERATION OF PLANT	7.00	0	4,787,600	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	7,648	0		4.00
5.00	HOUSEKEEPING	9.00	0	7,342	0		5.00
6.00	DIETARY	10.00	0	45,003	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	279,715	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	559	0		8.00
9.00	PHARMACY	15.00	0	216,291	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	809	0		10.00
11.00	CENTRAL STERILIZATION	18.01	0	79,282	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	120,384	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	63,322	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	76,691	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	51,225	0		15.00
16.00	OPERATING ROOM	50.00	0	1,845,458	0		16.00
17.00	RECOVERY ROOM	51.00	0	8,400	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	116,629	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	751,942	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,419,572	0		20.00
21.00	CT SCAN	57.00	0	324,673	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	347,630	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	233,444	0		23.00
24.00	LABORATORY	60.00	0	17,215	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	150,118	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	22,479	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	198,993	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	66,017	0		28.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
7/14/2021 11:13 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	OP PHARMACY	73.01	0	9,200	0	29.00	
30.00	CARDIAC REHABILITATION	76.97	0	1,899	0	30.00	
31.00	CLINIC	90.00	0	17,480	0	31.00	
32.00	OP ONCOLOGY INFUSION CENTER	90.01	0	196,009	0	32.00	
33.00	WOUND CARE CENTER	90.02	0	23,218	0	33.00	
34.00	PAIN CLINIC	90.03	0	15,842	0	34.00	
35.00	EMERGENCY	91.00	0	265,266	0	35.00	
36.00	AMBULANCE SERVICES	95.00	0	378,031	0	36.00	
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,459	0	37.00	
38.00	PROMPTCARE	190.01	0	8,459	0	38.00	
39.00	RENTAL PROPERTIES	190.02	0	2,829	0	39.00	
40.00	OLCOTT	190.03	0	114	0	40.00	
41.00	HME STORE	190.07	0	1,027	0	41.00	
42.00	COMMUNITY HEALTH SERVICES	190.11	0	537	0	42.00	
	0		0	12,901,233			
C - BILLABLE MEDICAL SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00		6,409	0	1.00	
2.00	OPERATION OF PLANT	7.00		56	0	2.00	
3.00	NURSING ADMINISTRATION	13.00		14,850	0	3.00	
4.00	PHARMACY	15.00		8,150	0	4.00	
5.00	CENTRAL STERILIZATION	18.01		410	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00		84,744	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00		89,025	0	7.00	
8.00	CORONARY CARE UNIT	32.00		25,928	0	8.00	
9.00	NEONATAL INTENSIVE CARE UNIT	35.00		7,544	0	9.00	
10.00	SUBPROVIDER - IRF	41.00		3,971	0	10.00	
11.00	OPERATING ROOM	50.00		2,656,061	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00		172,284	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00		956,874	0	13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00		9,782	0	14.00	
15.00	CT SCAN	57.00		18,208	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		2,023	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00		2,250,275	0	17.00	
18.00	RESPIRATORY THERAPY	65.00		17,975	0	18.00	
19.00	PHYSICAL THERAPY	66.00		18,476	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00		559	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00		941	0	21.00	
22.00	OP PHARMACY	73.01		2,681	0	22.00	
23.00	RENAL DIALYSIS	74.00		12,952	0	23.00	
24.00	CARDIAC REHABILITATION	76.97		160	0	24.00	
25.00	CLINIC	90.00		132	0	25.00	
26.00	OP ONCOLOGY INFUSION CENTER	90.01		198,520	0	26.00	
27.00	WOUND CARE CENTER	90.02		8,929	0	27.00	
28.00	PAIN CLINIC	90.03		11,506	0	28.00	
29.00	OP PSYCH CLINIC	90.05		53	0	29.00	
30.00	EMERGENCY	91.00		105,663	0	30.00	
31.00	AMBULANCE SERVICES	95.00		96,099	0	31.00	
32.00	PROMPTCARE	190.01		5,577	0	32.00	
33.00	PHYSICIANS' PRIVATE OFFICES	192.00		281	0	33.00	
	0		0	6,787,098			
D - NONBILLABLE MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,480	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	148,302	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	28	0	3.00	
4.00	HOUSEKEEPING	9.00	0	202,372	0	4.00	
5.00	DIETARY	10.00	0	25,718	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	14,800	0	6.00	
7.00	PHARMACY	15.00	0	315,687	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	28	0	8.00	
9.00	CENTRAL STERILIZATION	18.01	0	345,436	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	1,921,060	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	562,192	0	11.00	
12.00	CORONARY CARE UNIT	32.00	0	278,679	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	156,053	0	13.00	
14.00	SUBPROVIDER - IRF	41.00	0	88,526	0	14.00	
15.00	OPERATING ROOM	50.00	0	4,284,520	0	15.00	
16.00	RECOVERY ROOM	51.00	0	325,729	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	294,079	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	168,331	0	18.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	419,172	0	19.00	
20.00	CT SCAN	57.00	0	125,812	0	20.00	

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6
Date/Time Prepared:
7/14/2021 11:13 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,149	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	265,671	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	554,138	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	21,370	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	29,816	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	77,348	0		26.00
27.00	OP PHARMACY	73.01	0	3,570	0		27.00
28.00	RENAL DIALYSIS	74.00	0	14,012	0		28.00
29.00	CARDIAC REHABILITATION	76.97	0	5,039	0		29.00
30.00	CLINIC	90.00	0	18,566	0		30.00
31.00	OP ONCOLOGY INFUSION CENTER	90.01	0	219,623	0		31.00
32.00	WOUND CARE CENTER	90.02	0	69,265	0		32.00
33.00	PAIN CLINIC	90.03	0	20,185	0		33.00
34.00	OP PSYCH CLINIC	90.05	0	889	0		34.00
35.00	EMERGENCY	91.00	0	972,456	0		35.00
36.00	AMBULANCE SERVICES	95.00	0	225,170	0		36.00
37.00	PROMPTCARE	190.01	0	34,636	0		37.00
38.00	OLCOTT	190.03	0	37	0		38.00
39.00	COMMUNITY HEALTH SERVICES	190.11	0	40,446	0		39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	547	0		40.00
0			0	12,268,937			
E - IMPLANTS SUPPLIES							
1.00	CENTRAL STERILIZATION	18.01		1,621	0		1.00
2.00	ADULTS & PEDIATRICS	30.00		473	0		2.00
3.00	INTENSIVE CARE UNIT	31.00		179	0		3.00
4.00	CORONARY CARE UNIT	32.00		7	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00		93	0		5.00
6.00	SUBPROVIDER - IRF	41.00		3	0		6.00
7.00	OPERATING ROOM	50.00		12,266,057	0		7.00
8.00	RECOVERY ROOM	51.00		27	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00		516	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		298,713	0		10.00
11.00	CT SCAN	57.00		573	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00		5,837,434	0		12.00
13.00	OP ONCOLOGY INFUSION CENTER	90.01		3,945	0		13.00
14.00	EMERGENCY	91.00		1,858	0		14.00
0			0	18,411,499			
F - LEASE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00		18,253	10		1.00
2.00	OPERATION OF PLANT	7.00		238,948	10		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		13,446	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00		7,595	0		4.00
5.00	LABORATORY	60.00		21,824	0		5.00
6.00	RESPIRATORY THERAPY	65.00		3,625	0		6.00
7.00	PHYSICAL THERAPY	66.00		471,074	0		7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00		454	0		8.00
9.00	OP ONCOLOGY INFUSION CENTER	90.01		99,058	0		9.00
10.00	WOUND CARE CENTER	90.02		71,012	0		10.00
11.00	PAIN CLINIC	90.03		48,030	0		11.00
12.00	OP PSYCH CLINIC	90.05		95,692	0		12.00
13.00	AMBULANCE SERVICES	95.00		153,915	0		13.00
14.00	PROMPTCARE	190.01		36,226	0		14.00
15.00	COMMUNITY HEALTH SERVICES	190.11		91,449	0		15.00
0			0	1,370,601			
G - BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		94,404	0		1.00
2.00	PHARMACY	15.00		34,030,041	0		2.00
3.00	ADULTS & PEDIATRICS	30.00		22	0		3.00
4.00	INTENSIVE CARE UNIT	31.00		32	0		4.00
5.00	OPERATING ROOM	50.00		103,154	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		26,023	0		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00		1,348	0		7.00
8.00	CT SCAN	57.00		98,323	0		8.00
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		56,458	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00		59,293	0		10.00
11.00	LABORATORY	60.00		419	0		11.00
12.00	PHYSICAL THERAPY	66.00		186	0		12.00
13.00	ELECTROCARDIOLOGY	69.00		38,016	0		13.00
14.00	CARDIAC REHABILITATION	76.97		153	0		14.00
15.00	CLINIC	90.00		15,851	0		15.00
16.00	OP ONCOLOGY INFUSION CENTER	90.01		10,010	0		16.00
17.00	WOUND CARE CENTER	90.02		10,529	0		17.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
18.00	PAIN CLINIC	90.03	18,644	0		18.00
19.00	EMERGENCY	91.00	701	0		19.00
20.00	AMBULANCE SERVICES	95.00	72,413	0		20.00
21.00	PROMPTCARE	190.01	70,779	0		21.00
22.00	COMMUNITY HEALTH SERVICES	190.11	3,851	0		22.00
			34,710,650	0		
H - NON-BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	36	0		1.00
2.00	NURSING ADMINISTRATION	13.00	1,354	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	999	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	231,254	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	92,336	0		5.00
6.00	CORONARY CARE UNIT	32.00	31,332	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	7,566	0		7.00
8.00	SUBPROVIDER - IRF	41.00	9,918	0		8.00
9.00	OPERATING ROOM	50.00	76,702	0		9.00
10.00	RECOVERY ROOM	51.00	71,733	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	24,392	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	55,593	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	2,567	0		13.00
14.00	CT SCAN	57.00	6,010	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,372	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	16,657	0		16.00
17.00	RESPIRATORY THERAPY	65.00	9,445	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	2,062	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	1	0		19.00
20.00	RENAL DIALYSIS	74.00	8,330	0		20.00
21.00	CARDIAC REHABILITATION CLINIC	76.97	25	0		21.00
22.00	CLINIC	90.00	3,211	0		22.00
23.00	OP ONCOLOGY INFUSION CENTER	90.01	85,471	0		23.00
24.00	PAIN CLINIC	90.03	169	0		24.00
25.00	EMERGENCY	91.00	179,698	0		25.00
26.00	AMBULANCE SERVICES	95.00	16,483	0		26.00
27.00	PROMPTCARE	190.01	106	0		27.00
			935,822	0		
J - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	90,565	11		1.00
			90,565			
K - PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	165,239	12,641	0	1.00
2.00	CLINIC	90.00	15,236	1,166	0	2.00
			180,475	13,807		
L - PSYCH ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	134,613	91,986	0	1.00
			134,613	91,986		
M - SOFTWARE LICENSE						
1.00	NURSING ADMINISTRATION	13.00	4,499	14		1.00
2.00	OPERATING ROOM	50.00	6,000	0		2.00
3.00	OP ONCOLOGY INFUSION CENTER	90.01	160	0		3.00
4.00	PROMPTCARE	190.01	47,555	0		4.00
5.00	OLCOTT	190.03	21,199	0		5.00
			79,413			
N - CAFETERIA						
1.00	DIETARY	10.00	774,310	655,237	0	1.00
			774,310	655,237		
O - SHORT TERM DISABILITY/FLMA						
1.00	ADMINISTRATIVE & GENERAL	5.00	4,248	0	0	1.00
2.00	OPERATION OF PLANT	7.00	867	0	0	2.00
3.00	HOUSEKEEPING	9.00	9,246	0	0	3.00
4.00	DIETARY	10.00	4,810	0	0	4.00
5.00	NURSING ADMINISTRATION	13.00	44,698	0	0	5.00
6.00	PHARMACY	15.00	81,943	0	0	6.00
7.00	CENTRAL STERILIZATION	18.01	6,177	0	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	82,852	0	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	10,930	0	0	9.00
10.00	CORONARY CARE UNIT	32.00	19,242	0	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	14,045	0	0	11.00
12.00	SUBPROVIDER - IRF	41.00	2,097	0	0	12.00
13.00	OPERATING ROOM	50.00	66,837	0	0	13.00
14.00	RECOVERY ROOM	51.00	32,639	0	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	35,227	0	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	14,876	0	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	12,633	0	0	17.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6
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		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other	6.00	7.00	
			8.00	9.00	10.00		
18.00	CT SCAN	57.00	5,071	0	0	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	9,501	0	0	0	19.00
20.00	PHYSICAL THERAPY	66.00	35,667	0	0	0	20.00
21.00	CARDIAC REHABILITATION	76.97	521	0	0	0	21.00
22.00	CLINIC	90.00	9,249	0	0	0	22.00
23.00	OP ONCOLOGY INFUSION CENTER	90.01	6,788	0	0	0	23.00
24.00	WOUND CARE CENTER	90.02	303	0	0	0	24.00
25.00	OP PSYCH CLINIC	90.05	136	0	0	0	25.00
26.00	EMERGENCY	91.00	17,418	0	0	0	26.00
27.00	AMBULANCE SERVICES	95.00	32,612	0	0	0	27.00
28.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	2,033	0	0	0	28.00
29.00	PROMPTCARE	190.01	1,061	0	0	0	29.00
	O		563,727	0			
P - UTILITIES EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	650	0		2.00
3.00	HOUSEKEEPING	9.00	0	366	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	101	0		4.00
5.00	PHARMACY	15.00	0	14	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	127	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	11	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	5	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	5	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	5	0		10.00
11.00	OPERATING ROOM	50.00	0	104	0		11.00
12.00	RECOVERY ROOM	51.00	0	14	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,100	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	161,210	0		15.00
16.00	CT SCAN	57.00	0	32	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	27	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	117	0		18.00
19.00	LABORATORY	60.00	0	461	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	37	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	21,673	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	11	0		22.00
23.00	OP ONCOLOGY INFUSION CENTER	90.01	0	1,065	0		23.00
24.00	PAIN CLINIC	90.03	0	5,855	0		24.00
25.00	OP PSYCH CLINIC	90.05	0	11	0		25.00
26.00	EMERGENCY	91.00	0	21	0		26.00
27.00	AMBULANCE SERVICES	95.00	0	26,580	0		27.00
28.00	PROMPTCARE	190.01	0	5	0		28.00
29.00	RENTAL PROPERTIES	190.02	0	21,031	0		29.00
30.00	COMMUNITY HEALTH SERVICES	190.11	0	20,871	0		30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	410	0		31.00
	O		0	273,935			
Q - BCC DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	61,446	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	61,446			
R - OCCUPATIONAL HEALTH ADMIN							
1.00	PROMPTCARE	190.01	219,531	0	0		1.00
	O		219,531	0			
S - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	569,413	56,590	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	29,246	6,396	0		2.00
	O		598,659	62,986			
T - BEDFORD ALLOCATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	45,927	34,125	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	444,264	345,723	0		2.00
3.00	DIETARY	10.00	11,747	2,532	0		3.00
4.00	NURSING ADMINISTRATION	13.00	56,499	15,391	0		4.00
5.00	PHARMACY	15.00	270,472	114,722	0		5.00
6.00	PHYSICAL THERAPY	66.00	59,952	18,731	0		6.00
7.00	CLINIC	90.00	30,832	12,132	0		7.00
	O		919,693	543,356			
U - PAOLI ALLOCATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	23,061	17,135	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	213,376	169,122	0		2.00
3.00	NURSING ADMINISTRATION	13.00	23,280	7,350	0		3.00
4.00	PHARMACY	15.00	84,141	36,799	0		4.00

