

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED  
OMB NO. 0938-0050  
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/30/2021 3:06 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 7/30/2021	Time: 3:06 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HENDRICKS REGIONAL HEALTH ( 15-0005 ) 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) STANTON RISSER  
Officer or Administrator of Provider(s)

CFO  
Title

(Dated when report is electronically signed.)  
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	276,969	-9,673	0	-586,834	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	276,969	-9,673	0	-586,834	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/30/2021 3:06 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1000 EAST MAIN STREET	PO Box:						1.00		
2.00	City: DANVILLE	State: IN	Zip Code: 46122-1409	County: HENDRICKS				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		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	HENDRICKS REGIONAL HEALTH	150005	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									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)				9				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.				N	3			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.	1,024	2,210	0	0	999	0		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005			Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/30/2021 3:06 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00	
						V	XVII	XIX		
						1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
<b>Teaching Hospitals</b>										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.									57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N				59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
				1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N				60.00

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	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	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			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			
<b>Long Term Care Hospital PPS</b>									
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	
<b>TEFRA Providers</b>									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
<b>Rural Providers</b>									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/30/2021 3:06 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
<b>Miscellaneous Cost Reporting Information</b>				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	604,540	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
DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
<b>Transplant Center Information</b>				
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
<b>All Providers</b>				
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)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/30/2021 3:06 pm		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00		
142.00	Street:	PO Box:				142.00		
143.00	City:	State:		Zip Code:		143.00		
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00
						1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N	146.00
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N			155.00
156.00	Subprovider - IPF	N	N	N	N			156.00
157.00	Subprovider - IRF	N	N	N	N			157.00
158.00	SUBPROVIDER							158.00
159.00	SNF	N	N	N	N			159.00
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00
161.00	CMHC		N	N	N			161.00
						1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
						1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
						1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/30/2021 3:06 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/21/2021			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/07/2021	Y	04/07/2021		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/30/2021 3:06 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
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.	MI CHAEL	ALESSANDRI NI		41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.713.7959	MALESSANDRI NI@BLUEANDCO.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/30/2021 3:06 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
7/30/2021 3:06 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	116	42,456	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)		116	42,456	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		130	47,580	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		130			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
7/30/2021 3:06 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,044	994	16,379			1.00
2.00 HMO and other (see instructions)	2,975	3,012				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,044	994	16,379			7.00
8.00 INTENSIVE CARE UNIT	1,072	0	3,013			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	2,769			13.00
14.00 Total (see instructions)	7,116	994	22,161	0.00	1,760.36	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			121			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	1,760.36	27.00
28.00 Observation Bed Days		484	3,333			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	227	531			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
7/30/2021 3:06 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,808	171	5,513	1.00
2.00 HMO and other (see instructions)				685	778		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,808	171	5,513	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
7/30/2021 3:06 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	158,595,237	0	158,595,237	3,661,553.45	43.31
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		1,608,946	0	1,608,946	8,615.00	186.76
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		12,341,286	0	12,341,286	95,696.00	128.96
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)		55,888,797	-397,674	55,491,123	1,003,409.91	55.30
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		704,560	0	704,560	12,376.02	56.93
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		612,540	0	612,540	3,015.00	203.16
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		22,601,312	0	22,601,312		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		9,357,861	0	9,357,861		
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		146,911	0	146,911		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,418,376	0	1,418,376		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
7/30/2021 3:06 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	2,368,573	730,307	3,098,880	75,468.74	41.06	26.00
27.00	Administrative & General	13,756,595	48,486	13,805,081	350,146.35	39.43	27.00
28.00	Administrative & General under contract (see inst.)	2,744,999	0	2,744,999	34,743.50	79.01	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,817,409	-13,181	2,804,228	97,974.98	28.62	30.00
31.00	Laundry & Linen Service	379,002	-1,773	377,229	22,099.42	17.07	31.00
32.00	Housekeeping	2,771,632	-12,967	2,758,665	151,967.85	18.15	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,025,938	-1,309,490	716,448	35,400.50	20.24	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,300,011	1,300,011	64,234.00	20.24	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	6,078,657	-28,438	6,050,219	135,820.03	44.55	38.00
39.00	Central Services and Supply	1,133,650	-5,304	1,128,346	44,354.30	25.44	39.00
40.00	Pharmacy	2,621,026	-12,262	2,608,764	59,054.65	44.18	40.00
41.00	Medical Records & Medical Records Library	631,332	20,992	652,324	25,328.90	25.75	41.00
42.00	Social Service	1,966,041	-9,198	1,956,843	54,541.57	35.88	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
7/30/2021 3:06 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	148,998,950	0	148,998,950	3,600,600.95	41.38	1.00
2.00	Excluded area salaries (see instructions)	55,888,797	-397,674	55,491,123	1,003,409.91	55.30	2.00
3.00	Subtotal salaries (line 1 minus line 2)	93,110,153	397,674	93,507,827	2,597,191.04	36.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,317,100	0	1,317,100	15,391.02	85.58	4.00
5.00	Subtotal wage-related costs (see inst.)	22,748,223	0	22,748,223	0.00	24.33	5.00
6.00	Total (sum of lines 3 thru 5)	117,175,476	397,674	117,573,150	2,612,582.06	45.00	6.00
7.00	Total overhead cost (see instructions)	39,294,854	707,183	40,002,037	1,151,134.79	34.75	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/30/2021 3:06 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		4,636,429	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		823,432	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
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)		16,351,600	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		251,251	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)		411,435	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,079,789	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		9,493,831	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		109,910	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
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		366,783	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		33,524,460	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0005