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
5.00	PHYSICAL THERAPY	66.00	119,905	37,462	0	5.00
6.00	CLINIC	90.00	12,808	5,040	0	6.00
			476,571	272,908		
V - LIBERTY BUILDING DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	127,729	9	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,640	9	2.00
	TOTALS		0	131,369		
W - MALPRACTICE INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,459	0	1.00
	TOTALS		0	16,459		
X - ACCRUED PTO						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		4,626	0	1.00
2.00	OPERATING ROOM	50.00		1,477	0	2.00
3.00	EMERGENCY	91.00		263	0	3.00
	TOTALS		0	6,366		
Y - REHAB - COVID						
1.00	SUBPROVIDER - IRF	41.00	683,663	93,049	0	1.00
	TOTALS		683,663	93,049		
500.00	Grand Total: Decreases		4,551,242	111,190,913		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part 1
Date/Time Prepared:
7/14/2021 11:13 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	19,741,447	0	0	0	1.00
2.00	Land Improvements	2,058,207	0	0	0	2.00
3.00	Buildings and Fixtures	150,733,671	0	0	0	3.00
4.00	Building Improvements	11,327,645	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	131,618,277	9,443,931	0	9,443,931	1,779,498
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	315,479,247	9,443,931	0	9,443,931	1,779,498
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	315,479,247	9,443,931	0	9,443,931	1,779,498
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	19,741,447	0			1.00
2.00	Land Improvements	2,058,207	1,124,605			2.00
3.00	Buildings and Fixtures	150,733,671	64,490,865			3.00
4.00	Building Improvements	11,327,645	6,758,787			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	139,282,710	89,741,949			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	323,143,680	162,116,206			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	323,143,680	162,116,206			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part II
Date/Time Prepared:
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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	0	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)	0	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	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part III
Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	183,860,970	0	183,860,970	0.568976	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	139,282,711	0	139,282,711	0.431024	0	2.00
3.00	Total (sum of lines 1-2)	323,143,681	0	323,143,681	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,678,182	1,326,965	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,898,009	43,636	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,576,191	1,370,601	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-3,769,258	0	0	0	5,235,889	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	79,413	12,021,058	2.00
3.00	Total (sum of lines 1-2)	-3,769,258	0	0	79,413	17,256,947	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-3,248,996	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00 Investment income - other (chapter 2)		0			0.00		3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		7.00
8.00 Television and radio service (chapter 21)		0			0.00		8.00
9.00 Parking lot (chapter 21)		0			0.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-19,347,990					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	42,313,947					12.00
13.00 Laundry and linen service		0			0.00		13.00
14.00 Cafeteria-employees and guests		0			0.00		14.00
15.00 Rental of quarters to employees and others		0			0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		16.00
17.00 Sale of drugs to other than patients		0			0.00		17.00
18.00 Sale of medical records and abstracts		0			0.00		18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		19.00
20.00 Vending machines		0			0.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		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	UTILIZATION REVIEW-SNF		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00		26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00		27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00		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		32.00
33.00 MISCELLANEOUS INCOME	B	-2,689	EMPLOYEE BENEFITS DEPARTMENT		4.00		33.00

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
		1.00	2.00	3.00	4.00	5.00
33.01	MI SCCELLANEOUS INCOME	B	92,803	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	MI SCCELLANEOUS INCOME	B	-58,928	OPERATION OF PLANT	7.00	0 33.02
33.03	MI SCCELLANEOUS INCOME	B	-38,000	HOUSEKEEPING	9.00	0 33.03
33.04	MI SCCELLANEOUS INCOME	B	-201,613	DIETARY	10.00	0 33.04
33.05	MI SCCELLANEOUS INCOME	B	-82,642	NURSING ADMINISTRATION	13.00	0 33.05
33.06	MI SCCELLANEOUS INCOME	B	-244	PHARMACY	15.00	0 33.06
33.07	MI SCCELLANEOUS INCOME	B	-14,079	ADULTS & PEDIATRICS	30.00	0 33.07
33.08	MI SCCELLANEOUS INCOME	B	-34	OPERATING ROOM	50.00	0 33.08
33.09	MI SCCELLANEOUS INCOME	B	-46,464	RADIOLOGY-THERAPEUTIC	55.00	0 33.09
33.10	MI SCCELLANEOUS INCOME	B	-322,457	LABORATORY	60.00	0 33.10
33.11	MI SCCELLANEOUS INCOME	B	-769	PHYSICAL THERAPY	66.00	0 33.11
33.12	MI SCCELLANEOUS INCOME	B	-37,600	ELECTROENCEPHALOGRAPHY	70.00	0 33.12
33.13	MI SCCELLANEOUS INCOME	B	-12,137	OP PHARMACY	73.01	0 33.13
33.14	MI SCCELLANEOUS INCOME	B	-19,757	CLINIC	90.00	0 33.14
33.15	MI SCCELLANEOUS INCOME	B	-3,640	OP PSYCH CLINIC	90.05	0 33.15
33.16	MI SCCELLANEOUS INCOME	B	-345,011	AMBULANCE SERVICES	95.00	0 33.16
33.17	MI SCCELLANEOUS INCOME	B	-25,950	PROMPTCARE	190.01	0 33.17
33.18	MI SCCELLANEOUS INCOME	B	-2,193,432	PHYSICIANS' PRIVATE OFFICES	192.00	0 33.18
33.19	UNNECESSARY BORROWING	A	-425,386	CAP REL COSTS-BLDG & FIXT	1.00	11 33.19
33.20	TELEPHONE EXPENSE	A	-779	NURSING ADMINISTRATION	13.00	0 33.20
33.21	TELEPHONE EXPENSE	A	-690	PHARMACY	15.00	0 33.21
33.22	TELEPHONE EXPENSE	A	-345	ADULTS & PEDIATRICS	30.00	0 33.22
33.23	PHYSICIAN RECRUITMENT	A	-775	ADULTS & PEDIATRICS	30.00	0 33.23
33.24	HAF FEES	A	-11,578,381	ADMINISTRATIVE & GENERAL	5.00	0 33.24
33.25	CAFETERIA REVENUE	B	-726,851	CAFETERIA	11.00	0 33.25
33.26	WEGMILLER CAPITALIZED INTEREST	A	-343	CAP REL COSTS-BLDG & FIXT	1.00	11 33.26
33.27	1983 CAPITALIZED INTEREST	A	-3,968	CAP REL COSTS-BLDG & FIXT	1.00	11 33.27
33.28	OTHER CARRYFORWARD ADJUSTMENTS	A	53,927	CAP REL COSTS-BLDG & FIXT	1.00	9 33.28
33.29	PENALTY TAX	A	-162	ADMINISTRATIVE & GENERAL	5.00	0 33.29
33.30	START UP COSTS	A	-5,471,062	ADMINISTRATIVE & GENERAL	5.00	0 33.30
33.31	NONALLOWABLE MARKETING	A	-253,933	ADMINISTRATIVE & GENERAL	5.00	0 33.31
33.32	NONALLOWABLE MARKETING	A	-179	OPERATING ROOM	50.00	0 33.32
33.33	SIP PHARMACY RESIDENCY	A	36,553	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	0 33.33
33.34	BENEFIT EXPENSE	A	-21,513,444	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,481,500			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: 15-0051
 Period: From 01/01/2020 To 12/31/2020
 Worksheet A-8-1
 Date/Time Prepared: 7/14/2021 11:13 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HO ALLOCATION	1,756,506	-90,565	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HO ALLOCATION	4,966,775	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	23,654,657	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	HO ALLOCATION	64,211,437	56,724,059	3.01
4.00	91.00	EMERGENCY	SIP ER	6,437,687	2,079,621	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	101,427	101,427	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	SHARED EMPLOYEES	285,978	285,978	4.02
4.03	30.00	ADULTS & PEDIATRICS	SHARED EMPLOYEES	5,730,550	5,730,550	4.03
4.04	35.00	NEONATAL INTENSIVE CARE UNIT	SHARED EMPLOYEES	350,439	350,439	4.04
4.05	50.00	OPERATING ROOM	SHARED EMPLOYEES	2,013,091	2,013,091	4.05
4.06	51.00	RECOVERY ROOM	SHARED EMPLOYEES	7,348	7,348	4.06
4.07	55.00	RADIOLOGY-THERAPEUTIC	SHARED EMPLOYEES	457,293	457,293	4.07
4.08	57.00	CT SCAN	SHARED EMPLOYEES	17,500	17,500	4.08
4.09	60.00	LABORATORY	SHARED EMPLOYEES	13,449,570	13,449,570	4.09
4.10	70.00	ELECTROENCEPHALOGRAPHY	SHARED EMPLOYEES	1,622,759	1,622,759	4.10
4.11	90.01	OP ONCOLOGY INFUSION CENTER	SHARED EMPLOYEES	130,016	130,016	4.11
4.12	90.02	WOUND CARE CENTER	SHARED EMPLOYEES	1,555	1,555	4.12
4.13	90.03	PAIN CLINIC	SHARED EMPLOYEES	1,543	1,543	4.13
4.14	90.05	OP PSYCH CLINIC	SHARED EMPLOYEES	14,051	14,051	4.14
4.16	95.00	AMBULANCE SERVICES	SHARED EMPLOYEES	133,915	133,915	4.16
4.17	190.01	PROMPTCARE	SHARED EMPLOYEES	405,406	405,406	4.17
4.18	190.11	COMMUNITY HEALTH SERVICES	SHARED EMPLOYEES	10,673	10,673	4.18
4.19	192.00	PHYSICIANS' PRIVATE OFFICES	SHARED EMPLOYEES	23,303	23,303	4.19
5.00	0		0	125,783,479	83,469,532	5.00

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

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

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

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

6.00	C		0.00	IU HEALTH SIP	0.00	6.00
7.00	C		0.00	IU HEALTH PAOLI	0.00	7.00
8.00	B	IU HEALTH	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: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet A-8-1 Date/Time Prepared: 7/14/2021 11:13 am
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	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	1,847,071	9	1.00
2.00	4,966,775	9	2.00
3.00	23,654,657	0	3.00
3.01	7,487,378	0	3.01
4.00	4,358,066	0	4.00
4.01	0	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
5.00	42,313,947		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 costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	PHYSICIAN GROUP		6.00
7.00	HOSPITAL		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: 15-0051

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

Worksheet A-8-2

Date/Time Prepared:
7/14/2021 11:13 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	5.00 ADMINISTRATIVE & GENERAL	2,427,243	2,427,243	0	211,500	0
2.00	30.00 ADULTS & PEDIATRICS	6,824,547	6,680,075	144,472	211,500	1,970
3.00	35.00 NEONATAL INTENSIVE CARE UNIT	338,968	148,342	190,626	169,700	4,718
4.00	50.00 OPERATING ROOM	1,635,106	1,635,106	0	246,400	0
5.00	55.00 RADIOLOGY-THERAPEUTIC	420,661	420,661	0	271,900	0
6.00	66.00 PHYSICAL THERAPY	495,493	495,493	0	211,500	0
7.00	69.00 ELECTROCARDIOLOGY	0	0	0	181,300	0
8.00	70.00 ELECTROENCEPHALOGRAPHY	845,489	845,489	0	271,900	0
9.00	90.05 OP PSYCH CLINIC	1,023,112	835,563	187,549	181,300	2,819
10.00	91.00 EMERGENCY	5,860,018	5,860,018	0	211,500	0
200.00		19,870,637	19,347,990	522,647		9,507

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance
1.00	2.00	8.00	9.00	12.00	13.00	14.00
1.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	0	0
2.00	30.00 ADULTS & PEDIATRICS	200,315	10,016	0	0	0
3.00	35.00 NEONATAL INTENSIVE CARE UNIT	384,925	19,246	0	0	0
4.00	50.00 OPERATING ROOM	0	0	0	0	0
5.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
6.00	66.00 PHYSICAL THERAPY	0	0	0	0	0
7.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0
8.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
9.00	90.05 OP PSYCH CLINIC	245,714	12,286	0	0	0
10.00	91.00 EMERGENCY	0	0	0	0	0
200.00		830,954	41,548	0	0	0

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment
1.00	2.00	15.00	16.00	17.00	18.00
1.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	2,427,243
2.00	30.00 ADULTS & PEDIATRICS	0	200,315	0	6,680,075
3.00	35.00 NEONATAL INTENSIVE CARE UNIT	0	384,925	0	148,342
4.00	50.00 OPERATING ROOM	0	0	0	1,635,106
5.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	420,661
6.00	66.00 PHYSICAL THERAPY	0	0	0	495,493
7.00	69.00 ELECTROCARDIOLOGY	0	0	0	0
8.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	845,489
9.00	90.05 OP PSYCH CLINIC	0	245,714	0	835,563
10.00	91.00 EMERGENCY	0	0	0	5,860,018
200.00		0	830,954	0	19,347,990