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	704,560	33,524,460	1.00
2.00	Hospital	704,560	33,524,460	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/30/2021 3:06 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.284063	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			3,250,846	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			3,755,582	5.00	
6.00	Medicaid charges			71,263,643	6.00	
7.00	Medicaid cost (line 1 times line 6)			20,243,364	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)			13,236,936	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>						
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			13,236,936	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	10,251,912	1,742,541	11,994,453	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,912,189	1,742,541	4,654,730	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)	2,912,189	1,742,541	4,654,730	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)			16,513,083	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			221,153	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			340,235	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			16,172,848	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,713,190	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,367,920	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			22,604,856	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0005		Period: From 01/01/2020 To 12/31/2020		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		26,230,496	26,230,496	0	26,230,496	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,368,573	23,327,993	25,696,566	839,549	26,536,115	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,756,595	58,320,470	72,077,065	159,068	72,236,133	5.00
7.00	00700	OPERATION OF PLANT	2,817,409	8,634,215	11,451,624	58,488	11,510,112	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	379,002	110,795	489,797	19,321	509,118	8.00
9.00	00900	HOUSEKEEPING	2,771,632	877,567	3,649,199	-13,618	3,635,581	9.00
10.00	01000	DIETARY	2,025,938	1,447,206	3,473,144	-2,242,510	1,230,634	10.00
11.00	01100	CAFETERIA	0	0	0	2,233,025	2,233,025	11.00
13.00	01300	NURSING ADMINISTRATION	6,078,657	4,410,495	10,489,152	-974,758	9,514,394	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,133,650	1,629,054	2,762,704	-26,913	2,735,791	14.00
15.00	01500	PHARMACY	2,621,026	11,558,029	14,179,055	-10,620,125	3,558,930	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	631,332	695,080	1,326,412	39,652	1,366,064	16.00
17.00	01700	SOCIAL SERVICE	1,966,041	224,448	2,190,489	-10,439	2,180,050	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	18,413,952	2,644,803	21,058,755	-5,021,911	16,036,844	30.00
31.00	03100	INTENSIVE CARE UNIT	3,181,033	946,538	4,127,571	-92,009	4,035,562	31.00
43.00	04300	NURSERY	0	1,461	1,461	1,646,105	1,647,566	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,649,004	8,970,017	11,619,021	-7,934,837	3,684,184	50.00
50.01	05001	ENDOSCOPY	1,013,997	578,142	1,592,139	-73,841	1,518,298	50.01
51.00	05100	RECOVERY ROOM	1,413,909	294,952	1,708,861	-10,131	1,698,730	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	36,815	36,815	3,186,740	3,223,555	52.00
53.00	05300	ANESTHESIOLOGY	6,825,136	851,001	7,676,137	-64,340	7,611,797	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,277,559	2,119,906	8,397,465	-201,608	8,195,857	54.00
54.01	05401	RADIATION-ONCOLOGY	1,368,626	15,330,660	16,699,286	106,542	16,805,828	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	206,422	224,916	431,338	-62,638	368,700	56.01
59.00	05900	CARDIAC CATHETERIZATION	578,675	1,285,380	1,864,055	-277,097	1,586,958	59.00
60.00	06000	LABORATORY	3,406,780	6,658,638	10,065,418	-14,037	10,051,381	60.00
64.00	06400	INTRAVENOUS THERAPY	1,009,688	539,230	1,548,918	82,735	1,631,653	64.00
65.00	06500	RESPIRATORY THERAPY	2,459,839	720,153	3,179,992	-64,531	3,115,461	65.00
66.00	06600	PHYSICAL THERAPY	6,094,051	2,022,670	8,116,721	-68,388	8,048,333	66.00
67.00	06700	OCCUPATIONAL THERAPY	527,879	72,856	600,735	-2,896	597,839	67.00
68.00	06800	SPEECH PATHOLOGY	339,000	28,122	367,122	-1,135	365,987	68.00
69.00	06900	ELECTROCARDIOLOGY	894,148	286,524	1,180,672	-6,176	1,174,496	69.00
69.01	06901	CARDIAC REHAB	558,293	54,919	613,212	-3,517	609,695	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	123,876	18,736	142,612	-580	142,032	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,048,726	11,048,726	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,576,785	11,576,785	73.00
73.01	07301	ULTRA SOUND	612,743	70,981	683,724	-5,187	678,537	73.01
74.00	07400	RENAL DIALYSIS	264	329,212	329,476	-221	329,255	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,565,656	3,964,585	5,530,241	-688,215	4,842,026	90.00
91.00	09100	EMERGENCY	6,636,055	1,682,377	8,318,432	-83,394	8,235,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	102,706,440	187,199,442	289,905,882	2,431,684	292,337,566	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	47,932,516	17,936,364	65,868,880	-2,368,918	63,499,962	192.00
192.01	19201	HEALTH TRACKS	3,181,617	701,106	3,882,723	-29,625	3,853,098	192.01
194.00	07950	PRIMARY CARE CLINIC	922,286	1,376,467	2,298,753	-6,771	2,291,982	194.00
194.01	07951	PARTNERS IN CARE	0	-16,799	-16,799	0	-16,799	194.01
194.02	07952	OCCUPATIONAL MEDICINE	425,224	526,966	952,190	-2,356	949,834	194.02
194.03	07953	FOUNDATION	150,394	21,426	171,820	-704	171,116	194.03
194.04	07954	SCHOOL & TOWN CLINICS	1,493,234	775,715	2,268,949	-13,387	2,255,562	194.04
194.05	07955	MANAGED FACILITY	450,302	148,802	599,104	-2,109	596,995	194.05
194.06	07956	RENTAL PROPERTIES	190	164,046	164,236	-1	164,235	194.06
194.07	07957	SNF NON CERTIFIED	1,333,034	202,403	1,535,437	-7,813	1,527,624	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	158,595,237	209,035,938	367,631,175	0	367,631,175	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0005

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

Worksheet A  
Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-555,189	25,675,307	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-576,941	25,959,174	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-19,754,788	52,481,345	5.00
7.00	00700	OPERATION OF PLANT	-157,887	11,352,225	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	509,118	8.00
9.00	00900	HOUSEKEEPING	0	3,635,581	9.00
10.00	01000	DIETARY	-480,318	750,316	10.00
11.00	01100	CAFETERIA	-893,348	1,339,677	11.00
13.00	01300	NURSING ADMINISTRATION	-119,787	9,394,607	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-67,276	2,668,515	14.00
15.00	01500	PHARMACY	-46,365	3,512,565	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-34	1,366,030	16.00
17.00	01700	SOCIAL SERVICE	0	2,180,050	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-3,579,559	12,457,285	30.00
31.00	03100	INTENSIVE CARE UNIT	-337,143	3,698,419	31.00
43.00	04300	NURSERY	0	1,647,566	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-372	3,683,812	50.00
50.01	05001	ENDOSCOPY	0	1,518,298	50.01
51.00	05100	RECOVERY ROOM	0	1,698,730	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,223,555	52.00
53.00	05300	ANESTHESIOLOGY	-6,623,485	988,312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-59,816	8,136,041	54.00
54.01	05401	RADIATION-ONCOLOGY	-17,850	16,787,978	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0	368,700	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,586,958	59.00
60.00	06000	LABORATORY	-398,509	9,652,872	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,631,653	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,115,461	65.00
66.00	06600	PHYSICAL THERAPY	-815,251	7,233,082	66.00
67.00	06700	OCCUPATIONAL THERAPY	-78,857	518,982	67.00
68.00	06800	SPEECH PATHOLOGY	0	365,987	68.00
69.00	06900	ELECTROCARDIOLOGY	-154,990	1,019,506	69.00
69.01	06901	CARDIAC REHAB	0	609,695	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	142,032	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,048,726	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,576,785	73.00
73.01	07301	ULTRA SOUND	0	678,537	73.01
74.00	07400	RENAL DIALYSIS	0	329,255	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	4,842,026	90.00
91.00	09100	EMERGENCY	-1,250,501	6,984,537	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-35,968,266	256,369,300	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	63,499,962	192.00
192.01	19201	HEALTH TRACKS	0	3,853,098	192.01
194.00	07950	PRIMARY CARE CLINIC	0	2,291,982	194.00
194.01	07951	PARTNERS IN CARE	0	-16,799	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	949,834	194.02
194.03	07953	FOUNDATION	0	171,116	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	2,255,562	194.04
194.05	07955	MANAGED FACILITY	0	596,995	194.05
194.06	07956	RENTAL PROPERTIES	0	164,235	194.06
194.07	07957	SNF NON CERTIFIED	0	1,527,624	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-35,968,266	331,662,909	200.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:  
7/30/2021 3:06 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DRUGS RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	79,104	1.00
2.00	INTRAVENOUS THERAPY	64.00	0	93,554	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,576,785	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
TOTALS			0	11,749,443	
<b>B - MOB RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	28,151	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	142,337	2.00
3.00	OPERATION OF PLANT	7.00	0	71,669	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	30,644	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	69,351	5.00
6.00	RADIATION-ONCOLOGY	54.01	0	115,571	6.00
7.00	LABORATORY	60.00	0	4,599	7.00
8.00	PHYSICAL THERAPY	66.00	0	25,110	8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	25,110	9.00
10.00	CLINIC	90.00	0	142,616	10.00
TOTALS			0	655,158	
<b>C - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	1,306,122	933,014	1.00
TOTALS			1,306,122	933,014	
<b>D - IMPLANTABLE DEVICE RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,048,726	1.00
2.00		0.00	0	0	2.00
TOTALS			0	11,048,726	
<b>E - BONUS/PTO RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	730,307	0	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

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:  
7/30/2021 3:06 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
	TOTALS		730,307	0		
<b>F - MEDICAL SUPPLY RECLASS</b>						
1.00	OPERATING ROOM	50.00	0	2,323,453		1.00
2.00	SPEECH PATHOLOGY	68.00	0	451		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
	TOTALS		0	2,323,904		
<b>G - HIM RECLASS</b>						
1.00	MEDICAL RECORDS & LIBRARY	16.00	24,058	18,660		1.00
	TOTALS		24,058	18,660		
<b>H - HEALTH INSURANCE RECLASS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,816		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	2,816		
<b>I - CHILDBIRTH CENTER RECLASS</b>						
1.00	NURSERY	43.00	1,428,613	224,176		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,766,047	434,045		2.00
	TOTALS		4,194,660	658,221		
<b>J - MEDICAL DIRECTOR RECLASS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	137,433	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		137,433	0		



Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:  
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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
500.00	Grand Total: Increases	6,392,580	27,389,942		500.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6  
Date/Time Prepared:  
7/30/2021 3:06 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - DRUGS RECLASS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,000	0	1.00
2.00	HOUSEKEEPING	9.00	0	34	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	937,059	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,585	0	4.00
5.00	PHARMACY	15.00	0	10,585,983	0	5.00
6.00	SOCIAL SERVICE	17.00	0	1,056	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	4,229	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	1,632	0	8.00
9.00	OPERATING ROOM	50.00	0	17,840	0	9.00
10.00	ENDOSCOPY	50.01	0	2,222	0	10.00
11.00	RECOVERY ROOM	51.00	0	521	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	411	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	42	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,376	0	14.00
15.00	RADIATION-ONCOLOGY	54.01	0	2,300	0	15.00
16.00	NUCLEAR MEDICINE	56.01	0	61,138	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	3,932	0	17.00
18.00	LABORATORY	60.00	0	13	0	18.00
19.00	INTRAVENOUS THERAPY	64.00	0	495	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	6,371	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	27,805	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	20,704	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	339	0	23.00
24.00	CARDIAC REHAB	69.01	0	6	0	24.00
25.00	RENAL DIALYSIS	74.00	0	162	0	25.00
26.00	CLINIC	90.00	0	2,837	0	26.00
27.00	EMERGENCY	91.00	0	3,351	0	27.00
TOTALS			0	11,749,443		
<b>B - MOB RECLASS</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	655,158	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
TOTALS			0	655,158		
<b>C - CAFETERIA RECLASS</b>						
1.00	DIETARY	10.00	1,306,122	933,014	0	1.00
TOTALS			1,306,122	933,014		
<b>D - IMPLANTABLE DEVICE RECLASS</b>						
1.00	CLINIC	90.00	0	820,669	0	1.00
2.00	OPERATING ROOM	50.00	0	10,228,057	0	2.00
TOTALS			0	11,048,726		
<b>E - BONUS/PTO RECLASS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	64,889	0	0	1.00
2.00	OPERATION OF PLANT	7.00	13,181	0	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	1,773	0	0	3.00
4.00	HOUSEKEEPING	9.00	12,967	0	0	4.00
5.00	DIETARY	10.00	3,368	0	0	5.00
6.00	CAFETERIA	11.00	6,111	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	28,438	0	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	5,304	0	0	8.00
9.00	PHARMACY	15.00	12,262	0	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	3,066	0	0	10.00
11.00	SOCIAL SERVICE	17.00	9,198	0	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	66,524	0	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	14,882	0	0	13.00
14.00	NURSERY	43.00	6,684	0	0	14.00
15.00	OPERATING ROOM	50.00	12,393	0	0	15.00
16.00	ENDOSCOPY	50.01	4,744	0	0	16.00
17.00	RECOVERY ROOM	51.00	6,615	0	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	12,941	0	0	18.00
19.00	ANESTHESIOLOGY	53.00	31,931	0	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	29,369	0	0	20.00
21.00	RADIATION-ONCOLOGY	54.01	6,403	0	0	21.00
22.00	NUCLEAR MEDICINE	56.01	966	0	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	2,707	0	0	23.00
24.00	LABORATORY	60.00	15,938	0	0	24.00
25.00	INTRAVENOUS THERAPY	64.00	4,724	0	0	25.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:  
7/30/2021 3:06 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	RESPIRATORY THERAPY	65.00	11,508	0	0		26.00
27.00	PHYSICAL THERAPY	66.00	28,510	0	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	2,470	0	0		28.00
29.00	SPEECH PATHOLOGY	68.00	1,586	0	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	4,183	0	0		30.00
31.00	CARDIAC REHAB	69.01	2,612	0	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	580	0	0		32.00
33.00	ULTRA SOUND	73.01	2,867	0	0		33.00
34.00	RENAL DIALYSIS	74.00	1	0	0		34.00
35.00	CLINIC	90.00	7,325	0	0		35.00
36.00	EMERGENCY	91.00	31,046	0	0		36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	223,260	0	0		37.00
38.00	HEALTH TRACKS	192.01	14,885	0	0		38.00
39.00	PRIMARY CARE CLINIC	194.00	4,315	0	0		39.00
40.00	OCCUPATIONAL MEDICINE	194.02	1,989	0	0		40.00
41.00	FOUNDATION	194.03	704	0	0		41.00
42.00	SCHOOL & TOWN CLINICS	194.04	6,744	0	0		42.00
43.00	MANAGED FACILITY	194.05	2,107	0	0		43.00
44.00	RENTAL PROPERTIES	194.06	1	0	0		44.00
45.00	SNF NON CERTIFIED	194.07	6,236	0	0		45.00
	TOTALS		730,307	0			
<b>F - MEDICAL SUPPLY RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	829	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	95	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	9,550	0		3.00
4.00	HOUSEKEEPING	9.00	0	617	0		4.00
5.00	DIETARY	10.00	0	6	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	9,261	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,629	0		7.00
8.00	PHARMACY	15.00	0	21,880	0		8.00
9.00	SOCIAL SERVICE	17.00	0	185	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	98,277	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	75,495	0		11.00
12.00	ENDOSCOPY	50.01	0	66,875	0		12.00
13.00	RECOVERY ROOM	51.00	0	2,995	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	32,367	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	188,214	0		15.00
16.00	RADIATION-ONCOLOGY	54.01	0	326	0		16.00
17.00	NUCLEAR MEDICINE	56.01	0	534	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	270,458	0		18.00
19.00	LABORATORY	60.00	0	2,685	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	5,600	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	46,231	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	37,183	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	4,832	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	1,654	0		24.00
25.00	CARDIAC REHAB	69.01	0	899	0		25.00
26.00	ULTRA SOUND	73.01	0	2,320	0		26.00
27.00	RENAL DIALYSIS	74.00	0	58	0		27.00
28.00	EMERGENCY	91.00	0	48,997	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,359,367	0		29.00
30.00	HEALTH TRACKS	192.01	0	14,740	0		30.00
31.00	PRIMARY CARE CLINIC	194.00	0	2,456	0		31.00
32.00	OCCUPATIONAL MEDICINE	194.02	0	367	0		32.00
33.00	SCHOOL & TOWN CLINICS	194.04	0	343	0		33.00
34.00	MANAGED FACILITY	194.05	0	2	0		34.00
35.00	SNF NON CERTIFIED	194.07	0	1,577	0		35.00
	TOTALS		0	2,323,904			
<b>G - HIM RECLASS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	24,058	18,660	0		1.00
	TOTALS		24,058	18,660			
<b>H - HEALTH INSURANCE RECLASS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,395	0		1.00
2.00	RESPIRATORY THERAPY	65.00	0	421	0		2.00
	TOTALS		0	2,816			
<b>I - CHILDBIRTH CENTER RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	4,194,660	658,221	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		4,194,660	658,221			
<b>J - MEDICAL DIRECTOR RECLASS</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	131,133	0	0		1.00
2.00	SCHOOL & TOWN CLINICS	194.04	6,300	0	0		2.00
	TOTALS		137,433	0			
500.00	Grand Total: Decreases		6,392,580	27,389,942			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
7/30/2021 3:06 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	25,010,345	0	0	6,084,139	1.00
2.00	Land Improvements	9,993,537	0	0	0	2.00
3.00	Buildings and Fixtures	289,450,169	8,064,268	0	8,064,268	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	150,620,457	0	0	5,767,066	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	475,074,508	8,064,268	0	8,064,268	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	475,074,508	8,064,268	0	8,064,268	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	18,926,206	0			1.00
2.00	Land Improvements	9,993,537	0			2.00
3.00	Buildings and Fixtures	297,514,437	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	144,853,391	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	471,287,571	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	471,287,571	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	26,230,496	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	26,230,496	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	NEW CAP REL COSTS-BLDG & FIXT	0	26,230,496				1.00
3.00	Total (sum of lines 1-2)	0	26,230,496				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	471,287,571	0	471,287,571	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	471,287,571	0	471,287,571	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	26,303,871	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	26,303,871	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-628,564	0	0	0	25,675,307	1.00
3.00	Total (sum of lines 1-2)	-628,564	0	0	0	25,675,307	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:  
7/30/2021 3:06 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-628,564	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-14,249,594			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-893,348	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:  
7/30/2021 3:06 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.00	1993 CARRYFORWARD	A	70,087	NEW CAP REL COSTS-BLDG & FI XT	1.00	9 33.00
33.01	1994 CARRYFORWARD	A	3,288	NEW CAP REL COSTS-BLDG & FI XT	1.00	9 33.01
33.02	INTEREST EXPENSE-LONG TERM CARE	A		NEW CAP REL COSTS-BLDG & FI XT	1.00	11 33.02
33.03	ADMINI TTING TELEPHONE (EQUIPMENT)	A	-12,114	ADMINI STRATI VE & GENERAL	5.00	0 33.03
33.04	ADMINI TTING TELEPHONE (SALARY)	A	-23,398	ADMINI STRATI VE & GENERAL	5.00	0 33.04
33.05	MARKETING DEPARTMENT	A	-2,119,677	ADMINI STRATI VE & GENERAL	5.00	0 33.05
33.06	PHYSI CIAN RECRUI TMENT	A	-5,476,057	ADMINI STRATI VE & GENERAL	5.00	0 33.06
33.07	I HA LOBBYING EXPENSE	A	-8,096	ADMINI STRATI VE & GENERAL	5.00	0 33.07
33.08	AHA LOBBYING EXPENSE	A	-7,351	ADMINI STRATI VE & GENERAL	5.00	0 33.08
33.09	HOSPITAL ASSESSMENT FEE	A	-5,439,367	ADMINI STRATI VE & GENERAL	5.00	0 33.09
33.10	HIP ASSESSMENT FEE	A	-4,933,469	ADMINI STRATI VE & GENERAL	5.00	0 33.10
33.11	MEALS ON WHEELS	A	-480,318	DI ETARY	10.00	0 33.11
33.12	REVENUE OTHER OPERATING	B		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.12
33.13	HRH BENEFITS EXPENSE	B	-216,565	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.13
33.14	HRH WELLNESS	B	-113,148	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.14
33.15	JURY DUTY	B	-423	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.15
33.16	REVENUE OTHER OPERATING	B		ADMINI STRATI VE & GENERAL	5.00	0 33.16
33.17	CHAPLAINCY	B	-1,516	ADMINI STRATI VE & GENERAL	5.00	0 33.17
33.18	FINANCIAL SERVI CES	B	-8,895	ADMINI STRATI VE & GENERAL	5.00	0 33.18
33.19	GI FT SHOP	B	-348,131	ADMINI STRATI VE & GENERAL	5.00	0 33.19
33.20	NON-OPERATING HOSPITAL OVERHEAD	B		ADMINI STRATI VE & GENERAL	5.00	0 33.20
33.21	ANSWERING SERVI CE	B	-4,489	ADMINI STRATI VE & GENERAL	5.00	0 33.21
33.22	REVENUE - OTHER OPERATING	B	-139,813	ADMINI STRATI VE & GENERAL	5.00	0 33.22
33.23	OPERATIONAL EXCELLENCE	B	-360	ADMINI STRATI VE & GENERAL	5.00	0 33.23
33.24	REVENUE CYCLE	B	-932	ADMINI STRATI VE & GENERAL	5.00	0 33.24
33.25	VOLUNTEER SERVI CES	B	-22,625	ADMINI STRATI VE & GENERAL	5.00	0 33.25
33.26	GAIN FROM INSURANCE PROCEEDS	B	-98,690	ADMINI STRATI VE & GENERAL	5.00	0 33.26
33.27	REVENUE OTHER OPERATING	B	-157,887	OPERATION OF PLANT	7.00	0 33.27
33.28	REVENUE - OTHER OPERATING	B		OPERATION OF PLANT	7.00	0 33.28
33.29	SUPPORT SERVI CE	B		HOUSEKEEPI NG	9.00	0 33.29
33.30	EDUCATI ONAL SERVI CES	B	-1,563	NURSI NG ADMINI STRATI ON	13.00	0 33.30
33.31	REVENUE - OTHER OPERATING	B	-698	NURSI NG ADMINI STRATI ON	13.00	0 33.31
33.32	MATERI ALS MANAGEMENT	B	-67,276	CENTRAL SERVI CES & SUPPLY	14.00	0 33.32
33.33	PHARMACY	B	-46,365	PHARMACY	15.00	0 33.33
33.34	REVENUE OTHER OPERATING	B	-34	MEDI CAL RECORDS & LI BRARY	16.00	0 33.34
33.35	REVENUE OTHER OPERATING	B		SOCI AL SERVI CE	17.00	0 33.35
33.36	TRANSI TION OF CARE	B		SOCI AL SERVI CE	17.00	0 33.36
33.37	CHI LD BI RTH CENTER	B	-4,030	ADULTS & PEDI ATRI CS	30.00	0 33.37
33.38	REVENUE OTHER OPERATING	B		ADULTS & PEDI ATRI CS	30.00	0 33.38
33.39	OPERATING ROOM	B		OPERATING ROOM	50.00	0 33.39
33.40	REVENUE - OTHER OPERATING	B	8,100	RADI OLOGY-DI AGNOSTI C	54.00	0 33.40
33.41	ONCOLOGY INFUSI ON CENTER	B	-17,850	RADI ATI ON-ONCOLOGY	54.01	0 33.41
33.42	REVENUE - OTHER OPERATING	B		RADI ATI ON-ONCOLOGY	54.01	0 33.42
33.43	CARDI AC CATH LAB	B		CARDI AC CATHETERI ZATI ON	59.00	0 33.43
33.44	LABORATORY	B	-309,147	LABORATORY	60.00	0 33.44
33.45	RESPI RATORY THERAPY	B		RESPI RATORY THERAPY	65.00	0 33.45
33.46	HRH SPORTS MEDI CI NE PHYSI CI AN	B	-274	PHYSI CAL THERAPY	66.00	0 33.46
33.47	PHYSI CAL THERAPY	B	-1,524	PHYSI CAL THERAPY	66.00	0 33.47
33.48	PHYSI CAL THERAPY - AVON	B	-4,595	PHYSI CAL THERAPY	66.00	0 33.48
33.49	PHYSI CAL THERAPY - BROWNSBURG	B	-157	PHYSI CAL THERAPY	66.00	0 33.49
33.50	PHYSI CAL THERAPY - PLAINFI EL D	B	-1,293	PHYSI CAL THERAPY	66.00	0 33.50
33.51	SPORTS MEDI CI NE	B	-101,721	PHYSI CAL THERAPY	66.00	0 33.51
33.52	REVENUE - OTHER OPERATING	B		PHYSI CAL THERAPY	66.00	0 33.52
33.53	OCCUPATI ONAL THERAPY REHAB	B	-78,857	OCCUPATI ONAL THERAPY	67.00	0 33.53
33.54	CARDI AC REHABI LI TATI ON	B		CARDI AC REHAB	69.01	0 33.54
33.55	REVENUE - OTHER OPERATING	B		ULTRA SOUND	73.01	0 33.55
33.56	HIBBELN SURGERY CENTER	B		CLINI C	90.00	0 33.56
33.57	EMERGENCY DEPARTMENT	B		EMERGENCY	91.00	0 33.57
33.58	EMS PROGRAM	B	-29,530	EMERGENCY	91.00	0 33.58
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,968,266			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.  
(2) Basis for adjustment (see instructions).



ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:  
7/30/2021 3:06 pm

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

- 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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0005

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

Worksheet A-8-2

Date/Time Prepared:  
7/30/2021 3:06 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	617,748	2,502	615,246	206,300	3,740	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	1,506,340	710,500	795,840	206,300	3,998	2.00
3.00	13.00	NURSING ADMINISTRATION	178,127	53,954	124,173	206,300	611	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	3,611,037	3,527,304	83,733	174,600	423	5.00
6.00	31.00	INTENSIVE CARE UNIT	350,053	326,653	23,400	233,500	115	6.00
7.00	50.00	OPERATING ROOM	372	372	0	206,300	0	7.00
8.00	53.00	ANESTHESIOLOGY	6,623,485	6,623,485	0	233,500	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	67,916	67,916	0	206,300	0	9.00
10.00	60.00	LABORATORY	89,362	89,362	0	253,900	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	206,300	0	11.00
12.00	66.00	PHYSICAL THERAPY	705,687	705,687	0	206,300	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	154,990	154,990	0	206,300	0	13.00
14.00	91.00	EMERGENCY	1,243,783	1,186,970	56,813	206,300	230	14.00
200.00			15,148,900	13,449,695	1,699,205		9,117	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	370,943	18,547	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	396,532	19,827	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	60,601	3,030	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	35,508	1,775	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	12,910	646	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	22,812	1,141	0	0	0	14.00
200.00			899,306	44,966	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	370,943	244,303	246,805		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	396,532	399,308	1,109,808		2.00
3.00	13.00	NURSING ADMINISTRATION	0	60,601	63,572	117,526		3.00
4.00	0.00		0	0	0	0		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	35,508	48,225	3,575,529		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	12,910	10,490	337,143		6.00
7.00	50.00	OPERATING ROOM	0	0	0	372		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	6,623,485		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	67,916		9.00
10.00	60.00	LABORATORY	0	0	0	89,362		10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0		11.00
12.00	66.00	PHYSICAL THERAPY	0	0	0	705,687		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	154,990		13.00
14.00	91.00	EMERGENCY	0	22,812	34,001	1,220,971		14.00
200.00			0	899,306	799,899	14,249,594		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	25,675,307	25,675,307				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	25,959,174	316,428	26,275,602			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	52,481,345	1,764,461	2,332,769	56,578,575	56,578,575	5.00
7.00 00700	OPERATION OF PLANT	11,352,225	3,313,886	473,856	15,139,967	3,113,761	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	509,118	271,061	63,744	843,923	173,565	8.00
9.00 00900	HOUSEKEEPING	3,635,581	127,124	466,156	4,228,861	869,729	9.00
10.00 01000	DIETARY	750,316	477,377	121,065	1,348,758	277,392	10.00
11.00 01100	CAFETERIA	1,339,677	84,778	219,675	1,644,130	338,140	11.00
13.00 01300	NURSING ADMINISTRATION	9,394,607	246,753	1,022,360	10,663,720	2,193,154	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,668,515	460,821	190,667	3,320,003	682,808	14.00
15.00 01500	PHARMACY	3,512,565	251,968	440,826	4,205,359	864,895	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,366,030	154,680	110,229	1,630,939	335,427	16.00
17.00 01700	SOCIAL SERVICE	2,180,050	0	330,665	2,510,715	516,366	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	12,457,285	2,164,983	2,391,521	17,013,789	3,499,141	30.00
31.00 03100	INTENSIVE CARE UNIT	3,698,419	251,085	535,013	4,484,517	922,308	31.00
43.00 04300	NURSERY	1,647,566	47,533	240,276	1,935,375	398,039	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	3,683,812	640,065	445,532	4,769,409	980,901	50.00
50.01 05001	ENDOSCOPY	1,518,298	443,010	170,543	2,131,851	438,447	50.01
51.00 05100	RECOVERY ROOM	1,698,730	781,124	237,803	2,717,657	558,927	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,223,555	312,980	465,217	4,001,752	823,020	52.00
53.00 05300	ANESTHESIOLOGY	988,312	0	1,147,909	2,136,221	439,346	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,136,041	1,076,037	1,055,813	10,267,891	2,111,746	54.00
54.01 05401	RADIATION-ONCOLOGY	16,787,978	478,118	230,187	17,496,283	3,598,373	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601	NUCLEAR MEDICINE	368,700	15,018	34,718	418,436	86,058	56.01
59.00 05900	CARDIAC CATHETERIZATION	1,586,958	271,659	97,326	1,955,943	402,269	59.00
60.00 06000	LABORATORY	9,652,872	350,367	572,981	10,576,220	2,175,158	60.00
64.00 06400	INTRAVENOUS THERAPY	1,631,653	94,809	169,818	1,896,280	389,998	64.00
65.00 06500	RESPIRATORY THERAPY	3,115,461	326,544	413,717	3,855,722	792,987	65.00
66.00 06600	PHYSICAL THERAPY	7,233,082	696,802	1,024,949	8,954,833	1,841,696	66.00
67.00 06700	OCCUPATIONAL THERAPY	518,982	204,920	88,783	812,685	167,141	67.00
68.00 06800	SPEECH PATHOLOGY	365,987	67,680	57,016	490,683	100,916	68.00
69.00 06900	ELECTROCARDIOLOGY	1,019,506	314,319	150,385	1,484,210	305,250	69.00
69.01 06901	CARDIAC REHAB	609,695	139,634	93,898	843,227	173,422	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	142,032	76,428	20,834	239,294	49,214	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	11,048,726	0	0	11,048,726	2,272,336	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	11,576,785	0	0	11,576,785	2,380,939	73.00
73.01 07301	ULTRA SOUND	678,537	19,435	103,056	801,028	164,743	73.01
74.00 07400	RENAL DIALYSIS	329,255	0	44	329,299	67,725	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	4,842,026	512,941	263,325	5,618,292	1,155,486	90.00
91.00 09100	EMERGENCY	6,984,537	989,036	1,116,108	9,089,681	1,869,429	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	256,369,300	17,743,864	16,898,784	239,061,039	37,530,252	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	63,499,962	6,007,913	8,039,687	77,547,562	15,948,723	192.00
192.01 19201	HEALTH TRACKS	3,853,098	380,004	535,111	4,768,213	980,655	192.01
194.00 07950	PRIMARY CARE CLINIC	2,291,982	988,068	155,118	3,435,168	706,494	194.00
194.01 07951	PARTNERS IN CARE	-16,799	0	0	-16,799	0	194.01
194.02 07952	OCCUPATIONAL MEDICINE	949,834	123,932	71,518	1,145,284	235,545	194.02
194.03 07953	FOUNDATION	171,116	22,085	25,294	218,495	44,937	194.03
194.04 07954	SCHOOL & TOWN CLINICS	2,255,562	32,714	250,121	2,538,397	522,059	194.04
194.05 07955	MANAGED FACILITY	596,995	0	75,736	672,731	138,357	194.05
194.06 07956	RENTAL PROPERTIES	164,235	0	32	164,267	33,784	194.06
194.07 07957	SNF NON CERTIFIED	1,527,624	376,727	224,201	2,128,552	437,769	194.07
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)	331,662,909	25,675,307	26,275,602	331,662,909	56,578,575	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	18,253,728				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,017,488			8.00	