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part 1
Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description	Net Expenses for Cost Allocation (From Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,235,889	5,235,889			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	12,021,058		12,021,058		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,925,172	33,841	81,704	27,040,717	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	72,663,207	1,009,933	2,438,364	1,536,016	5.00
7.00 00700	OPERATION OF PLANT	12,001,081	837,735	2,022,609	500,714	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	207,148	9,391	22,675	0	8.00
9.00 00900	HOUSEKEEPING	3,474,502	20,328	49,079	473,227	9.00
10.00 01000	DIETARY	2,094,072	47,115	113,753	323,622	10.00
11.00 01100	CAFETERIA	702,696	35,077	84,688	178,080	11.00
13.00 01300	NURSING ADMINISTRATION	8,149,160	97,395	235,148	1,677,878	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	13,031,688	31,678	76,483	0	14.00
15.00 01500	PHARMACY	6,813,319	26,396	63,731	1,206,890	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	60,648	19,675	47,503	0	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	721,294	18,130	43,773	145,652	18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	395,462	6,273	15,145	75,167	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	28,097,215	715,780	1,728,164	5,611,126	30.00
31.00 03100	INTENSIVE CARE UNIT	4,059,001	59,905	144,633	771,821	31.00
32.00 03200	CORONARY CARE UNIT	2,893,187	78,490	189,503	591,841	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,247,463	34,692	83,759	424,783	35.00
41.00 04100	SUBPROVIDER - IRF	713,155	33,934	81,930	143,884	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	661,645	24,070	58,115	137,683	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,070,660	286,320	691,285	1,381,946	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	3,065,415	20,200	48,769	632,010	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,399,138	199,652	482,035	633,369	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,742,552	113,520	274,079	726,844	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,966,094	133,352	321,962	536,417	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	932,071	7,864	18,987	159,293	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	666,723	11,315	27,319	132,141	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,472,601	37,764	91,177	282,412	59.00
60.00 06000	LABORATORY	14,113,799	101,866	245,944	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,790,597	7,695	18,579	579,167	65.00
66.00 06600	PHYSICAL THERAPY	7,088,218	56,098	135,442	1,458,415	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	756,586	14,300	34,526	155,076	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	948,620	25,236	60,930	40,839	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,722,399	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	18,411,392	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	34,710,650	0	0	0	73.00
73.01 07302	OP PHARMACY	1,012,906	0	0	86,193	73.01
74.00 07400	RENAL DIALYSIS	1,624,654	4,594	11,091	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	613,843	21,913	52,907	129,689	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,463,205	123,162	297,359	314,490	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	3,648,629	111,176	268,421	717,517	90.01
90.02 09002	WOUND CARE CENTER	645,845	27,224	65,729	124,593	90.02
90.03 09003	PAIN CLINIC	357,846	17,489	42,224	63,061	90.03
90.05 09005	OP PSYCH CLINIC	2,008,688	70,690	170,671	584,859	90.05
91.00 09100	EMERGENCY	7,334,645	154,356	372,673	1,137,889	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	6,506,295	82,506	199,201	1,283,415	95.00
100.00 10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part 1
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Cost Center Description	Net Expenses for Cost Allocation (From Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	338,242,133	4,768,130	11,512,069	24,958,019	335,182,687	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	330,739	5,497	13,273	40,674	390,183	190.00
190.01 19001 PROMPTCARE	2,102,380	37,519	90,586	334,158	2,564,643	190.01
190.02 19002 RENTAL PROPERTIES	4,960	103,516	0	0	108,476	190.02
190.03 19003 OLCOTT	381,674	16,031	0	72,987	470,692	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	3,121	6,996	0	0	10,117	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	145	0	0	4	149	190.07
190.08 19008 UNUSED SPACE	54,423	0	0	0	54,423	190.08
190.09 19009 CLINICAL TRIALS	0	2,915	0	0	2,915	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11 19011 COMMUNITY HEALTH SERVICES	5,896,197	82,914	0	844,975	6,824,086	190.11
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	997	0	0	468,780	469,777	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL	749,479	54,926	132,613	109,604	1,046,622	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	1,463,049	112,872	272,517	211,516	2,059,954	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	131,369	2,623	0	0	133,992	194.03
194.04 07954 HOME CARE	0	13,991	0	0	13,991	194.04
194.05 07955 HOSPICE	0	27,959	0	0	27,959	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	349,360,666	5,235,889	12,021,058	27,040,717	349,360,666	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/14/2021 11:13 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	77,647,520				5.00	
7.00	00700	OPERATION OF PLANT	4,390,038	19,752,177			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	68,360	55,301	362,875		8.00	
9.00	00900	HOUSEKEEPING	1,147,977	119,700		5,284,814	9.00	
10.00	01000	DIETARY	736,876	277,434	0	12,634	10.00	
11.00	01100	CAFETERIA	285,925	206,548	59	9,338	11.00	
13.00	01300	NURSING ADMINISTRATION	2,903,303	573,507	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	3,754,975	186,535	0	131,832	14.00	
15.00	01500	PHARMACY	2,317,691	155,434	1,126	65,916	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	36,529	115,855	0	21,972	16.00	
18.00	01850	SOCIAL SERVICES	0	0	0	0	18.00	
18.01	01851	CENTRAL STERILIZATION	265,437	106,758	608	0	18.01	
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	140,612	36,936	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,331,294	4,214,852	104,107	2,539,963	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,438,955	352,748	14,544	219,720	31.00	
32.00	03200	CORONARY CARE UNIT	1,072,501	462,184	12,961	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	797,497	204,282	3,032	0	35.00	
41.00	04100	SUBPROVIDER - IRF	278,026	199,820	10,174	28,014	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	251,910	141,738	3,913	93,930	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,980,641	1,685,989	37,014	454,271	50.00	
50.01	05001	CV SURGERY	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	1,076,322	118,944	31,928	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,347,175	1,175,644	19,926	319,143	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,387,983	668,457	29,952	175,776	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,131,028	785,239	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	319,552	46,308	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	239,332	66,629	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	538,378	222,373	7,082	0	59.00	
60.00	06000	LABORATORY	4,132,694	599,837	63	21,972	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	970,486	45,312	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	2,497,108	330,332	0	65,916	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	274,479	84,205	4,683	175,776	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	307,381	148,603	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,921,060	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,261,423	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	9,919,262	0	0	0	73.00	
73.01	07302	OP PHARMACY	314,090	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	468,760	27,050	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01	
76.97	07697	CARDIAC REHABILITATION	233,860	129,037	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	628,184	725,234	0	0	90.00	
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,356,191	654,657	5,600	54,930	90.01	
90.02	09002	WOUND CARE CENTER	246,731	160,309	0	43,944	90.02	
90.03	09003	PAIN CLINIC	137,347	102,982	0	0	90.03	
90.05	09005	OP PSYCH CLINIC	810,132	416,254	0	0	90.05	
91.00	09100	EMERGENCY	2,571,805	908,920	50,895	783,851	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	2,306,569	485,835	25,207	0	95.00	
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	73,595,879	16,997,782	362,875	5,218,898	3,605,506	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	111,503	32,371	0	0	190.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.01	19001	PROMPTCARE	732,898	220,931	0	0	0	0190.01
190.02	19002	RENTAL PROPERTIES	30,999	609,551	0	0	0	0190.02
190.03	19003	OLCOTT	134,510	94,400	0	0	0	0190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	0190.04
190.05	19005	FOUNDATION	2,891	41,193	0	0	0	0190.05
190.06	19006	MARKETING	0	0	0	0	0	0190.06
190.07	19007	HME STORE	43	0	0	65,916	0	0190.07
190.08	19008	UNUSED SPACE	15,552	0	0	0	0	0190.08
190.09	19009	CLINICAL TRIALS	833	17,164	0	0	0	0190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	0190.10
190.11	19011	COMMUNITY HEALTH SERVICES	1,950,119	488,238	0	0	0	0190.11
191.00	19100	RESEARCH	0	0	0	0	0	0191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	134,248	0	0	0	0	0192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	299,093	323,433	0	0	0	0194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	588,673	664,647	0	0	0	0194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	0194.02
194.03	07953	IU HEALTH SIP	38,291	15,447	0	0	0	0194.03
194.04	07954	HOME CARE	3,998	82,386	0	0	0	0194.04
194.05	07955	HOSPICE	7,990	164,634	0	0	0	0194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	77,647,520	19,752,177	362,875	5,284,814	3,605,506	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/14/2021 11:13 am			
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,502,411					11.00
13.00	01300	90,725	13,727,116				13.00
14.00	01400	0	0	17,213,191			14.00
15.00	01500	54,830	0	159,926	10,865,259		15.00
16.00	01600	0	0	13	0	302,195	16.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	13,567	243	161,343	0	0	18.01
23.00	02301	3,988	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	364,129	6,082,445	927,423	70,360	29,367	30.00
31.00	03100	47,319	805,413	263,464	28,146	4,490	31.00
32.00	03200	36,913	647,335	130,988	9,551	3,701	32.00
35.00	02060	24,728	445,282	72,950	2,306	2,695	35.00
41.00	04100	8,080	139,279	20,028	3,023	511	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	8,508	168,275	24,811	209	645	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	75,802	934,123	2,205,308	23,381	36,696	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	38,423	695,476	153,223	21,866	5,509	51.00
52.00	05200	36,889	580,974	148,599	7,358	5,886	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	41,695	148,089	93,830	16,946	8,598	54.00
55.00	05500	29,041	64,931	200,179	782	15,928	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	8,798	0	59,734	1,832	4,599	57.00
58.00	05800	6,058	0	8,336	723	1,395	58.00
59.00	05900	15,403	204,435	279,839	5,077	11,489	59.00
60.00	06000	58,012	0	0	0	17,789	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	31,063	0	253,758	2,879	2,845	65.00
66.00	06600	77,944	0	10,205	0	4,363	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	10,505	17,552	14,332	629	4,038	69.00
70.00	07000	2,833	0	35,996	0	1,639	70.00
71.00	07100	0	0	3,001,518	0	14,419	71.00
72.00	07200	0	0	8,220,599	0	25,119	72.00
73.00	07300	0	0	0	10,580,691	50,219	73.00
73.01	07302	3,969	0	1,704	0	107	73.01
74.00	07400	0	0	6,946	2,539	903	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03550	0	0	0	0	0	75.01
76.97	07697	7,808	60,799	2,441	8	461	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	17,310	122,377	8,762	979	369	90.00
90.01	09001	43,884	760,373	105,960	26,090	6,945	90.01
90.02	09002	7,920	121,112	32,174	0	984	90.02
90.03	09003	5,004	51,330	10,589	52	316	90.03
90.05	09005	28,030	90,063	727	0	429	90.05
91.00	09100	78,098	1,368,827	457,101	54,776	31,044	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	103,105	0	104,303	5,024	8,697	95.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,380,381	13,508,733	17,177,109	10,865,227	302,195	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part 1
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,331	0	0	0	0190.00
190.01	19001	PROMPTCARE	18,448	61,474	17,049	32	0190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0190.02
190.03	19003	OLCOTT	4,653	0	46	0	0190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0190.04
190.05	19005	FOUNDATION	0	0	0	0	0190.05
190.06	19006	MARKETING	0	0	0	0	0190.06
190.07	19007	HME STORE	0	0	0	0	0190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0190.10
190.11	19011	COMMUNITY HEALTH SERVICES	61,464	155,523	18,698	0	0190.11
191.00	19100	RESEARCH	0	0	0	0	0191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,552	1,386	289	0	0192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	4,042	0	0	0	0194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	8,540	0	0	0	0194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0194.03
194.04	07954	HOME CARE	0	0	0	0	0194.04
194.05	07955	HOSPICE	0	0	0	0	0194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	1,502,411	13,727,116	17,213,191	10,865,259	302,195202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		OTHER GENERAL SERVICE		PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SOCIAL SERVICES	CENTRAL STERILIZATION				
		18.00	18.01	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
18.00	01850	SOCIAL SERVICES	0				18.00
18.01	01851	CENTRAL STERILIZATION	0	1,476,805			18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	0	0	673,583		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	63,815,867	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	8,485,619	0 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	6,364,308	0 32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	4,343,469	0 35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,755,109	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	958	0	1,576,410	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,354,394	0	20,217,830	0 50.00
50.01	05001	CV SURGERY	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0	0	0	5,908,085	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	91,107	0	8,446,895	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,107	0	7,432,428	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,184,953	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	1,559,038	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,159,971	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,086	0	3,184,116	0 59.00
60.00	06000	LABORATORY	0	0	0	19,291,976	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,702,381	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,724,041	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	1,546,687	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,080	0	1,575,157	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,659,396	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,918,533	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	673,583	55,934,405	0 73.00
73.01	07302	OP PHARMACY	0	0	0	1,418,969	0 73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,146,537	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,252,766	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	3,701,431	0 90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	7,760,373	0 90.01
90.02	09002	WOUND CARE CENTER	0	3,765	0	1,480,330	0 90.02
90.03	09003	PAIN CLINIC	0	342	0	788,582	0 90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	4,180,543	0 90.05
91.00	09100	EMERGENCY	0	1,027	0	15,305,907	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	11,110,157	0 95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part 1
Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description		OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY				
							18.00	18.01
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	0116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,474,866	673,583	327,932,269		0118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	539,388		0190.00
190.01	19001	PROMPTCARE	0	0	0	3,615,475		0190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	749,026		0190.02
190.03	19003	OLCOTT	0	0	0	704,301		0190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0		0190.04
190.05	19005	FOUNDATION	0	0	0	54,201		0190.05
190.06	19006	MARKETING	0	0	0	0		0190.06
190.07	19007	HME STORE	0	1,597	0	67,705		0190.07
190.08	19008	UNUSED SPACE	0	0	0	69,975		0190.08
190.09	19009	CLINICAL TRIALS	0	0	0	20,912		0190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0		0190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	342	0	9,498,470		0190.11
191.00	19100	RESEARCH	0	0	0	0		0191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	625,252		0192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		0193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	1,673,190		0194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	3,321,814		0194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0		0194.02
194.03	07953	IU HEALTH SIP	0	0	0	187,730		0194.03
194.04	07954	HOME CARE	0	0	0	100,375		0194.04
194.05	07955	HOSPICE	0	0	0	200,583		0194.05
200.00		Cross Foot Adjustments				0		0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,476,805	673,583	349,360,666		0202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01850 SOCIAL SERVICES		18.00
18.01	01851 CENTRAL STERILIZATION		18.01
23.00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	63,815,867	30.00
31.00	03100 INTENSIVE CARE UNIT	8,485,619	31.00
32.00	03200 CORONARY CARE UNIT	6,364,308	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,343,469	35.00
41.00	04100 SUBPROVIDER - IRF	1,755,109	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,576,410	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	20,217,830	50.00
50.01	05001 CV SURGERY	0	50.01
51.00	05100 RECOVERY ROOM	5,908,085	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,446,895	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,432,428	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,184,953	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	1,559,038	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,159,971	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,184,116	59.00
60.00	06000 LABORATORY	19,291,976	60.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,702,381	65.00
66.00	06600 PHYSICAL THERAPY	11,724,041	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,546,687	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,575,157	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,659,396	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	31,918,533	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	55,934,405	73.00
73.01	07302 OP PHARMACY	1,418,969	73.01
74.00	07400 RENAL DIALYSIS	2,146,537	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	75.01
76.97	07697 CARDIAC REHABILITATION	1,252,766	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	3,701,431	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	7,760,373	90.01
90.02	09002 WOUND CARE CENTER	1,480,330	90.02
90.03	09003 PAIN CLINIC	788,582	90.03
90.05	09005 OP PSYCH CLINIC	4,180,543	90.05
91.00	09100 EMERGENCY	15,305,907	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	11,110,157	95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	327,932,269	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	539,388	190.00
190.01	19001 PROMPTCARE	3,615,475	190.01