9.00	00900	HOUSEKEEPING	228,864	0	5,327,454		9.00	
10.00	01000	DIETARY	897,875	0	33,401	2,557,426	10.00	
11.00	01100	CAFETERIA	159,454	0	56,782	0	11.00	
13.00	01300	NURSING ADMINISTRATION	464,106	0	36,741	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	830,395	464	93,523	0	14.00	
15.00	01500	PHARMACY	473,914	999	20,041	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	290,930	0	6,680	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	3,340	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,760,438	258,343	941,910	1,757,475	30.00	
31.00	03100	INTENSIVE CARE UNIT	472,252	70,443	357,390	310,920	31.00	
43.00	04300	NURSERY	89,402	27,137	13,360	285,741	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,203,866	52,817	163,665	0	50.00	
50.01	05001	ENDOSCOPY	833,235	51,988	126,924	0	50.01	
51.00	05100	RECOVERY ROOM	1,469,176	46,152	60,122	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	588,667	52,540	167,005	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	6,680	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,117,895	112,533	360,730	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0	6,923	136,944	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	28,246	0	10,020	0	56.01	
59.00	05900	CARDIAC CATHETERIZATION	510,950	0	0	0	59.00	
60.00	06000	LABORATORY	483,562	7,181	243,827	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	178,321	12	10,020	0	64.00	
65.00	06500	RESPIRATORY THERAPY	549,809	0	16,700	0	65.00	
66.00	06600	PHYSICAL THERAPY	560,100	67,038	484,314	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	23,208	0	50,101	0	67.00	
68.00	06800	SPEECH PATHOLOGY	127,295	0	10,020	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	591,187	12,912	53,442	0	69.00	
69.01	06901	CARDIAC REHAB	158,436	201	40,081	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	143,750	1,410	46,761	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	36,554	0	10,020	0	73.01	
74.00	07400	RENAL DIALYSIS	0	279	13,360	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	40,865	367,411	0	90.00	
91.00	09100	EMERGENCY	1,212,066	145,364	397,471	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				183,312	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,483,953	955,601	4,338,786	2,354,136	2,159,844	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	61,209	31,738	731,481	0	0	192.00
192.01	19201	HEALTH TRACKS	0	6,643	146,964	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	2,871	30,061	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	909	70,142	0	0	194.02
194.03	07953	FOUNDATION	0	0	3,340	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	316	6,680	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	708,566	19,410	0	203,290	38,662	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,253,728	1,017,488	5,327,454	2,557,426	2,198,506	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	13,518,873					13.00
14.00	01400	0	4,979,820				14.00
15.00	01500	0	0	5,635,277			15.00
16.00	01600	0	0	0	2,294,029		16.00
17.00	01700	0	0	0	0	3,095,136	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,336,511	0	0	114,727	1,293,114	30.00
31.00	03100	810,750	0	0	42,857	228,826	31.00
43.00	04300	460,891	0	0	28,266	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	923,350	4,979,820	0	215,968	1,222,001	50.00
50.01	05001	311,598	0	0	42,278	0	50.01
51.00	05100	403,776	0	0	41,152	0	51.00
52.00	05200	892,381	0	0	54,990	0	52.00
53.00	05300	573,031	0	0	61,115	0	53.00
54.00	05400	1,911,201	0	0	235,210	0	54.00
54.01	05401	0	0	0	213,471	0	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	61,763	0	0	22,161	0	56.01
59.00	05900	191,140	0	0	77,956	0	59.00
60.00	06000	0	0	0	232,281	0	60.00
64.00	06400	0	0	0	29,514	0	64.00
65.00	06500	822,571	0	0	61,067	0	65.00
66.00	06600	0	0	0	70,561	0	66.00
67.00	06700	0	0	0	7,726	0	67.00
68.00	06800	0	0	0	7,148	0	68.00
69.00	06900	440,905	0	0	57,946	0	69.00
69.01	06901	171,803	0	0	5,563	0	69.01
70.00	07000	0	0	0	2,138	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	66,071	0	72.00
73.00	07300	0	0	5,635,277	151,384	0	73.00
73.01	07301	0	0	0	31,571	0	73.01
74.00	07400	0	0	0	1,406	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	105,258	0	90.00
91.00	09100	1,822,763	0	0	314,244	351,195	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00							
		13,134,434	4,979,820	5,635,277	2,294,029	3,095,136	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
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
194.06	07956	0	0	0	0	0	194.06
194.07	07957	384,439	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		13,518,873	4,979,820	5,635,277	2,294,029	3,095,136	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	32,310,997	0	32,310,997
31.00	03100	INTENSIVE CARE UNIT	7,781,799	0	7,781,799
43.00	04300	NURSERY	3,284,562	0	3,284,562
44.00	04400	SKILLED NURSING FACILITY	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	14,604,657	0	14,604,657
50.01	05001	ENDOSCOPY	3,967,658	0	3,967,658
51.00	05100	RECOVERY ROOM	5,337,569	0	5,337,569
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,670,100	0	6,670,100
53.00	05300	ANESTHESIOLOGY	3,274,022	0	3,274,022
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,309,412	0	16,309,412
54.01	05401	RADIATION-ONCOLOGY	21,497,115	0	21,497,115
56.00	05600	RADIOISOTOPE	0	0	0
56.01	05601	NUCLEAR MEDICINE	632,895	0	632,895
59.00	05900	CARDIAC CATHETERIZATION	3,157,481	0	3,157,481
60.00	06000	LABORATORY	13,862,998	0	13,862,998
64.00	06400	INTRAVENOUS THERAPY	2,530,459	0	2,530,459
65.00	06500	RESPIRATORY THERAPY	6,181,581	0	6,181,581
66.00	06600	PHYSICAL THERAPY	12,175,180	0	12,175,180
67.00	06700	OCCUPATIONAL THERAPY	1,076,774	0	1,076,774
68.00	06800	SPEECH PATHOLOGY	746,275	0	746,275
69.00	06900	ELECTROCARDIOLOGY	2,990,193	0	2,990,193
69.01	06901	CARDIAC REHAB	1,410,011	0	1,410,011
70.00	07000	ELECTROENCEPHALOGRAPHY	487,309	0	487,309
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,387,133	0	13,387,133
73.00	07300	DRUGS CHARGED TO PATIENTS	19,744,385	0	19,744,385
73.01	07301	ULTRA SOUND	1,060,524	0	1,060,524
74.00	07400	RENAL DIALYSIS	412,069	0	412,069
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	7,287,312	0	7,287,312
91.00	09100	EMERGENCY	15,385,525	0	15,385,525
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	217,565,995	0	217,565,995
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	94,320,713	0	94,320,713
192.01	19201	HEALTH TRACKS	5,902,475	0	5,902,475
194.00	07950	PRIMARY CARE CLINIC	4,174,594	0	4,174,594
194.01	07951	PARTNERS IN CARE	-16,799	0	-16,799
194.02	07952	OCCUPATIONAL MEDICINE	1,451,880	0	1,451,880
194.03	07953	FOUNDATION	266,772	0	266,772
194.04	07954	SCHOOL & TOWN CLINICS	3,067,452	0	3,067,452
194.05	07955	MANAGED FACILITY	811,088	0	811,088
194.06	07956	RENTAL PROPERTIES	198,051	0	198,051
194.07	07957	SNF NON CERTIFIED	3,920,688	0	3,920,688
200.00		Cross Foot Adjustments	0	0	0
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118 through 201)	331,662,909	0	331,662,909