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part 1 Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Total	
		26.00	
190.02	19002 RENTAL PROPERTIES	749,026	190.02
190.03	19003 OLCOTT	704,301	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	190.04
190.05	19005 FOUNDATION	54,201	190.05
190.06	19006 MARKETING	0	190.06
190.07	19007 HME STORE	67,705	190.07
190.08	19008 UNUSED SPACE	69,975	190.08
190.09	19009 CLINICAL TRIALS	20,912	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	9,498,470	190.11
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	625,252	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	1,673,190	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	3,321,814	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953 IU HEALTH SIP	187,730	194.03
194.04	07954 HOME CARE	100,375	194.04
194.05	07955 HOSPICE	200,583	194.05
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	349,360,666	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	33,841	81,704	115,545	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,009,933	2,438,364	3,448,297	5.00
7.00 00700	OPERATION OF PLANT	0	837,735	2,022,609	2,860,344	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	9,391	22,675	32,066	8.00
9.00 00900	HOUSEKEEPING	0	20,328	49,079	69,407	9.00
10.00 01000	DIETARY	0	47,115	113,753	160,868	10.00
11.00 01100	CAFETERIA	0	35,077	84,688	119,765	11.00
13.00 01300	NURSING ADMINISTRATION	0	97,395	235,148	332,543	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	31,678	76,483	108,161	14.00
15.00 01500	PHARMACY	0	26,396	63,731	90,127	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	19,675	47,503	67,178	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	0	18,130	43,773	61,903	18.01
23.00 02301	PARAMED PRGM-PHARMACY RESIDENCY	0	6,273	15,145	21,418	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	715,780	1,728,164	2,443,944	30.00
31.00 03100	INTENSIVE CARE UNIT	0	59,905	144,633	204,538	31.00
32.00 03200	CORONARY CARE UNIT	0	78,490	189,503	267,993	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	34,692	83,759	118,451	35.00
41.00 04100	SUBPROVIDER - IRF	0	33,934	81,930	115,864	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	24,070	58,115	82,185	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	286,320	691,285	977,605	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	20,200	48,769	68,969	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	199,652	482,035	681,687	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	113,520	274,079	387,599	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	133,352	321,962	455,314	55.00
56.00 05600	RADIO SOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	7,864	18,987	26,851	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,315	27,319	38,634	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	37,764	91,177	128,941	59.00
60.00 06000	LABORATORY	0	101,866	245,944	347,810	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	7,695	18,579	26,274	65.00
66.00 06600	PHYSICAL THERAPY	0	56,098	135,442	191,540	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	14,300	34,526	48,826	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	25,236	60,930	86,166	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 07302	OP PHARMACY	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	0	4,594	11,091	15,685	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	0	21,913	52,907	74,820	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	123,162	297,359	420,521	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	111,176	268,421	379,597	90.01
90.02 09002	WOUND CARE CENTER	0	27,224	65,729	92,953	90.02
90.03 09003	PAIN CLINIC	0	17,489	42,224	59,713	90.03
90.05 09005	OP PSYCH CLINIC	0	70,690	170,671	241,361	90.05
91.00 09100	EMERGENCY	0	154,356	372,673	527,029	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	82,506	199,201	281,707	95.00
100.00 10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part 11
Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	4,768,130	11,512,069	16,280,199	106,643	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,497	13,273	18,770	174	190.00
190.01 19001 PROMPTCARE	0	37,519	90,586	128,105	1,428	190.01
190.02 19002 RENTAL PROPERTIES	0	103,516	0	103,516	0	190.02
190.03 19003 OLCOTT	0	16,031	0	16,031	312	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	6,996	0	6,996	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09 19009 CLINICAL TRIALS	0	2,915	0	2,915	0	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11 19011 COMMUNITY HEALTH SERVICES	0	82,914	0	82,914	3,612	190.11
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,004	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	54,926	132,613	187,539	468	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	112,872	272,517	385,389	904	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	2,623	0	2,623	0	194.03
194.04 07954 HOME CARE	0	13,991	0	13,991	0	194.04
194.05 07955 HOSPICE	0	27,959	0	27,959	0	194.05
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	5,235,889	12,021,058	17,256,947	115,545	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/14/2021 11:13 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,454,862				5.00
7.00	00700	OPERATION OF PLANT	195,330	3,057,814			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,042	8,561	43,669		8.00
9.00	00900	HOUSEKEEPING	51,078	18,531	0	141,039	9.00
10.00	01000	DIETARY	32,786	42,949	0	337	238,323
11.00	01100	CAFETERIA	12,722	31,975	7	249	0
13.00	01300	NURSING ADMINISTRATION	129,179	88,784	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	167,073	28,877	0	3,518	0
15.00	01500	PHARMACY	103,123	24,063	136	1,759	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,625	17,935	0	586	0
18.00	01850	SOCIAL SERVICES	0	0	0	0	0
18.01	01851	CENTRAL STERILIZATION	11,810	16,527	73	0	0
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	6,256	5,718	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	459,707	652,497	12,529	67,787	198,275
31.00	03100	INTENSIVE CARE UNIT	64,025	54,609	1,750	5,864	18,208
32.00	03200	CORONARY CARE UNIT	47,720	71,550	1,560	0	15,544
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35,484	31,625	365	0	0
41.00	04100	SUBPROVIDER - IRF	12,370	30,934	1,224	748	6,296
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	11,208	21,942	471	2,507	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	132,620	261,006	4,454	12,123	0
50.01	05001	CV SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	47,890	18,414	3,842	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,941	182,000	2,398	8,517	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,757	103,483	3,604	4,691	0
55.00	05500	RADIOLOGY-THERAPEUTIC	50,324	121,562	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	14,218	7,169	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,649	10,315	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	23,954	34,425	852	0	0
60.00	06000	LABORATORY	183,879	92,860	8	586	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	43,181	7,015	0	0	0
66.00	06600	PHYSICAL THERAPY	111,106	51,138	0	1,759	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	12,213	13,036	564	4,691	0
70.00	07000	ELECTROENCEPHALOGRAPHY	13,677	23,005	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85,475	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	234,101	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	441,346	0	0	0	0
73.01	07302	OP PHARMACY	13,975	0	0	0	0
74.00	07400	RENAL DIALYSIS	20,857	4,188	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	10,405	19,976	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	27,950	112,273	0	0	0
90.01	09001	OP ONCOLOGY INFUSION CENTER	60,342	101,347	674	1,466	0
90.02	09002	WOUND CARE CENTER	10,978	24,817	0	1,173	0
90.03	09003	PAIN CLINIC	6,111	15,943	0	0	0
90.05	09005	OP PSYCH CLINIC	36,046	64,440	0	0	0
91.00	09100	EMERGENCY	114,429	140,709	6,125	20,919	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	102,628	75,212	3,033	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,274,590	2,631,410	43,669	139,280	238,323
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,961	5,011	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part 11
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.01	19001	PROMPTCARE	32,609	34,202	0	0	0	0190.01
190.02	19002	RENTAL PROPERTIES	1,379	94,364	0	0	0	0190.02
190.03	19003	OLCOTT	5,985	14,614	0	0	0	0190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	0190.04
190.05	19005	FOUNDATION	129	6,377	0	0	0	0190.05
190.06	19006	MARKETING	0	0	0	0	0	0190.06
190.07	19007	HME STORE	2	0	0	1,759	0	0190.07
190.08	19008	UNUSED SPACE	692	0	0	0	0	0190.08
190.09	19009	CLINICAL TRIALS	37	2,657	0	0	0	0190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	0190.10
190.11	19011	COMMUNITY HEALTH SERVICES	86,768	75,584	0	0	0	0190.11
191.00	19100	RESEARCH	0	0	0	0	0	0191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,973	0	0	0	0	0192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	13,308	50,070	0	0	0	0194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	26,192	102,893	0	0	0	0194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	0194.02
194.03	07953	IU HEALTH SIP	1,704	2,391	0	0	0	0194.03
194.04	07954	HOME CARE	178	12,754	0	0	0	0194.04
194.05	07955	HOSPICE	355	25,487	0	0	0	0194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	3,454,862	3,057,814	43,669	141,039	238,323	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/14/2021 11:13 am				
Cost Center Description		CAFETERIA 11.00	NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA	165,479				11.00	
13.00	01300	NURSING ADMINISTRATION	9,993	567,671			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	307,629		14.00	
15.00	01500	PHARMACY	6,039	0	2,858	233,263	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	87,324	16.00	
18.00	01850	SOCIAL SERVICES	0	0	0	0	18.00	
18.01	01851	CENTRAL STERILIZATION	1,494	10	2,884	0	18.01	
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	439	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,108	251,534	16,575	1,510	8,537	30.00
31.00	03100	INTENSIVE CARE UNIT	5,212	33,307	4,709	604	1,305	31.00
32.00	03200	CORONARY CARE UNIT	4,066	26,770	2,341	205	1,076	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,724	18,414	1,304	50	783	35.00
41.00	04100	SUBPROVIDER - IRF	890	5,760	358	65	148	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	937	6,959	443	4	187	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,349	38,630	39,414	502	10,668	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	4,232	28,761	2,738	469	1,602	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,063	24,026	2,656	158	1,711	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,592	6,124	1,677	364	2,499	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,199	2,685	3,578	17	4,630	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	969	0	1,068	39	1,337	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	667	0	149	16	406	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,697	8,454	5,001	109	3,340	59.00
60.00	06000	LABORATORY	6,389	0	0	0	5,171	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,421	0	4,535	62	827	65.00
66.00	06600	PHYSICAL THERAPY	8,585	0	182	0	1,268	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	1,157	726	256	13	1,174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	312	0	643	0	476	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	53,645	0	4,192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	146,910	0	7,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	227,154	14,076	73.00
73.01	07302	OP PHARMACY	437	0	30	0	31	73.01
74.00	07400	RENAL DIALYSIS	0	0	124	55	263	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	860	2,514	44	0	134	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,907	5,061	157	21	107	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	4,833	31,444	1,894	560	2,019	90.01
90.02	09002	WOUND CARE CENTER	872	5,008	575	0	286	90.02
90.03	09003	PAIN CLINIC	551	2,123	189	1	92	90.03
90.05	09005	OP PSYCH CLINIC	3,087	3,724	13	0	125	90.05
91.00	09100	EMERGENCY	8,602	56,607	8,170	1,176	9,024	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	11,356	0	1,864	108	2,528	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	152,039	558,641	306,984	233,262	87,324	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part 11
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	587	0	0	0	0190.00
190.01	19001	PROMPTCARE	2,032	2,542	305	1	0190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0190.02
190.03	19003	OLCOTT	512	0	1	0	0190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0190.04
190.05	19005	FOUNDATION	0	0	0	0	0190.05
190.06	19006	MARKETING	0	0	0	0	0190.06
190.07	19007	HME STORE	0	0	0	0	0190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0190.10
190.11	19011	COMMUNITY HEALTH SERVICES	6,770	6,431	334	0	0190.11
191.00	19100	RESEARCH	0	0	0	0	0191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,153	57	5	0	0192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	445	0	0	0	0194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	941	0	0	0	0194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0194.03
194.04	07954	HOME CARE	0	0	0	0	0194.04
194.05	07955	HOSPICE	0	0	0	0	0194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	165,479	567,671	307,629	233,263	87,324202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		OTHER GENERAL SERVICE		PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SOCIAL SERVICES	CENTRAL STERILIZATION				
		18.00	18.01	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
18.00	01850	SOCIAL SERVICES	0				18.00
18.01	01851	CENTRAL STERILIZATION	0	95,324			18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	0	0	34,152		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	4,176,951	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	397,430	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	441,355	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	211,016	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	175,272	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	62	127,493	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	87,423	1,578,701	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	179,618	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,881	975,745	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	265	579,762	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	643,602	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	52,332	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	61,401	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,038	209,018	0	59.00
60.00	06000	LABORATORY	0	0	636,703	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	87,790	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	371,812	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	83,319	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	199	124,653	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	143,312	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	388,313	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	682,576	0	73.00
73.01	07302	OP PHARMACY	0	0	14,841	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	41,172	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	109,307	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	569,341	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	587,243	0	90.01
90.02	09002	WOUND CARE CENTER	0	243	137,438	0	90.02
90.03	09003	PAIN CLINIC	0	22	85,015	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	351,296	0	90.05
91.00	09100	EMERGENCY	0	66	897,720	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	483,922	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part 11
Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00 11600 HOSPICE	0	0	0	0	0
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	95,199	0	15,605,469	0
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	29,503	0
190.01 19001 PROMPTCARE	0	0	0	201,224	0
190.02 19002 RENTAL PROPERTIES	0	0	0	199,259	0
190.03 19003 OLCOTT	0	0	0	37,455	0
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0
190.05 19005 FOUNDATION	0	0	0	13,502	0
190.06 19006 MARKETING	0	0	0	0	0
190.07 19007 HME STORE	0	103	0	1,864	0
190.08 19008 UNUSED SPACE	0	0	0	692	0
190.09 19009 CLINICAL TRIALS	0	0	0	5,609	0
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0
190.11 19011 COMMUNITY HEALTH SERVICES	0	22	0	262,435	0
191.00 19100 RESEARCH	0	0	0	0	0
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	10,192	0
193.00 19300 NONPAID WORKERS	0	0	0	0	0
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	251,830	0
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	516,319	0
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0
194.03 07953 IU HEALTH SIP	0	0	0	6,718	0
194.04 07954 HOME CARE	0	0	0	26,923	0
194.05 07955 HOSPICE	0	0	0	53,801	0
200.00 Cross Foot Adjustments	0	0	34,152	34,152	0
201.00 Negative Cost Centers	0	0	0	0	0
202.00 TOTAL (sum lines 118 through 201)	0	95,324	34,152	17,256,947	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01850 SOCIAL SERVICES		18.00
18.01	01851 CENTRAL STERILIZATION		18.01
23.00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	4,176,951	30.00
31.00	03100 INTENSIVE CARE UNIT	397,430	31.00
32.00	03200 CORONARY CARE UNIT	441,355	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	211,016	35.00
41.00	04100 SUBPROVIDER - IRF	175,272	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	127,493	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,578,701	50.00
50.01	05001 CV SURGERY	0	50.01
51.00	05100 RECOVERY ROOM	179,618	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	975,745	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	579,762	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	643,602	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	52,332	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	61,401	58.00
59.00	05900 CARDIAC CATHETERIZATION	209,018	59.00
60.00	06000 LABORATORY	636,703	60.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	87,790	65.00
66.00	06600 PHYSICAL THERAPY	371,812	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	83,319	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	124,653	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	143,312	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	388,313	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	682,576	73.00
73.01	07302 OP PHARMACY	14,841	73.01
74.00	07400 RENAL DIALYSIS	41,172	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	75.01
76.97	07697 CARDIAC REHABILITATION	109,307	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	569,341	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	587,243	90.01
90.02	09002 WOUND CARE CENTER	137,438	90.02
90.03	09003 PAIN CLINIC	85,015	90.03
90.05	09005 OP PSYCH CLINIC	351,296	90.05
91.00	09100 EMERGENCY	897,720	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	483,922	95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	15,605,469	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,503	190.00
190.01	19001 PROMPTCARE	201,224	190.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Total	
		26.00	
190.02	19002 RENTAL PROPERTIES	199,259	190.02
190.03	19003 OLCOTT	37,455	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	190.04
190.05	19005 FOUNDATION	13,502	190.05
190.06	19006 MARKETING	0	190.06
190.07	19007 HME STORE	1,864	190.07
190.08	19008 UNUSED SPACE	692	190.08
190.09	19009 CLINICAL TRIALS	5,609	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	262,435	190.11
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	10,192	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	251,830	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	516,319	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953 IU HEALTH SIP	6,718	194.03
194.04	07954 HOME CARE	26,923	194.04
194.05	07955 HOSPICE	53,801	194.05
200.00	Cross Foot Adjustments	34,152	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	17,256,947	202.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B-1 Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	898,158				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		854,082			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,805	5,805	117,576,063		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	173,243	173,243	6,678,766	-77,647,520	5.00
7.00	00700	OPERATION OF PLANT	143,704	143,704	2,177,160	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,611	1,611	0	0	8.00
9.00	00900	HOUSEKEEPING	3,487	3,487	2,057,641	0	9.00
10.00	01000	DIETARY	8,082	8,082	1,407,144	0	10.00
11.00	01100	CAFETERIA	6,017	6,017	774,310	0	11.00
13.00	01300	NURSING ADMINISTRATION	16,707	16,707	7,295,598	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,434	5,434	0	0	14.00
15.00	01500	PHARMACY	4,528	4,528	5,247,692	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,375	3,375	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	3,110	3,110	633,310	0	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	1,076	1,076	326,836	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	122,784	122,784	24,397,857	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,276	10,276	3,355,962	0	31.00
32.00	03200	CORONARY CARE UNIT	13,464	13,464	2,573,389	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,951	5,951	1,847,001	0	35.00
41.00	04100	SUBPROVIDER - IRF	5,821	5,821	625,623	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	4,129	4,129	598,659	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	49,115	49,115	6,008,853	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,465	3,465	2,748,048	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,248	34,248	2,753,957	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,473	19,473	3,160,399	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,875	22,875	2,332,402	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	1,349	1,349	692,624	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,941	1,941	574,564	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,478	6,478	1,227,957	0	59.00
60.00	06000	LABORATORY	17,474	17,474	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,320	1,320	2,518,283	0	65.00
66.00	06600	PHYSICAL THERAPY	9,623	9,623	6,341,349	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,453	2,453	674,287	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,329	4,329	177,571	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07302	OP PHARMACY	0	0	374,777	0	73.01
74.00	07400	RENAL DIALYSIS	788	788	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	3,759	3,759	563,901	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	21,127	21,127	1,367,435	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	19,071	19,071	3,119,841	0	90.01
90.02	09002	WOUND CARE CENTER	4,670	4,670	541,745	0	90.02
90.03	09003	PAIN CLINIC	3,000	3,000	274,197	0	90.03
90.05	09005	OP PSYCH CLINIC	12,126	12,126	2,543,029	0	90.05
91.00	09100	EMERGENCY	26,478	26,478	4,947,666	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	14,153	14,153	5,580,430	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	817,919	817,919	108,520,263	-77,647,520	257,535,167	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	943	176,856	0	390,183	190.00
190.01	19001	PROMPTCARE	6,436	6,436	1,452,956	0	2,564,643	190.01
190.02	19002	RENTAL PROPERTIES	17,757	0	0	0	108,476	190.02
190.03	19003	OLCOTT	2,750	0	317,356	0	470,692	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	1,200	0	0	0	10,117	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	18	0	149	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	54,423	190.08
190.09	19009	CLINICAL TRIALS	500	0	0	0	2,915	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	14,223	0	3,674,045	0	6,824,086	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,038,305	0	469,777	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	9,422	9,422	476,571	0	1,046,622	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	19,362	19,362	919,693	0	2,059,954	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	450	0	0	0	133,992	194.03
194.04	07954	HOME CARE	2,400	0	0	0	13,991	194.04
194.05	07955	HOSPICE	4,796	0	0	0	27,959	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,235,889	12,021,058	27,040,717		77,647,520	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.829586	14.074829	0.229985		0.285770	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			115,545		3,454,862	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000983		0.012715	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: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B-1 Date/Time Prepared: 7/14/2021 11:13 am				
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	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	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	575,406				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,611	1,212,391			8.00	
9.00	00900	HOUSEKEEPING	3,487	2	9,621		9.00	
10.00	01000	DIETARY	8,082	0	23	53,940	10.00	
11.00	01100	CAFETERIA	6,017	198	17	0	3,430,092	11.00
13.00	01300	NURSING ADMINISTRATION	16,707	0	0	0	207,131	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,434	0	240	0	0	14.00
15.00	01500	PHARMACY	4,528	3,763	120	0	125,181	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,375	0	40	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	3,110	2,031	0	0	30,974	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	1,076	0	0	0	9,105	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	122,784	347,831	4,624	44,876	831,328	30.00
31.00	03100	INTENSIVE CARE UNIT	10,276	48,591	400	4,121	108,032	31.00
32.00	03200	CORONARY CARE UNIT	13,464	43,304	0	3,518	84,275	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,951	10,130	0	0	56,455	35.00
41.00	04100	SUBPROVIDER - IRF	5,821	33,991	51	1,425	18,447	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,129	13,074	171	0	19,424	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,115	123,667	827	0	173,061	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,465	106,674	0	0	87,721	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,248	66,573	581	0	84,220	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,473	100,072	320	0	95,191	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,875	0	0	0	66,303	55.00
56.00	05600	RADIO SOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,349	0	0	0	20,087	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,941	0	0	0	13,831	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,478	23,661	0	0	35,166	59.00
60.00	06000	LABORATORY	17,474	210	40	0	132,444	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,320	0	0	0	70,918	65.00
66.00	06600	PHYSICAL THERAPY	9,623	0	120	0	177,951	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	2,453	15,645	320	0	23,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,329	0	0	0	6,468	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	07302	OP PHARMACY	0	0	0	0	9,062	73.01
74.00	07400	RENAL DIALYSIS	788	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	3,759	0	0	0	17,827	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21,127	0	0	0	39,520	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	19,071	18,711	100	0	100,190	90.01
90.02	09002	WOUND CARE CENTER	4,670	0	80	0	18,082	90.02
90.03	09003	PAIN CLINIC	3,000	0	0	0	11,425	90.03
90.05	09005	OP PSYCH CLINIC	12,126	0	0	0	63,993	90.05
91.00	09100	EMERGENCY	26,478	170,044	1,427	0	178,302	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	14,153	84,219	0	0	235,395	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	495,167	1,212,391	9,501	53,940	3,151,493	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	0	0	0	12,170	190.00
190.01	19001	PROMPTCARE	6,436	0	0	0	42,117	190.01
190.02	19002	RENTAL PROPERTIES	17,757	0	0	0	0	190.02
190.03	19003	OLCOTT	2,750	0	0	0	10,623	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	1,200	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	120	0	1	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	500	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	14,223	0	0	0	140,326	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	44,638	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	9,422	0	0	0	9,227	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	19,362	0	0	0	19,497	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	450	0	0	0	0	194.03
194.04	07954	HOME CARE	2,400	0	0	0	0	194.04
194.05	07955	HOSPICE	4,796	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,752,177	362,875	5,284,814	3,605,506	1,502,411	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.327374	0.299305	549.299865	66.842900	0.438009	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,057,814	43,669	141,039	238,323	165,479	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.314185	0.036019	14.659495	4.418298	0.048243	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: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet B-1 Date/Time Prepared: 7/14/2021 11:13 am		
Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)
		13.00	14.00	15.00	16.00	18.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300	1,584,524				13.00
14.00	01400		38,551,798			14.00
15.00	01500		358,181	35,644,203		15.00
16.00	01600				1,755,803,954	16.00
18.00	01850					18.00
18.01	01851	28	361,355			18.01
23.00	02301					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	702,098	2,077,118	230,822	170,736,169	30.00
31.00	03100	92,969	590,071	92,336	26,106,066	31.00
32.00	03200	74,722	293,370	31,332	21,519,432	32.00
35.00	02060	51,399	163,384	7,566	15,667,571	35.00
41.00	04100	16,077	44,857	9,918	2,969,871	41.00
42.00	04200					42.00
43.00	04300	19,424	55,569	686	3,748,260	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	107,826	4,939,154	76,702	213,350,208	50.00
50.01	05001					50.01
51.00	05100	80,279	343,168	71,733	32,031,479	51.00
52.00	05200	67,062	332,813	24,139	34,221,970	52.00
53.00	05300					53.00
54.00	05400	17,094	210,147	55,593	49,987,065	54.00
55.00	05500	7,495	448,334	2,567	92,604,185	55.00
56.00	05600					56.00
57.00	05700		133,785	6,010	26,736,027	57.00
58.00	05800		18,670	2,372	8,110,543	58.00
59.00	05900	23,598	626,746	16,657	66,798,886	59.00
60.00	06000				103,422,390	60.00
64.00	06400					64.00
65.00	06500		568,334	9,445	16,542,475	65.00
66.00	06600		22,856		25,363,919	66.00
67.00	06700					67.00
68.00	06800					68.00
69.00	06900	2,026	32,098	2,062	23,477,129	69.00
70.00	07000		80,620	1	9,528,152	70.00
71.00	07100		6,722,399		83,833,796	71.00
72.00	07200		18,411,391		146,042,213	72.00
73.00	07300			34,710,649	290,823,603	73.00
73.01	07302		3,816		623,675	73.01
74.00	07400		15,557	8,330	5,251,236	74.00
75.00	07500					75.00
75.01	03550					75.01
76.97	07697	7,018	5,468	25	2,682,180	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	14,126	19,624	3,211	2,147,728	90.00
90.01	09001	87,770	237,314	85,590	40,375,105	90.01
90.02	09002	13,980	72,058		5,722,698	90.02
90.03	09003	5,925	23,715	170	1,836,064	90.03
90.05	09005	10,396	1,628		2,492,519	90.05
91.00	09100	158,004	1,023,754	179,698	180,489,157	91.00
92.00	09200					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400					94.00
95.00	09500		233,604	16,483	50,562,183	95.00
100.00	10000					100.00
101.00	10100					101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
114.00	11400					114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
		13.00	14.00	15.00	16.00	18.00	
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,559,316	38,470,987	35,644,097	1,755,803,954		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	7,096	38,185	106	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	0	102	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	0	0	0	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	0	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19011	17,952	41,877	0	0	0	190.11
191.00	19100	0	0	0	0	0	191.00
192.00	19200	160	647	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
200.00							200.00
201.00							201.00
202.00		13,727,116	17,213,191	10,865,259	302,195		202.00
203.00		8.663243	0.446495	0.304825	0.000172	0.000000	203.00
204.00		567,671	307,629	233,263	87,324		204.00
205.00		0.358260	0.007980	0.006544	0.000050	0.000000	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1
Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description		OTHER GENERAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY (TIME SPENT)		
		CENTRAL STERILIZATION (TIME SPENT)			
		18.01			23.00
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
18.00	01850	SOCIAL SERVICES			18.00
18.01	01851	CENTRAL STERILIZATION	64,725		18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	42	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	59,360	0	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,993	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	180	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	705	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
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	135	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	90.01
90.02	09002	WOUND CARE CENTER	165	0	90.02
90.03	09003	PAIN CLINIC	15	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	90.05
91.00	09100	EMERGENCY	45	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description		OTHER GENERAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY (TIME SPENT)		
		CENTRAL STERILIZATION (TIME SPENT)			
		18.01			
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,640	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	PROMPTCARE	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	190.02
190.03	19003	OLCOTT	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005	FOUNDATION	0	0	190.05
190.06	19006	MARKETING	0	0	190.06
190.07	19007	HME STORE	70	0	190.07
190.08	19008	UNUSED SPACE	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	15	0	190.11
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	194.03
194.04	07954	HOME CARE	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,476,805	673,583	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.816609	6,735.830000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	95,324	34,152	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.472754	341.520000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
7/14/2021 11:13 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,815,867		63,815,867	0	63,815,867	30.00
31.00	03100	INTENSIVE CARE UNIT	8,485,619		8,485,619	0	8,485,619	31.00
32.00	03200	CORONARY CARE UNIT	6,364,308		6,364,308	0	6,364,308	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,343,469		4,343,469	0	4,343,469	35.00
41.00	04100	SUBPROVIDER - IRF	1,755,109		1,755,109	0	1,755,109	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,576,410		1,576,410	0	1,576,410	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,217,830		20,217,830	0	20,217,830	50.00
50.01	05001	CV SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	5,908,085		5,908,085	0	5,908,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,446,895		8,446,895	0	8,446,895	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,432,428		7,432,428	0	7,432,428	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,184,953		6,184,953	0	6,184,953	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,559,038		1,559,038	0	1,559,038	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,159,971		1,159,971	0	1,159,971	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,184,116		3,184,116	0	3,184,116	59.00
60.00	06000	LABORATORY	19,291,976		19,291,976	0	19,291,976	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,702,381	0	4,702,381	0	4,702,381	65.00
66.00	06600	PHYSICAL THERAPY	11,724,041	0	11,724,041	0	11,724,041	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	1,546,687		1,546,687	0	1,546,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,575,157		1,575,157	0	1,575,157	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,659,396		11,659,396	0	11,659,396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,918,533		31,918,533	0	31,918,533	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,934,405		55,934,405	0	55,934,405	73.00
73.01	07302	OP PHARMACY	1,418,969		1,418,969	0	1,418,969	73.01
74.00	07400	RENAL DIALYSIS	2,146,537		2,146,537	0	2,146,537	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,252,766		1,252,766	0	1,252,766	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,701,431		3,701,431	0	3,701,431	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	7,760,373		7,760,373	0	7,760,373	90.01
90.02	09002	WOUND CARE CENTER	1,480,330		1,480,330	0	1,480,330	90.02
90.03	09003	PAIN CLINIC	788,582		788,582	0	788,582	90.03
90.05	09005	OP PSYCH CLINIC	4,180,543		4,180,543	0	4,180,543	90.05
91.00	09100	EMERGENCY	15,305,907		15,305,907	0	15,305,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,196,302		5,196,302	0	5,196,302	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	11,110,157		11,110,157	0	11,110,157	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	333,128,571	0	333,128,571	0	333,128,571	200.00
201.00		Less Observation Beds	5,196,302		5,196,302		5,196,302	201.00
202.00		Total (see instructions)	327,932,269	0	327,932,269	0	327,932,269	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
7/14/2021 11:13 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	135,893,255		135,893,255		30.00
31.00	03100	INTENSIVE CARE UNIT	26,106,066		26,106,066		31.00
32.00	03200	CORONARY CARE UNIT	21,519,432		21,519,432		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,667,571		15,667,571		35.00
41.00	04100	SUBPROVIDER - IRF	2,969,871		2,969,871		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,748,260		3,748,260		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	79,227,496	134,122,712	213,350,208	0.094764	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	5,412,486	26,618,993	32,031,479	0.184446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,754,802	2,467,168	34,221,970	0.246827	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,963,255	30,023,810	49,987,065	0.148687	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,047,098	88,557,087	92,604,185	0.066789	55.00
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	10,407,725	16,328,302	26,736,027	0.058312	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,562,664	5,547,879	8,110,543	0.143020	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,334,081	39,464,805	66,798,886	0.047667	59.00
60.00	06000	LABORATORY	42,193,418	61,228,972	103,422,390	0.186536	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,684,002	1,858,473	16,542,475	0.284261	65.00
66.00	06600	PHYSICAL THERAPY	13,488,276	11,875,643	25,363,919	0.462233	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,719,743	10,757,386	23,477,129	0.065881	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,801,483	7,726,669	9,528,152	0.165316	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,252,933	51,580,863	83,833,796	0.139078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	85,117,377	60,924,836	146,042,213	0.218557	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,489,760	213,333,843	290,823,603	0.192331	73.00
73.01	07302	OP PHARMACY	0	623,675	623,675	2.275174	73.01
74.00	07400	RENAL DIALYSIS	3,723,756	1,527,480	5,251,236	0.408768	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	244,768	2,437,412	2,682,180	0.467070	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,925	2,139,803	2,147,728	1.723417	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,346,445	37,028,660	40,375,105	0.192207	90.01
90.02	09002	WOUND CARE CENTER	39,372	5,683,326	5,722,698	0.258677	90.02
90.03	09003	PAIN CLINIC	0	1,836,064	1,836,064	0.429496	90.03
90.05	09005	OP PSYCH CLINIC	5,066	2,487,453	2,492,519	1.677236	90.05
91.00	09100	EMERGENCY	43,671,739	136,817,418	180,489,157	0.084802	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	996,467	33,846,447	34,842,914	0.149135	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	180,317	50,381,866	50,562,183	0.219733	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	718,576,909	1,037,227,045	1,755,803,954		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	718,576,909	1,037,227,045	1,755,803,954		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.094764			50.00
50.01	05001 CV SURGERY	0.000000			50.01
51.00	05100 RECOVERY ROOM	0.184446			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246827			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148687			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066789			55.00
56.00	05600 RADIO SOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.058312			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.143020			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047667			59.00
60.00	06000 LABORATORY	0.186536			60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.284261			65.00
66.00	06600 PHYSICAL THERAPY	0.462233			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.065881			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165316			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.139078			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.218557			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192331			73.00
73.01	07302 OP PHARMACY	2.275174			73.01
74.00	07400 RENAL DIALYSIS	0.408768			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			75.01
76.97	07697 CARDIAC REHABILITATION	0.467070			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.723417			90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.192207			90.01
90.02	09002 WOUND CARE CENTER	0.258677			90.02
90.03	09003 PAIN CLINIC	0.429496			90.03
90.05	09005 OP PSYCH CLINIC	1.677236			90.05
91.00	09100 EMERGENCY	0.084802			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.149135			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.219733			95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
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: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
7/14/2021 11:13 am