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0005

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

Worksheet B Part II Date/Time Prepared: 7/30/2021 3:06 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	316,428	316,428	316,428		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,764,461	1,764,461	28,093	1,792,554	5.00
7.00 00700	OPERATION OF PLANT	0	3,313,886	3,313,886	5,707	98,652	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	271,061	271,061	768	5,499	8.00
9.00 00900	HOUSEKEEPING	0	127,124	127,124	5,614	27,555	9.00
10.00 01000	DIETARY	0	477,377	477,377	1,458	8,789	10.00
11.00 01100	CAFETERIA	0	84,778	84,778	2,646	10,713	11.00
13.00 01300	NURSING ADMINISTRATION	0	246,753	246,753	12,312	69,485	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	460,821	460,821	2,296	21,633	14.00
15.00 01500	PHARMACY	0	251,968	251,968	5,309	27,402	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	154,680	154,680	1,327	10,627	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	3,982	16,360	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	2,164,983	2,164,983	28,801	110,862	30.00
31.00 03100	INTENSIVE CARE UNIT	0	251,085	251,085	6,443	29,221	31.00
43.00 04300	NURSERY	0	47,533	47,533	2,894	12,611	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	640,065	640,065	5,366	31,077	50.00
50.01 05001	ENDOSCOPY	0	443,010	443,010	2,054	13,891	50.01
51.00 05100	RECOVERY ROOM	0	781,124	781,124	2,864	17,708	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	312,980	312,980	5,603	26,075	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	13,824	13,920	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,076,037	1,076,037	12,715	66,906	54.00
54.01 05401	RADIATION-ONCOLOGY	0	478,118	478,118	2,772	114,006	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601	NUCLEAR MEDICINE	0	15,018	15,018	418	2,727	56.01
59.00 05900	CARDIAC CATHETERIZATION	0	271,659	271,659	1,172	12,745	59.00
60.00 06000	LABORATORY	0	350,367	350,367	6,900	68,915	60.00
64.00 06400	INTRAVENOUS THERAPY	0	94,809	94,809	2,045	12,356	64.00
65.00 06500	RESPIRATORY THERAPY	0	326,544	326,544	4,982	25,124	65.00
66.00 06600	PHYSICAL THERAPY	0	696,802	696,802	12,343	58,350	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	204,920	204,920	1,069	5,295	67.00
68.00 06800	SPEECH PATHOLOGY	0	67,680	67,680	687	3,197	68.00
69.00 06900	ELECTROCARDIOLOGY	0	314,319	314,319	1,811	9,671	69.00
69.01 06901	CARDIAC REHAB	0	139,634	139,634	1,131	5,494	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	76,428	76,428	251	1,559	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71,993	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	75,434	73.00
73.01 07301	ULTRA SOUND	0	19,435	19,435	1,241	5,219	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	1	2,146	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	512,941	512,941	3,171	36,609	90.00
91.00 09100	EMERGENCY	0	989,036	989,036	13,441	59,228	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	17,743,864	17,743,864	203,511	1,189,054	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	6,007,913	6,007,913	96,815	505,295	192.00
192.01 19201	HEALTH TRACKS	0	380,004	380,004	6,444	31,070	192.01
194.00 07950	PRIMARY CARE CLINIC	0	988,068	988,068	1,868	22,384	194.00
194.01 07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02 07952	OCCUPATIONAL MEDICINE	0	123,932	123,932	861	7,463	194.02
194.03 07953	FOUNDATION	0	22,085	22,085	305	1,424	194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	32,714	32,714	3,012	16,540	194.04
194.05 07955	MANAGED FACILITY	0	0	0	912	4,384	194.05
194.06 07956	RENTAL PROPERTIES	0	0	0	0	1,070	194.06
194.07 07957	SNF NON CERTIFIED	0	376,727	376,727	2,700	13,870	194.07
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	25,675,307	25,675,307	316,428	1,792,554	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/30/2021 3:06 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	3,418,245				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	277,328			8.00	
9.00	00900	HOUSEKEEPING	42,858	0	203,151		9.00	
10.00	01000	DIETARY	168,139	0	1,274	657,037	10.00	
11.00	01100	CAFETERIA	29,860	0	2,165	0	11.00	
13.00	01300	NURSING ADMINISTRATION	86,910	0	1,401	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	155,502	126	3,566	0	14.00	
15.00	01500	PHARMACY	88,746	272	764	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	54,480	0	255	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	127	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	704,191	70,418	35,920	451,519	30.00	
31.00	03100	INTENSIVE CARE UNIT	88,435	19,200	13,628	79,879	31.00	
43.00	04300	NURSERY	16,742	7,396	509	73,411	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	225,439	14,396	6,241	0	50.00	
50.01	05001	ENDOSCOPY	156,034	14,170	4,840	0	50.01	
51.00	05100	RECOVERY ROOM	275,122	12,579	2,293	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	110,236	14,320	6,368	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	255	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	209,340	30,672	13,756	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0	1,887	5,222	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	5,289	0	382	0	56.01	
59.00	05900	CARDIAC CATHETERIZATION	95,682	0	0	0	59.00	
60.00	06000	LABORATORY	90,553	1,957	9,298	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	33,393	3	382	0	64.00	
65.00	06500	RESPIRATORY THERAPY	102,959	0	637	0	65.00	
66.00	06600	PHYSICAL THERAPY	104,886	18,272	18,468	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	4,346	0	1,911	0	67.00	
68.00	06800	SPEECH PATHOLOGY	23,838	0	382	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	110,707	3,519	2,038	0	69.00	
69.01	06901	CARDIAC REHAB	29,669	55	1,528	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	26,919	384	1,783	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	6,845	0	382	0	73.01	
74.00	07400	RENAL DIALYSIS	0	76	509	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	11,138	14,010	0	90.00	
91.00	09100	EMERGENCY	226,975	39,621	15,157	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				10,853	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,274,095	260,461	165,451	604,809	127,873	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,462	8,650	27,893	0	192.00	
192.01	19201	HEALTH TRACKS	0	1,811	5,604	0	192.01	
194.00	07950	PRIMARY CARE CLINIC	0	782	1,146	0	194.00	
194.01	07951	PARTNERS IN CARE	0	0	0	0	194.01	
194.02	07952	OCCUPATIONAL MEDICINE	0	248	2,675	0	194.02	
194.03	07953	FOUNDATION	0	0	127	0	194.03	
194.04	07954	SCHOOL & TOWN CLINICS	0	86	255	0	194.04	
194.05	07955	MANAGED FACILITY	0	0	0	0	194.05	
194.06	07956	RENTAL PROPERTIES	0	0	0	0	194.06	
194.07	07957	SNF NON CERTIFIED	132,688	5,290	0	52,228	2,289	194.07
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)	3,418,245	277,328	203,151	657,037	130,162	202.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/30/2021 3:06 pm	
Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
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	426,402				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	647,060			14.00
15.00	01500	PHARMACY	0	0	378,609		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	223,148	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	24,300
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	105,236	0	0	11,166	10,152
31.00	03100	INTENSIVE CARE UNIT	25,572	0	0	4,171	1,797
43.00	04300	NURSERY	14,537	0	0	2,751	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	29,124	647,060	0	21,019	9,594
50.01	05001	ENDOSCOPY	9,828	0	0	4,115	0
51.00	05100	RECOVERY ROOM	12,736	0	0	4,005	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,147	0	0	5,352	0
53.00	05300	ANESTHESIOLOGY	18,074	0	0	5,948	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,282	0	0	22,892	0
54.01	05401	RADIATION-ONCOLOGY	0	0	0	20,776	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	NUCLEAR MEDICINE	1,948	0	0	2,157	0
59.00	05900	CARDIAC CATHETERIZATION	6,029	0	0	7,587	0
60.00	06000	LABORATORY	0	0	0	22,607	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,872	0
65.00	06500	RESPIRATORY THERAPY	25,945	0	0	5,943	0
66.00	06600	PHYSICAL THERAPY	0	0	0	6,867	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	752	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	696	0
69.00	06900	ELECTROCARDIOLOGY	13,907	0	0	5,640	0
69.01	06901	CARDIAC REHAB	5,419	0	0	541	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	208	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,430	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	378,609	14,733	0
73.01	07301	ULTRA SOUND	0	0	0	3,073	0
74.00	07400	RENAL DIALYSIS	0	0	0	137	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	10,244	0
91.00	09100	EMERGENCY	57,492	0	0	30,466	2,757
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	414,276	647,060	378,609	223,148	24,300
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	HEALTH TRACKS	0	0	0	0	0
194.00	07950	PRIMARY CARE CLINIC	0	0	0	0	0
194.01	07951	PARTNERS IN CARE	0	0	0	0	0
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0
194.03	07953	FOUNDATION	0	0	0	0	0
194.04	07954	SCHOOL & TOWN CLINICS	0	0	0	0	0
194.05	07955	MANAGED FACILITY	0	0	0	0	0
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0
194.07	07957	SNF NON CERTIFIED	12,126	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	426,402	647,060	378,609	223,148	24,300

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/30/2021 3:06 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	3,713,115	0	3,713,115
31.00	03100	INTENSIVE CARE UNIT	524,258	0	524,258
43.00	04300	NURSERY	181,128	0	181,128
44.00	04400	SKILLED NURSING FACILITY	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	1,634,879	0	1,634,879
50.01	05001	ENDOSCOPY	649,797	0	649,797
51.00	05100	RECOVERY ROOM	1,110,835	0	1,110,835
52.00	05200	DELIVERY ROOM & LABOR ROOM	514,394	0	514,394
53.00	05300	ANESTHESIOLOGY	55,433	0	55,433
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,503,980	0	1,503,980
54.01	05401	RADIATION-ONCOLOGY	625,452	0	625,452
56.00	05600	RADIOISOTOPE	0	0	0
56.01	05601	NUCLEAR MEDICINE	28,307	0	28,307
59.00	05900	CARDIAC CATHETERIZATION	396,012	0	396,012
60.00	06000	LABORATORY	559,168	0	559,168
64.00	06400	INTRAVENOUS THERAPY	147,418	0	147,418
65.00	06500	RESPIRATORY THERAPY	497,032	0	497,032
66.00	06600	PHYSICAL THERAPY	927,630	0	927,630
67.00	06700	OCCUPATIONAL THERAPY	219,235	0	219,235
68.00	06800	SPEECH PATHOLOGY	97,085	0	97,085
69.00	06900	ELECTROCARDIOLOGY	464,237	0	464,237
69.01	06901	CARDIAC REHAB	184,494	0	184,494
70.00	07000	ELECTROENCEPHALOGRAPHY	107,813	0	107,813
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	78,423	0	78,423
73.00	07300	DRUGS CHARGED TO PATIENTS	468,776	0	468,776
73.01	07301	ULTRA SOUND	37,178	0	37,178
74.00	07400	RENAL DIALYSIS	2,869	0	2,869
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	588,113	0	588,113
91.00	09100	EMERGENCY	1,445,026	0	1,445,026
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,762,087	0	16,762,087
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,658,028	0	6,658,028
192.01	19201	HEALTH TRACKS	424,933	0	424,933
194.00	07950	PRIMARY CARE CLINIC	1,014,248	0	1,014,248
194.01	07951	PARTNERS IN CARE	0	0	0
194.02	07952	OCCUPATIONAL MEDICINE	135,179	0	135,179
194.03	07953	FOUNDATION	23,941	0	23,941
194.04	07954	SCHOOL & TOWN CLINICS	52,607	0	52,607
194.05	07955	MANAGED FACILITY	5,296	0	5,296
194.06	07956	RENTAL PROPERTIES	1,070	0	1,070
194.07	07957	SNF NON CERTIFIED	597,918	0	597,918
200.00		Cross Foot Adjustments	0	0	0
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118 through 201)	25,675,307	0	25,675,307