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,815,867		63,815,867	0	63,815,867	30.00
31.00	03100	INTENSIVE CARE UNIT	8,485,619		8,485,619	0	8,485,619	31.00
32.00	03200	CORONARY CARE UNIT	6,364,308		6,364,308	0	6,364,308	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,343,469		4,343,469	0	4,343,469	35.00
41.00	04100	SUBPROVIDER - IRF	1,755,109		1,755,109	0	1,755,109	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,576,410		1,576,410	0	1,576,410	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,217,830		20,217,830	0	20,217,830	50.00
50.01	05001	CV SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	5,908,085		5,908,085	0	5,908,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,446,895		8,446,895	0	8,446,895	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,432,428		7,432,428	0	7,432,428	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,184,953		6,184,953	0	6,184,953	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,559,038		1,559,038	0	1,559,038	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,159,971		1,159,971	0	1,159,971	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,184,116		3,184,116	0	3,184,116	59.00
60.00	06000	LABORATORY	19,291,976		19,291,976	0	19,291,976	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,702,381	0	4,702,381	0	4,702,381	65.00
66.00	06600	PHYSICAL THERAPY	11,724,041	0	11,724,041	0	11,724,041	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	1,546,687		1,546,687	0	1,546,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,575,157		1,575,157	0	1,575,157	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,659,396		11,659,396	0	11,659,396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,918,533		31,918,533	0	31,918,533	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,934,405		55,934,405	0	55,934,405	73.00
73.01	07302	OP PHARMACY	1,418,969		1,418,969	0	1,418,969	73.01
74.00	07400	RENAL DIALYSIS	2,146,537		2,146,537	0	2,146,537	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,252,766		1,252,766	0	1,252,766	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,701,431		3,701,431	0	3,701,431	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	7,760,373		7,760,373	0	7,760,373	90.01
90.02	09002	WOUND CARE CENTER	1,480,330		1,480,330	0	1,480,330	90.02
90.03	09003	PAIN CLINIC	788,582		788,582	0	788,582	90.03
90.05	09005	OP PSYCH CLINIC	4,180,543		4,180,543	0	4,180,543	90.05
91.00	09100	EMERGENCY	15,305,907		15,305,907	0	15,305,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,196,302		5,196,302	0	5,196,302	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	11,110,157		11,110,157	0	11,110,157	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	333,128,571	0	333,128,571	0	333,128,571	200.00
201.00		Less Observation Beds	5,196,302		5,196,302		5,196,302	201.00
202.00		Total (see instructions)	327,932,269	0	327,932,269	0	327,932,269	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
7/14/2021 11:13 am

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	135,893,255		135,893,255		30.00
31.00	03100	INTENSIVE CARE UNIT	26,106,066		26,106,066		31.00
32.00	03200	CORONARY CARE UNIT	21,519,432		21,519,432		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,667,571		15,667,571		35.00
41.00	04100	SUBPROVIDER - IRF	2,969,871		2,969,871		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,748,260		3,748,260		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	79,227,496	134,122,712	213,350,208	0.094764	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	5,412,486	26,618,993	32,031,479	0.184446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,754,802	2,467,168	34,221,970	0.246827	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,963,255	30,023,810	49,987,065	0.148687	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,047,098	88,557,087	92,604,185	0.066789	55.00
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	10,407,725	16,328,302	26,736,027	0.058312	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,562,664	5,547,879	8,110,543	0.143020	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,334,081	39,464,805	66,798,886	0.047667	59.00
60.00	06000	LABORATORY	42,193,418	61,228,972	103,422,390	0.186536	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,684,002	1,858,473	16,542,475	0.284261	65.00
66.00	06600	PHYSICAL THERAPY	13,488,276	11,875,643	25,363,919	0.462233	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,719,743	10,757,386	23,477,129	0.065881	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,801,483	7,726,669	9,528,152	0.165316	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,252,933	51,580,863	83,833,796	0.139078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	85,117,377	60,924,836	146,042,213	0.218557	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,489,760	213,333,843	290,823,603	0.192331	73.00
73.01	07302	OP PHARMACY	0	623,675	623,675	2.275174	73.01
74.00	07400	RENAL DIALYSIS	3,723,756	1,527,480	5,251,236	0.408768	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	244,768	2,437,412	2,682,180	0.467070	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,925	2,139,803	2,147,728	1.723417	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,346,445	37,028,660	40,375,105	0.192207	90.01
90.02	09002	WOUND CARE CENTER	39,372	5,683,326	5,722,698	0.258677	90.02
90.03	09003	PAIN CLINIC	0	1,836,064	1,836,064	0.429496	90.03
90.05	09005	OP PSYCH CLINIC	5,066	2,487,453	2,492,519	1.677236	90.05
91.00	09100	EMERGENCY	43,671,739	136,817,418	180,489,157	0.084802	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	996,467	33,846,447	34,842,914	0.149135	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	180,317	50,381,866	50,562,183	0.219733	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	718,576,909	1,037,227,045	1,755,803,954		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	718,576,909	1,037,227,045	1,755,803,954		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part 1 Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.094764			50.00
50.01	05001 CV SURGERY	0.000000			50.01
51.00	05100 RECOVERY ROOM	0.184446			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246827			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148687			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066789			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.058312			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.143020			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047667			59.00
60.00	06000 LABORATORY	0.186536			60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.284261			65.00
66.00	06600 PHYSICAL THERAPY	0.462233			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.065881			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165316			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.139078			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.218557			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192331			73.00
73.01	07302 OP PHARMACY	2.275174			73.01
74.00	07400 RENAL DIALYSIS	0.408768			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			75.01
76.97	07697 CARDIAC REHABILITATION	0.467070			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.723417			90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.192207			90.01
90.02	09002 WOUND CARE CENTER	0.258677			90.02
90.03	09003 PAIN CLINIC	0.429496			90.03
90.05	09005 OP PSYCH CLINIC	1.677236			90.05
91.00	09100 EMERGENCY	0.084802			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.149135			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.219733			95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
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

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

Provider CCN: 15-0051

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

Worksheet C Part II Date/Time Prepared: 7/14/2021 11:13 am

Cost Center Description		Title XIX			Hospital		PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	20,217,830	1,578,701	18,639,129	0	0	50.00	
50.01	05001	CV SURGERY	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	5,908,085	179,618	5,728,467	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,446,895	975,745	7,471,150	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,432,428	579,762	6,852,666	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	6,184,953	643,602	5,541,351	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	1,559,038	52,332	1,506,706	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,159,971	61,401	1,098,570	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,184,116	209,018	2,975,098	0	0	59.00	
60.00	06000	LABORATORY	19,291,976	636,703	18,655,273	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	4,702,381	87,790	4,614,591	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	11,724,041	371,812	11,352,229	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	1,546,687	83,319	1,463,368	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,575,157	124,653	1,450,504	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,659,396	143,312	11,516,084	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,918,533	388,313	31,530,220	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	55,934,405	682,576	55,251,829	0	0	73.00	
73.01	07302	OP PHARMACY	1,418,969	14,841	1,404,128	0	0	73.01	
74.00	07400	RENAL DIALYSIS	2,146,537	41,172	2,105,365	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01	
76.97	07697	CARDIAC REHABILITATION	1,252,766	109,307	1,143,459	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3,701,431	569,341	3,132,090	0	0	90.00	
90.01	09001	OP ONCOLOGY INFUSION CENTER	7,760,373	587,243	7,173,130	0	0	90.01	
90.02	09002	WOUND CARE CENTER	1,480,330	137,438	1,342,892	0	0	90.02	
90.03	09003	PAIN CLINIC	788,582	85,015	703,567	0	0	90.03	
90.05	09005	OP PSYCH CLINIC	4,180,543	351,296	3,829,247	0	0	90.05	
91.00	09100	EMERGENCY	15,305,907	897,720	14,408,187	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,196,302	340,114	4,856,188	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	11,110,157	483,922	10,626,235	0	0	95.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00	
200.00		Subtotal (sum of lines 50 thru 199)	246,787,789	10,416,066	236,371,723	0	0	200.00	
201.00		Less Observation Beds	5,196,302	340,114	4,856,188	0	0	201.00	
202.00		Total (line 200 minus line 201)	241,591,487	10,075,952	231,515,535	0	0	202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part II Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	20,217,830	213,350,208	0.094764		50.00
50.01	05001 CV SURGERY	0	0	0.000000		50.01
51.00	05100 RECOVERY ROOM	5,908,085	32,031,479	0.184446		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,446,895	34,221,970	0.246827		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,432,428	49,987,065	0.148687		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,184,953	92,604,185	0.066789		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	1,559,038	26,736,027	0.058312		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,159,971	8,110,543	0.143020		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,184,116	66,798,886	0.047667		59.00
60.00	06000 LABORATORY	19,291,976	103,422,390	0.186536		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	4,702,381	16,542,475	0.284261		65.00
66.00	06600 PHYSICAL THERAPY	11,724,041	25,363,919	0.462233		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	1,546,687	23,477,129	0.065881		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,575,157	9,528,152	0.165316		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,659,396	83,833,796	0.139078		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	31,918,533	146,042,213	0.218557		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	55,934,405	290,823,603	0.192331		73.00
73.01	07302 OP PHARMACY	1,418,969	623,675	2.275174		73.01
74.00	07400 RENAL DIALYSIS	2,146,537	5,251,236	0.408768		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000		75.01
76.97	07697 CARDIAC REHABILITATION	1,252,766	2,682,180	0.467070		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,701,431	2,147,728	1.723417		90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	7,760,373	40,375,105	0.192207		90.01
90.02	09002 WOUND CARE CENTER	1,480,330	5,722,698	0.258677		90.02
90.03	09003 PAIN CLINIC	788,582	1,836,064	0.429496		90.03
90.05	09005 OP PSYCH CLINIC	4,180,543	2,492,519	1.677236		90.05
91.00	09100 EMERGENCY	15,305,907	180,489,157	0.084802		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,196,302	34,842,914	0.149135		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	11,110,157	50,562,183	0.219733		95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	246,787,789	1,549,899,499			200.00
201.00	Less Observation Beds	5,196,302	0			201.00
202.00	Total (line 200 minus line 201)	241,591,487	1,549,899,499			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part 1 Date/Time Prepared: 7/14/2021 11:13 am
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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	4,176,951	0	4,176,951	48,854	85.50	30.00	
31.00	INTENSIVE CARE UNIT	397,430		397,430	4,121	96.44	31.00	
32.00	CORONARY CARE UNIT	441,355		441,355	3,518	125.46	32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	211,016		211,016	3,325	63.46	35.00	
41.00	SUBPROVIDER - IRF	175,272	0	175,272	1,425	123.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	127,493		127,493	2,707	47.10	43.00	
200.00	Total (lines 30 through 199)	5,529,517		5,529,517	63,950		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	17,091	1,461,281					30.00
31.00	INTENSIVE CARE UNIT	1,632	157,390					31.00
32.00	CORONARY CARE UNIT	1,476	185,179					32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
41.00	SUBPROVIDER - IRF	815	100,245					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	21,014	1,904,095					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,578,701	213,350,208	0.007400	34,454,799	254,966	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	179,618	32,031,479	0.005608	2,294,988	12,870	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	975,745	34,221,970	0.028512	223,726	6,379	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	579,762	49,987,065	0.011598	8,530,560	98,937	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	643,602	92,604,185	0.006950	2,074,747	14,419	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	52,332	26,736,027	0.001957	4,526,458	8,858	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	61,401	8,110,543	0.007571	999,623	7,568	58.00
59.00	05900 CARDIAC CATHETERIZATION	209,018	66,798,886	0.003129	11,159,210	34,917	59.00
60.00	06000 LABORATORY	636,703	103,422,390	0.006156	15,369,598	94,615	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	87,790	16,542,475	0.005307	5,340,297	28,341	65.00
66.00	06600 PHYSICAL THERAPY	371,812	25,363,919	0.014659	4,679,316	68,594	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	83,319	23,477,129	0.003549	5,785,476	20,533	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	124,653	9,528,152	0.013083	803,082	10,507	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	143,312	83,833,796	0.001709	13,439,630	22,968	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	388,313	146,042,213	0.002659	40,585,016	107,916	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	682,576	290,823,603	0.002347	29,757,075	69,840	73.00
73.01	07302 OP PHARMACY	14,841	623,675	0.023796	0	0	73.01
74.00	07400 RENAL DIALYSIS	41,172	5,251,236	0.007840	1,949,319	15,283	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	109,307	2,682,180	0.040753	88,071	3,589	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	569,341	2,147,728	0.265090	4,574	1,213	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	587,243	40,375,105	0.014545	1,487,031	21,629	90.01
90.02	09002 WOUND CARE CENTER	137,438	5,722,698	0.024016	27,515	661	90.02
90.03	09003 PAIN CLINIC	85,015	1,836,064	0.046303	0	0	90.03
90.05	09005 OP PSYCH CLINIC	351,296	2,492,519	0.140940	3,486	491	90.05
91.00	09100 EMERGENCY	897,720	180,489,157	0.004974	17,230,586	85,705	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	340,114	34,842,914	0.009761	320,932	3,133	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	9,932,144	1,499,337,316		201,135,115	993,932	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	48,854	0.00	17,091 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,121	0.00	1,632 31.00	
32.00	03200	CORONARY CARE UNIT	0	0	3,518	0.00	1,476 32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,325	0.00	0 35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	1,425	0.00	815 41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0 42.00	
43.00	04300	NURSERY	0	0	2,707	0.00	0 43.00	
200.00		Total (lines 30 through 199)	0	0	63,950	0.00	21,014 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description	Title XVIII					Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 PATIENTS	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	673,583	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	673,583	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	213,350,208	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	32,031,479	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	34,221,970	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,987,065	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	92,604,185	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	26,736,027	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,110,543	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	66,798,886	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	103,422,390	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,542,475	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,363,919	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,477,129	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,528,152	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	83,833,796	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	146,042,213	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	673,583	673,583	290,823,603	0.002316	73.00
73.01	07302	OP PHARMACY	0	0	0	623,675	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	5,251,236	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,682,180	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,147,728	0.000000	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	40,375,105	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	5,722,698	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	1,836,064	0.000000	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	2,492,519	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	180,489,157	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	34,842,914	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	673,583	673,583	1,499,337,316		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
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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)	Hospital Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	34,454,799	0	27,769,323	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	2,294,988	0	5,952,302	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	223,726	0	21,928	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,530,560	0	7,732,970	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	2,074,747	0	33,789,090	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	4,526,458	0	4,452,391	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	999,623	0	1,165,116	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	11,159,210	0	14,487,152	0	59.00
60.00	06000 LABORATORY	0.000000	15,369,598	0	6,657,318	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,340,297	0	416,038	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	4,679,316	0	94,748	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,785,476	0	3,388,616	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	803,082	0	1,784,646	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,439,630	0	17,089,519	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	40,585,016	0	17,101,048	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002316	29,757,075	68,917	91,153,737	211,112	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	1,949,319	0	134,255	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	88,071	0	903,533	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	4,574	0	922,055	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	1,487,031	0	14,974,358	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	27,515	0	1,021,922	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	586,327	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	3,486	0	239,830	0	90.05
91.00	09100 EMERGENCY	0.000000	17,230,586	0	25,424,815	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	320,932	0	11,686,206	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50 through 199)		201,135,115	68,917	288,949,243	211,112	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.094764	27,769,323	0	0	2,631,532	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.184446	5,952,302	0	0	1,097,878	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246827	21,928	0	0	5,412	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148687	7,732,970	0	0	1,149,792	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066789	33,789,090	0	0	2,256,740	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.058312	4,452,391	0	0	259,628	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.143020	1,165,116	0	0	166,635	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047667	14,487,152	0	0	690,559	59.00
60.00	06000 LABORATORY	0.186536	6,657,318	0	0	1,241,829	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.284261	416,038	0	0	118,263	65.00
66.00	06600 PHYSICAL THERAPY	0.462233	94,748	0	0	43,796	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.065881	3,388,616	0	0	223,245	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165316	1,784,646	0	0	295,031	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.139078	17,089,519	0	0	2,376,776	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.218557	17,101,048	0	0	3,737,554	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192331	91,153,737	0	262,273	17,531,689	73.00
73.01	07302 OP PHARMACY	2.275174	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.408768	134,255	0	0	54,879	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.467070	903,533	0	0	422,013	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1.723417	922,055	0	105	1,589,085	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.192207	14,974,358	0	28	2,878,176	90.01
90.02	09002 WOUND CARE CENTER	0.258677	1,021,922	0	0	264,348	90.02
90.03	09003 PAIN CLINIC	0.429496	586,327	0	0	251,825	90.03
90.05	09005 OP PSYCH CLINIC	1.677236	239,830	0	0	402,252	90.05
91.00	09100 EMERGENCY	0.084802	25,424,815	0	79	2,156,075	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.149135	11,686,206	0	15	1,742,822	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.219733	0	0	0	0	95.00
200.00	Subtotal (see instructions)		288,949,243	0	262,500	43,587,834	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		288,949,243	0	262,500	43,587,834	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/14/2021 11:13 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 CV SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
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 PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	50,443		73.00
73.01 07302 OP PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	181		90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	5		90.01
90.02 09002 WOUND CARE CENTER	0	0		90.02
90.03 09003 PAIN CLINIC	0	0		90.03
90.05 09005 OP PSYCH CLINIC	0	0		90.05
91.00 09100 EMERGENCY	0	7		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	50,638		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	50,638		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part 11 Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part 11, col. 26)	Total Charges (from Wkst. C, Part 1, 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	1,578,701	213,350,208	0.007400	3,437	25	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	179,618	32,031,479	0.005608	1,071	6	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	975,745	34,221,970	0.028512	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	579,762	49,987,065	0.011598	25,248	293	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	643,602	92,604,185	0.006950	14,097	98	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	52,332	26,736,027	0.001957	11,625	23	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	61,401	8,110,543	0.007571	4,042	31	58.00
59.00	05900 CARDIAC CATHETERIZATION	209,018	66,798,886	0.003129	0	0	59.00
60.00	06000 LABORATORY	636,703	103,422,390	0.006156	115,046	708	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	87,790	16,542,475	0.005307	17,861	95	65.00
66.00	06600 PHYSICAL THERAPY	371,812	25,363,919	0.014659	1,820,659	26,689	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	83,319	23,477,129	0.003549	5,791	21	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	124,653	9,528,152	0.013083	4,180	55	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	143,312	83,833,796	0.001709	23,928	41	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	388,313	146,042,213	0.002659	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	682,576	290,823,603	0.002347	256,915	603	73.00
73.01	07302 OP PHARMACY	14,841	623,675	0.023796	0	0	73.01
74.00	07400 RENAL DIALYSIS	41,172	5,251,236	0.007840	25,725	202	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	109,307	2,682,180	0.040753	37,204	1,516	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	569,341	2,147,728	0.265090	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	587,243	40,375,105	0.014545	0	0	90.01
90.02	09002 WOUND CARE CENTER	137,438	5,722,698	0.024016	0	0	90.02
90.03	09003 PAIN CLINIC	85,015	1,836,064	0.046303	0	0	90.03
90.05	09005 OP PSYCH CLINIC	351,296	2,492,519	0.140940	0	0	90.05
91.00	09100 EMERGENCY	897,720	180,489,157	0.004974	12,837	64	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	34,842,914	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	9,592,030	1,499,337,316		2,379,666	30,470	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 CV SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIO SOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 PATIENTS	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	673,583	73.00
73.01	07302 OP PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	673,583	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	213,350,208	0.000000	50.00
50.01	05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00	05100 RECOVERY ROOM	0	0	0	32,031,479	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	34,221,970	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	49,987,065	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	92,604,185	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	26,736,027	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,110,543	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	66,798,886	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	103,422,390	0.000000	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	16,542,475	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	25,363,919	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	23,477,129	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	9,528,152	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	83,833,796	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	146,042,213	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	673,583	673,583	290,823,603	0.002316	73.00
73.01	07302 OP PHARMACY	0	0	0	623,675	0.000000	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	5,251,236	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,682,180	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	2,147,728	0.000000	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	40,375,105	0.000000	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	5,722,698	0.000000	90.02
90.03	09003 PAIN CLINIC	0	0	0	1,836,064	0.000000	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	2,492,519	0.000000	90.05
91.00	09100 EMERGENCY	0	0	0	180,489,157	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	34,842,914	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	0	673,583	673,583	1,499,337,316		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	3,437	0	0	0	50.00
50.01 05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	1,071	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	25,248	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	14,097	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	11,625	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,042	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	115,046	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	17,861	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	1,820,659	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	5,791	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	4,180	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	23,928	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.002316	256,915	595	0	0	73.00
73.01 07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.000000	25,725	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0.000000	37,204	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0.000000	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05 09005 OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.000000	12,837	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50 through 199)	2,379,666	595	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.094764	0	0	0	0 50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0 50.01
51.00	05100 RECOVERY ROOM	0.184446	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246827	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148687	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066789	0	0	0	0 55.00
56.00	05600 RADIOLOGY-SCTOPE	0.000000	0	0	0	0 56.00
57.00	05700 CT SCAN	0.058312	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.143020	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047667	0	0	0	0 59.00
60.00	06000 LABORATORY	0.186536	0	0	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.284261	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.462233	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.065881	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165316	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.139078	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.218557	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192331	0	0	39	0 73.00
73.01	07302 OP PHARMACY	2.275174	0	0	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.408768	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0 75.01
76.97	07697 CARDIAC REHABILITATION	0.467070	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1.723417	0	0	0	0 90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.192207	0	0	0	0 90.01
90.02	09002 WOUND CARE CENTER	0.258677	0	0	0	0 90.02
90.03	09003 PAIN CLINIC	0.429496	0	0	0	0 90.03
90.05	09005 OP PSYCH CLINIC	1.677236	0	0	0	0 90.05
91.00	09100 EMERGENCY	0.084802	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.149135	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
95.00	09500 AMBULANCE SERVICES	0.219733	0	0	0	0 95.00
200.00	Subtotal (see instructions)		0	0	39	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	39	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/14/2021 11:13 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 CV SURGERY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
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 PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8	73.00
73.01	07302 OP PHARMACY	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	90.05
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	8	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	8	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part 1 Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part 11, 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	4,176,951	0	4,176,951	48,854	85.50	30.00	
31.00	INTENSIVE CARE UNIT	397,430		397,430	4,121	96.44	31.00	
32.00	CORONARY CARE UNIT	441,355		441,355	3,518	125.46	32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	211,016		211,016	3,325	63.46	35.00	
41.00	SUBPROVIDER - IRF	175,272	0	175,272	1,425	123.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	127,493		127,493	2,707	47.10	43.00	
200.00	Total (lines 30 through 199)	5,529,517		5,529,517	63,950		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	996	85,158					30.00
31.00	INTENSIVE CARE UNIT	909	87,664					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
35.00	NEONATAL INTENSIVE CARE UNIT	490	31,095					35.00
41.00	SUBPROVIDER - IRF	27	3,321					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	1,274	60,005					43.00
200.00	Total (lines 30 through 199)	3,696	267,243					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,578,701	213,350,208	0.007400	1,083,111	8,015	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	179,618	32,031,479	0.005608	70,272	394	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	975,745	34,221,970	0.028512	483,774	13,793	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	579,762	49,987,065	0.011598	429,461	4,981	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	643,602	92,604,185	0.006950	91,281	634	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	52,332	26,736,027	0.001957	181,302	355	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	61,401	8,110,543	0.007571	64,423	488	58.00
59.00	05900	CARDIAC CATHETERIZATION	209,018	66,798,886	0.003129	140,204	439	59.00
60.00	06000	LABORATORY	636,703	103,422,390	0.006156	1,018,324	6,269	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	87,790	16,542,475	0.005307	743,173	3,944	65.00
66.00	06600	PHYSICAL THERAPY	371,812	25,363,919	0.014659	216,125	3,168	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	83,319	23,477,129	0.003549	204,023	724	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,653	9,528,152	0.013083	40,824	534	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	143,312	83,833,796	0.001709	478,029	817	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	388,313	146,042,213	0.002659	835,115	2,221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	682,576	290,823,603	0.002347	1,698,134	3,986	73.00
73.01	07302	OP PHARMACY	14,841	623,675	0.023796	0	0	73.01
74.00	07400	RENAL DIALYSIS	41,172	5,251,236	0.007840	57,921	454	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	109,307	2,682,180	0.040753	5,825	237	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	569,341	2,147,728	0.265090	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	587,243	40,375,105	0.014545	102,768	1,495	90.01
90.02	09002	WOUND CARE CENTER	137,438	5,722,698	0.024016	0	0	90.02
90.03	09003	PAIN CLINIC	85,015	1,836,064	0.046303	0	0	90.03
90.05	09005	OP PSYCH CLINIC	351,296	2,492,519	0.140940	0	0	90.05
91.00	09100	EMERGENCY	897,720	180,489,157	0.004974	741,054	3,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	340,114	34,842,914	0.009761	29,957	292	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	9,932,144	1,499,337,316		8,715,100	56,926	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	48,854	0.00	996 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,121	0.00	909 31.00	
32.00	03200	CORONARY CARE UNIT	0	0	3,518	0.00	0 32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,325	0.00	490 35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	1,425	0.00	27 41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0 42.00	
43.00	04300	NURSERY	0	0	2,707	0.00	1,274 43.00	
200.00		Total (lines 30 through 199)	0	0	63,950	0.00	3,696 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description	Title XIX				Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 PATIENTS	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	673,583	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	673,583	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Title XIX		Hospital	PPS			
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	213,350,208	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	32,031,479	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	34,221,970	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,987,065	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	92,604,185	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	26,736,027	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,110,543	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	66,798,886	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	103,422,390	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,542,475	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,363,919	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,477,129	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,528,152	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	83,833,796	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	146,042,213	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	673,583	673,583	290,823,603	0.002316	73.00
73.01	07302	OP PHARMACY	0	0	0	623,675	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	5,251,236	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,682,180	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,147,728	0.000000	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	40,375,105	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	5,722,698	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	1,836,064	0.000000	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	2,492,519	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	180,489,157	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	34,842,914	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	673,583	673,583	1,499,337,316		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Title XIX				Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	1,083,111	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	70,272	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	483,774	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	429,461	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	91,281	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	181,302	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	64,423	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	140,204	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,018,324	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	743,173	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	216,125	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	204,023	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	40,824	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	478,029	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	835,115	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002316	1,698,134	3,933	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	57,921	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	5,825	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	102,768	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	741,054	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	29,957	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50 through 199)		8,715,100	3,933	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part 11 Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part 11, col. 26)	Total Charges (from Wkst. C, Part 1, 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	1,578,701	213,350,208	0.007400	0	0	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	179,618	32,031,479	0.005608	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	975,745	34,221,970	0.028512	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	579,762	49,987,065	0.011598	824	10	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	643,602	92,604,185	0.006950	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	52,332	26,736,027	0.001957	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	61,401	8,110,543	0.007571	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	209,018	66,798,886	0.003129	0	0	59.00
60.00	06000 LABORATORY	636,703	103,422,390	0.006156	2,082	13	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	87,790	16,542,475	0.005307	0	0	65.00
66.00	06600 PHYSICAL THERAPY	371,812	25,363,919	0.014659	56,813	833	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	83,319	23,477,129	0.003549	444	2	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	124,653	9,528,152	0.013083	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	143,312	83,833,796	0.001709	678	1	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	388,313	146,042,213	0.002659	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	682,576	290,823,603	0.002347	1,736	4	73.00
73.01	07302 OP PHARMACY	14,841	623,675	0.023796	0	0	73.01
74.00	07400 RENAL DIALYSIS	41,172	5,251,236	0.007840	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	109,307	2,682,180	0.040753	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	569,341	2,147,728	0.265090	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	587,243	40,375,105	0.014545	0	0	90.01
90.02	09002 WOUND CARE CENTER	137,438	5,722,698	0.024016	0	0	90.02
90.03	09003 PAIN CLINIC	85,015	1,836,064	0.046303	0	0	90.03
90.05	09005 OP PSYCH CLINIC	351,296	2,492,519	0.140940	0	0	90.05
91.00	09100 EMERGENCY	897,720	180,489,157	0.004974	831	4	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	34,842,914	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	9,592,030	1,499,337,316		63,408	867	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description	Title XIX Subprovider - IRR					PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 PATIENTS	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	673,583	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	673,583	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	213,350,208	0.000000	50.00
50.01	05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00	05100 RECOVERY ROOM	0	0	0	32,031,479	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	34,221,970	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	49,987,065	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	92,604,185	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	26,736,027	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,110,543	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	66,798,886	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	103,422,390	0.000000	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	16,542,475	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	25,363,919	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	23,477,129	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	9,528,152	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	83,833,796	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	146,042,213	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	673,583	673,583	290,823,603	0.002316	73.00
73.01	07302 OP PHARMACY	0	0	0	623,675	0.000000	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	5,251,236	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,682,180	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	2,147,728	0.000000	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	40,375,105	0.000000	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	5,722,698	0.000000	90.02
90.03	09003 PAIN CLINIC	0	0	0	1,836,064	0.000000	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	2,492,519	0.000000	90.05
91.00	09100 EMERGENCY	0	0	0	180,489,157	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	34,842,914	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	0	673,583	673,583	1,499,337,316		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/14/2021 11:13 am
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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	0	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	824	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,082	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	56,813	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	444	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	678	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002316	1,736	4	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	831	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50 through 199)		63,408	4	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,854	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,854	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)		44,876	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)		17,091	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)		63,815,867	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)		63,815,867	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)		63,815,867	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)		1,306.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,325,290	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)		22,325,290	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
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	8,485,619	4,121	2,059.12	1,632	3,360,484	43.00
44.00	CORONARY CARE UNIT	6,364,308	3,518	1,809.07	1,476	2,670,187	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,343,469	3,325	1,306.31	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					32,267,433	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					60,623,394	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 II)					1,803,850	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts III and IV)					1,062,849	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,866,699	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					57,756,695	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,978	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,306.26	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,196,302	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,176,951	63,815,867	0.065453	5,196,302	340,114	90.00
91.00	Nursing School cost	0	63,815,867	0.000000	5,196,302	0	91.00
92.00	Allied health cost	0	63,815,867	0.000000	5,196,302	0	92.00
93.00	All other Medical Education	0	63,815,867	0.000000	5,196,302	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am
Cost Center Description		Title XVIII	Subprovider - IRF	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,425	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,425	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)		1,425	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)		815	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)		1,755,109	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)		1,755,109	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)		1,755,109	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)		1,231.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,003,803	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,003,803	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am			
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						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)					957,378	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,961,181	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)					00,245	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					31,065	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					131,310	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,829,871	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: 15-0051 Component CCN: 15-T051		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	175,272	1,755,109	0.099864	0	0	90.00
91.00	Nursing School cost	0	1,755,109	0.000000	0	0	91.00
92.00	Allied health cost	0	1,755,109	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,755,109	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,854	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,854	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)		44,876	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)		996	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)		2,707	15.00
16.00	Nursery days (title V or XIX only)		1,274	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)		63,815,867	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)		63,815,867	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)		63,815,867	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)		1,306.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,301,035	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,301,035	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am			
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XIX		1.00	2.00	3.00	4.00	5.00	
Hospital		1,576,410	2,707	582.35	1,274	741,914	
PPS							
42.00	NURSERY (title V & XIX only)	1,576,410	2,707	582.35	1,274	741,914	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,485,619	4,121	2,059.12	909	1,871,740	43.00
44.00	CORONARY CARE UNIT	6,364,308	3,518	1,809.07	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,343,469	3,325	1,306.31	490	640,092	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,541,797	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,096,578	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)					263,922	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts I and IV)					60,859	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					324,781	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,771,797	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,978	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,306.26	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,196,302	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,176,951	63,815,867	0.065453	5,196,302	340,114	90.00
91.00	Nursing School cost	0	63,815,867	0.000000	5,196,302	0	91.00
92.00	Allied health cost	0	63,815,867	0.000000	5,196,302	0	92.00
93.00	All other Medical Education	0	63,815,867	0.000000	5,196,302	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am
Cost Center Description		Title XIX	Subprovider - IRF	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,425 1.00
2.00	Total inpatient days (including private room days, excluding swing-bed and newborn days)			1,425 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)			1,425 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)			27 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)			2,707 15.00
16.00	Nursery days (title V or XIX only)			1,274 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)			1,755,109 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)			1,755,109 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, 755,109 minus line 36)			1,755,109 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)			1,231.66 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			33,255 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)			33,255 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am			
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XIX		Subprovider - IRF PPS					
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	
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	
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,299	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					60,554	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,321	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					871	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,192	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					56,362	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: 15-0051 Component CCN: 15-T051		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/14/2021 11:13 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	175,272	1,755,109	0.099864	0	0	90.00
91.00	Nursing School cost	0	1,755,109	0.000000	0	0	91.00
92.00	Allied health cost	0	1,755,109	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,755,109	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/14/2021 11:13 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		51,263,230		30.00
31.00	03100 INTENSIVE CARE UNIT		10,018,716		31.00
32.00	03200 CORONARY CARE UNIT		8,711,436		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		6,930		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.094764	34,454,799	3,265,075	50.00
50.01	05001 CV SURGERY	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.184446	2,294,988	423,301	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246827	223,726	55,222	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148687	8,530,560	1,268,383	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066789	2,074,747	138,570	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.058312	4,526,458	263,947	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.143020	999,623	142,966	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047667	11,159,210	531,926	59.00
60.00	06000 LABORATORY	0.186536	15,369,598	2,866,983	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.284261	5,340,297	1,518,038	65.00
66.00	06600 PHYSICAL THERAPY	0.462233	4,679,316	2,162,934	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.065881	5,785,476	381,153	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165316	803,082	132,762	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.139078	13,439,630	1,869,157	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.218557	40,585,016	8,870,139	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192331	29,757,075	5,723,208	73.00
73.01	07302 OP PHARMACY	2.275174	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.408768	1,949,319	796,819	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.467070	88,071	41,135	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.723417	4,574	7,883	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.192207	1,487,031	285,818	90.01
90.02	09002 WOUND CARE CENTER	0.258677	27,515	7,117	90.02
90.03	09003 PAIN CLINIC	0.429496	0	0	90.03
90.05	09005 OP PSYCH CLINIC	1.677236	3,486	5,847	90.05
91.00	09100 EMERGENCY	0.084802	17,230,586	1,461,188	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.149135	320,932	47,862	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		201,135,115	32,267,433	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		201,135,115		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		1,877,469		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.094764	3,437	326	50.00
50.01	05001 CV SURGERY	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.184446	1,071	198	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246827	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148687	25,248	3,754	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066789	14,097	942	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.058312	11,625	678	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.143020	4,042	578	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047667	0	0	59.00
60.00	06000 LABORATORY	0.186536	115,046	21,460	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.284261	17,861	5,077	65.00
66.00	06600 PHYSICAL THERAPY	0.462233	1,820,659	841,569	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.065881	5,791	382	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165316	4,180	691	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.139078	23,928	3,328	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.218557	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192331	256,915	49,413	73.00
73.01	07302 OP PHARMACY	2.275174	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.408768	25,725	10,516	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.467070	37,204	17,377	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.723417	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.192207	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.258677	0	0	90.02
90.03	09003 PAIN CLINIC	0.429496	0	0	90.03
90.05	09005 OP PSYCH CLINIC	1.677236	0	0	90.05
91.00	09100 EMERGENCY	0.084802	12,837	1,089	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.149135	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,379,666	957,378	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,379,666		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/14/2021 11:13 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,812,429		30.00
31.00	03100 INTENSIVE CARE UNIT		1,020,055		31.00
32.00	03200 CORONARY CARE UNIT		266,264		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		2,058,789		35.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		213,588		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.094764	1,083,111	102,640	50.00
50.01	05001 CV SURGERY	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.184446	70,272	12,961	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246827	483,774	119,408	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148687	429,461	63,855	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066789	91,281	6,097	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.058312	181,302	10,572	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.143020	64,423	9,214	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047667	140,204	6,683	59.00
60.00	06000 LABORATORY	0.186536	1,018,324	189,954	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.284261	743,173	211,255	65.00
66.00	06600 PHYSICAL THERAPY	0.462233	216,125	99,900	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.065881	204,023	13,441	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165316	40,824	6,749	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.139078	478,029	66,483	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.218557	835,115	182,520	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192331	1,698,134	326,604	73.00
73.01	07302 OP PHARMACY	2.275174	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.408768	57,921	23,676	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.467070	5,825	2,721	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.723417	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.192207	102,768	19,753	90.01
90.02	09002 WOUND CARE CENTER	0.258677	0	0	90.02
90.03	09003 PAIN CLINIC	0.429496	0	0	90.03
90.05	09005 OP PSYCH CLINIC	1.677236	0	0	90.05
91.00	09100 EMERGENCY	0.084802	741,054	62,843	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.149135	29,957	4,468	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		8,715,100	1,541,797	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		8,715,100		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/14/2021 11:13 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		56,700		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.094764	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.184446	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246827	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148687	824	123	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066789	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.058312	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.143020	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047667	0	0	59.00
60.00	06000 LABORATORY	0.186536	2,082	388	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.284261	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.462233	56,813	26,261	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.065881	444	29	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165316	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.139078	678	94	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.218557	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192331	1,736	334	73.00
73.01	07302 OP PHARMACY	2.275174	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.408768	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.467070	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.723417	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.192207	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.258677	0	0	90.02
90.03	09003 PAIN CLINIC	0.429496	0	0	90.03
90.05	09005 OP PSYCH CLINIC	1.677236	0	0	90.05
91.00	09100 EMERGENCY	0.084802	831	70	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.149135	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		63,408	27,299	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		63,408		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/14/2021 11:13 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		30,897,914	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		126,771	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)		1,155,533	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		360,982	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)		263.01	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)		5.63	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.84	31.00
32.00	Sum of lines 30 and 31		33.47	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.83	33.00
34.00	Disproportionate share adjustment (see instructions)		1,810,264	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/14/2021 11:13 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000361201	0.000299564	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,016,243	2,483,392	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,258,062	625,951	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,884,013		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	49,235,477		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)		49,235,477	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,632,260	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		31,592	53.00
54.00	Special add-on payments for new technologies		211,017	54.00
54.01	Isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		68,917	58.00
59.00	Total (sum of amounts on lines 49 through 58)		53,179,263	59.00
60.00	Primary payer payments		2,283	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		53,176,980	61.00
62.00	Deductibles billed to program beneficiaries		4,199,184	62.00
63.00	Coinsurance billed to program beneficiaries		123,200	63.00
64.00	Allowable bad debts (see instructions)		432,211	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		280,937	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		204,443	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		49,135,533	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-93,725	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: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/14/2021 11:13 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			49,041,808	71.00
71.01	Sequestration adjustment (see instructions)			323,676	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			48,307,408	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)			410,724	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,463,908	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)				90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2				91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)				92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)				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)				95.00
96.00	Time value of money for capital related expenses (see instructions)				96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/14/2021 11:13 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	30,897,914	0	30,897,914	30,897,914	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,126,771	0	12,126,771	12,126,771	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00					2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,155,533	0	1,155,533	1,155,533	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	360,982	0	360,982	360,982	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	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	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	0.1683	0.1683	0.1683	0.1683	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,810,264	0	1,300,030	510,234	11.00	
11.01	Uncompensated care payments	36.00	2,884,013	0	2,970,210	758,181	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	49,235,477	0	35,479,309	13,756,168	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	49,235,477	0	35,479,309	13,756,168	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,632,260	0	2,639,051	993,209	16.00	
17.00	Special add-on payments for new technologies	54.00	211,017	0	0	211,017	17.00	
17.01	Net organ acquisition cost						17.01	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/14/2021 11:13 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL		0	38,118,360	14,960,394	53,078,754		19.00
		W/S L, line	(Amounts from L)					
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	3,359,573	0	2,443,344	916,229	3,359,573	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	36,845	0	24,184	12,661	36,845	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0702	0.0702	0.0702	0.0702		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	235,842	0	171,523	64,319	235,842	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,632,260	0	2,639,051	993,209	3,632,260	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor			0.000000	0.000000			27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96		0			0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97			0		0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/14/2021 11:13 am
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		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	30,897,914	30,897,914		30,897,914	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,126,771		12,126,771	12,126,771	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	1,155,533	1,155,533		1,155,533	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	360,982		360,982	360,982	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	0.1683	0.1683	0.1683		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,810,264	1,300,030	510,234	1,810,264	11.00
11.01	Uncompensated care payments	36.00	2,884,013	2,970,210	758,181	3,728,391	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	49,235,477	35,479,309	13,756,168	49,235,477	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	49,235,477	35,479,309	13,756,168	49,235,477	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,632,260	2,639,051	993,209	3,632,260	16.00
17.00	Special add-on payments for new technologies	54.00	211,017	0	211,017	211,017	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			38,118,360	14,960,394	53,078,754	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/14/2021 11:13 am
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		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,359,573	2,443,344	916,229	3,359,573	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	36,845	24,184	12,661	36,845	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	0.0702	0.0702	0.0702		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	235,842	171,523	64,319	235,842	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,632,260	2,639,051	993,209	3,632,260	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	-93,725	-78,488	-15,237	-93,725	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		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/14/2021 11:13 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		50,638	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		43,376,722	2.00
3.00	OPPS payments		36,996,784	3.00
4.00	Outlier payment (see instructions)		174,063	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		211,112	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		50,638	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		262,500	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)		262,500	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		262,500	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		211,862	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)		50,638	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)		37,381,959	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,461,801	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)		30,970,796	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)		30,970,796	30.00
31.00	Primary payer payments		8,690	31.00
32.00	Subtotal (line 30 minus line 31)		30,962,106	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)		261,529	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		169,994	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		50,361	36.00
37.00	Subtotal (see instructions)		31,132,100	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-64	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		31,132,164	40.00
40.01	Sequestration adjustment (see instructions)		205,472	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		31,411,833	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-485,141	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		9,928	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/14/2021 11:13 am
		Component CCN: 15-T051		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8	1.00
2.00	Medical and other services reimbursed under OPSS (see instructions)		0	2.00
3.00	OPSS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		39	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)		39	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		39	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		31	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)		8	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		8	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)		8	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		8	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		8	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		8	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0051		Period: From 01/01/2020 To 12/31/2020		Worksheet E-1 Part I Date/Time Prepared: 7/14/2021 11:13 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		48,307,408		31,328,233	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	08/19/2020	83,600	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		83,600	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)		48,307,408		31,411,833	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		410,724		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		485,141	6.02	
7.00	Total Medicare program liability (see instructions)		48,718,132		30,926,692	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: 15-0051
Component CCN: 15-T051

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

Worksheet E-1
Part I
Date/Time Prepared:
7/14/2021 11:13 am

Title XVIII Subprovider - IRR PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,291,089		8	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,291,089		8	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		31,468		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,322,557		8	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: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/14/2021 11:13 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/14/2021 11:13 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,137,112 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0312 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			64,133 3.00
4.00	Outlier Payments			142,880 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)			3.893443 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)			1,344,125 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,344,125 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,344,125 19.00
20.00	Deductibles			7,040 20.00
21.00	Subtotal (line 19 minus line 20)			1,337,085 21.00
22.00	Coinurance			6,336 22.00
23.00	Subtotal (line 21 minus line 22)			1,330,749 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)			1,330,749 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)			595 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)			1,331,344 32.00
32.01	Sequestration adjustment (see instructions)			8,787 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,291,089 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)			31,468 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			9,324 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			142,880 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/14/2021 11:13 am
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Title XVIII		Hospital	PPS
			1.00

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

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00

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

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3, column 2)	02,	21,014	9,175	26.00
27.00	Total Inpatient Days (see instructions)		58,601	58,601	27.00
28.00	Ratio of inpatient days to total inpatient days		0.358595	0.156567	28.00
29.00	Program direct GME amount		0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage			0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/14/2021 11:13 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,251,236	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		62,584,575	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		2,283	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		62,582,292	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		43,638,480	42.00
43.00	Primary payer payments (see instructions)		8,690	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		43,629,790	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		106,212,082	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.589220	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.410780	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		0	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type provider CCN: 15-0051 Period: From 01/01/2020 To 12/31/2020 Worksheet G
 accounting records, complete the General Fund column only) Date/Time Prepared: 7/14/2021 11:13 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	230,055,380	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	61,662,141	0	0	0	4.00
5.00	Other receivable	-19,116,156	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	12,897,620	0	0	0	7.00
8.00	Prepaid expenses	8,679,536	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)	294,178,521	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,741,447	0	0	0	12.00
13.00	Land improvements	2,058,207	0	0	0	13.00
14.00	Accumulated depreciation	-2,010,840	0	0	0	14.00
15.00	Buildings	154,956,494	0	0	0	15.00
16.00	Accumulated depreciation	-147,281,870	0	0	0	16.00
17.00	Leasehold improvements	7,104,821	0	0	0	17.00
18.00	Accumulated depreciation	-6,325,998	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	3,628,668	0	0	0	21.00
22.00	Accumulated depreciation	-3,032,939	0	0	0	22.00
23.00	Major movable equipment	135,654,045	0	0	0	23.00
24.00	Accumulated depreciation	-110,069,855	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)	54,422,180	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	27,647,729	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	523,026,298	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	550,674,027	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	899,274,728	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	42,777,830	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,822,732	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	41,034,333	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,859,623	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	110,494,518	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	30,233,091	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	30,233,091	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	140,727,609	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	758,547,119	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	758,547,119	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	899,274,728	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0051

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

Worksheet G-1

Date/Time Prepared:
7/14/2021 11:13 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		687,362,362		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		164,227,750			2.00
3.00	Total (sum of line 1 and line 2)		851,590,112		0	3.00
4.00	RESTRICTED FUND BALANCE	48,753		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		48,753		0	10.00
11.00	Subtotal (line 3 plus line 10)		851,638,865		0	11.00
12.00	UNRESTRICTED FUND BALANCE	89,829,564		0		12.00
13.00	TEMPORARILY RESTRICTED	3,262,181		0		13.00
14.00	ROUNDING	1		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		93,091,746		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		758,547,119		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	RESTRICTED FUND BALANCE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	UNRESTRICTED FUND BALANCE		0			12.00
13.00	TEMPORARILY RESTRICTED		0			13.00
14.00	ROUNDING		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: 15-0051

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/14/2021 11:13 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	139,641,515		139,641,515	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	2,969,871		2,969,871	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	142,611,386		142,611,386	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	26,106,066		26,106,066	11.00
12.00	CORONARY CARE UNIT	21,519,432		21,519,432	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	15,667,571		15,667,571	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	63,293,069		63,293,069	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	205,904,455		205,904,455	17.00
18.00	Ancillary services	464,425,123	766,382,333	1,230,807,456	18.00
19.00	Outpatient services	48,067,014	220,462,845	268,529,859	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	180,317	50,381,866	50,562,183	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER NRCC	0	8,666,126	8,666,126	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	318,576,909	1,045,893,170	1,764,470,079	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		372,842,166		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)		372,842,166		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet G-3 Date/Time Prepared: 7/14/2021 11:13 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,764,470,079	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,285,879,741	2.00
3.00	Net patient revenues (line 1 minus line 2)	478,590,338	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	372,842,166	4.00
5.00	Net income from service to patients (line 3 minus line 4)	105,748,172	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	44,584,376	24.00
24.50	COVID-19 PHE Funding	13,895,202	24.50
25.00	Total other income (sum of lines 6-24)	58,479,578	25.00
26.00	Total (line 5 plus line 25)	164,227,750	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	164,227,750	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/14/2021 11:13 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,359,573	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		36,845	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)		156.22	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)		5.63	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.84	8.00
9.00	Sum of lines 7 and 8		33.47	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.02	10.00
11.00	Disproportionate share adjustment (see instructions)		235,842	11.00
12.00	Total prospective capital payments (see instructions)		3,632,260	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