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00		4.00	5A	5.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	900,991						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	11,104		155,496,357				4.00
5.00 00500 ADMINISTRATIVE & GENERAL	61,918		13,805,081	-56,578,575	275,101,133		5.00
7.00 00700 OPERATION OF PLANT	116,290		2,804,228	0	15,139,967	340,567	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	9,512		377,229	0	843,923	0	8.00
9.00 00900 HOUSEKEEPING	4,461		2,758,665	0	4,228,861	4,270	9.00
10.00 01000 DIETARY	16,752		716,448	0	1,348,758	16,752	10.00
11.00 01100 CAFETERIA	2,975		1,300,011	0	1,644,130	2,975	11.00
13.00 01300 NURSING ADMINISTRATION	8,659		6,050,219	0	10,663,720	8,659	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	16,171		1,128,346	0	3,320,003	15,493	14.00
15.00 01500 PHARMACY	8,842		2,608,764	0	4,205,359	8,842	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,428		652,324	0	1,630,939	5,428	16.00
17.00 01700 SOCIAL SERVICE	0		1,956,843	0	2,510,715	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	75,973		14,152,768	0	17,013,789	70,160	30.00
31.00 03100 INTENSIVE CARE UNIT	8,811		3,166,151	0	4,484,517	8,811	31.00
43.00 04300 NURSERY	1,668		1,421,929	0	1,935,375	1,668	43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	22,461		2,636,611	0	4,769,409	22,461	50.00
50.01 05001 ENDOSCOPY	15,546		1,009,253	0	2,131,851	15,546	50.01
51.00 05100 RECOVERY ROOM	27,411		1,407,294	0	2,717,657	27,411	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,983		2,753,106	0	4,001,752	10,983	52.00
53.00 05300 ANESTHESIOLOGY	0		6,793,205	0	2,136,221	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	37,760		6,248,190	0	10,267,891	20,857	54.00
54.01 05401 RADIOLOGY-ONCOLOGY	16,778		1,362,223	0	17,496,283	0	54.01
56.00 05600 RADIOISOTOPE	0		0	0	0	0	56.00
56.01 05601 NUCLEAR MEDICINE	527		205,456	0	418,436	527	56.01
59.00 05900 CARDIAC CATHETERIZATION	9,533		575,968	0	1,955,943	9,533	59.00
60.00 06000 LABORATORY	12,295		3,390,842	0	10,576,220	9,022	60.00
64.00 06400 INTRAVENOUS THERAPY	3,327		1,004,964	0	1,896,280	3,327	64.00
65.00 06500 RESPIRATORY THERAPY	11,459		2,448,331	0	3,855,722	10,258	65.00
66.00 06600 PHYSICAL THERAPY	24,452		6,065,541	0	8,954,833	10,450	66.00
67.00 06700 OCCUPATIONAL THERAPY	7,191		525,409	0	812,685	433	67.00
68.00 06800 SPEECH PATHOLOGY	2,375		337,414	0	490,683	2,375	68.00
69.00 06900 ELECTROCARDIOLOGY	11,030		889,965	0	1,484,210	11,030	69.00
69.01 06901 CARDIAC REHAB	4,900		555,681	0	843,227	2,956	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	2,682		123,296	0	239,294	2,682	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0		0	0	11,048,726	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		0	0	11,576,785	0	73.00
73.01 07301 ULTRA SOUND	682		609,876	0	801,028	682	73.01
74.00 07400 RENAL DIALYSIS	0		263	0	329,299	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	18,000		1,558,331	0	5,618,292	0	90.00
91.00 09100 EMERGENCY	34,707		6,605,009	0	9,089,681	22,614	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	622,663	100,005,234	-56,578,575	182,482,464	326,205	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	210,828		47,578,123	0	77,547,562	1,142	192.00
192.01 19201 HEALTH TRACKS	13,335		3,166,732	0	4,768,213	0	192.01
194.00 07950 PRIMARY CARE CLINIC	34,673		917,971	0	3,435,168	0	194.00
194.01 07951 PARTNERS IN CARE	0		0	16,799	0	0	194.01
194.02 07952 OCCUPATIONAL MEDICINE	4,349		423,235	0	1,145,284	0	194.02
194.03 07953 FOUNDATION	775		149,690	0	218,495	0	194.03
194.04 07954 SCHOOL & TOWN CLINICS	1,148		1,480,190	0	2,538,397	0	194.04
194.05 07955 MANAGED FACILITY	0		448,195	0	672,731	0	194.05
194.06 07956 RENTAL PROPERTIES	0		189	0	164,267	0	194.06
194.07 07957 SNF NON CERTIFIED	13,220		1,326,798	0	2,128,552	13,220	194.07
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)	25,675,307	26,275,602		56,578,575	18,253,728	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	28.496741	0.168979		0.205665	53.598053	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		316,428		1,792,554	3,418,245	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5A	5.00	7.00	
205.00   Unit cost multiplier (Wkst. B, Part II)		0.002035		0.006516	10.036924	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: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
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	987,136				8.00
9.00	00900	HOUSEKEEPING	0	1,595			9.00
10.00	01000	DIETARY	0	10	24,783		10.00
11.00	01100	CAFETERIA	0	17	0	1,852,917	11.00
13.00	01300	NURSING ADMINISTRATION	0	11	0	135,820	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	450	28	0	44,354	14.00
15.00	01500	PHARMACY	969	6	0	59,055	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2	0	25,329	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	54,542	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	250,637	282	17,031	282,802	30.00
31.00	03100	INTENSIVE CARE UNIT	68,342	107	3,013	68,719	31.00
43.00	04300	NURSERY	26,327	4	2,769	39,065	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	51,241	49	0	78,263	50.00
50.01	05001	ENDOSCOPY	50,437	38	0	26,411	50.01
51.00	05100	RECOVERY ROOM	44,775	18	0	34,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,973	50	0	75,638	52.00
53.00	05300	ANESTHESIOLOGY	0	2	0	48,570	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109,176	108	0	161,993	54.00
54.01	05401	RADIATION-ONCOLOGY	6,716	41	0	38,028	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0	3	0	5,235	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,201	59.00
60.00	06000	LABORATORY	6,967	73	0	122,012	60.00
64.00	06400	INTRAVENOUS THERAPY	12	3	0	22,178	64.00
65.00	06500	RESPIRATORY THERAPY	0	5	0	69,721	65.00
66.00	06600	PHYSICAL THERAPY	65,038	145	0	165,728	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15	0	13,412	67.00
68.00	06800	SPEECH PATHOLOGY	0	3	0	8,608	68.00
69.00	06900	ELECTROCARDIOLOGY	12,527	16	0	37,371	69.00
69.01	06901	CARDIAC REHAB	195	12	0	14,562	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,368	14	0	3,997	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	0	3	0	13,997	73.01
74.00	07400	RENAL DIALYSIS	271	4	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	39,646	110	0	0	90.00
91.00	09100	EMERGENCY	141,028	119	0	154,497	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	927,095	1,299	22,813	1,820,332	1,113,272
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,791	219	0	0	192.00
192.01	19201	HEALTH TRACKS	6,445	44	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	2,785	9	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	882	21	0	0	194.02
194.03	07953	FOUNDATION	0	1	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	307	2	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	18,831	0	1,970	32,585	194.07
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)	1,017,488	5,327,454	2,557,426	2,198,506	13,518,873
203.00		Unit cost multiplier (Wkst. B, Part I)	1.030748	3,340.096552	103.192753	1.186511	11.798045
204.00		Cost to be allocated (per Wkst. B, Part II)	277,328	203,151	657,037	130,162	426,402
205.00		Unit cost multiplier (Wkst. B, Part II)	0.280942	127.367398	26.511601	0.070247	0.372125

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0005			Period: From 01/01/2020 To 12/31/2020		Worksheet B-1 Date/Time Prepared: 7/30/2021 3:06 pm	
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
		8.00	9.00	10.00	11.00	13.00		
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: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (C)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	100				14.00
15.00	01500	0	100			15.00
16.00	01600	0	0	767,314,102		16.00
17.00	01700	0	0	0	21,980	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	0	38,370,279	9,183	30.00
31.00	03100	0	0	14,333,594	1,625	31.00
43.00	04300	0	0	9,453,677	0	43.00
44.00	04400	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	100	0	72,230,058	8,678	50.00
50.01	05001	0	0	14,139,707	0	50.01
51.00	05100	0	0	13,763,187	0	51.00
52.00	05200	0	0	18,391,209	0	52.00
53.00	05300	0	0	20,439,777	0	53.00
54.00	05400	0	0	78,665,412	0	54.00
54.01	05401	0	0	71,394,824	0	54.01
56.00	05600	0	0	0	0	56.00
56.01	05601	0	0	7,411,700	0	56.01
59.00	05900	0	0	26,072,281	0	59.00
60.00	06000	0	0	77,685,805	0	60.00
64.00	06400	0	0	9,870,878	0	64.00
65.00	06500	0	0	20,423,636	0	65.00
66.00	06600	0	0	23,599,029	0	66.00
67.00	06700	0	0	2,583,784	0	67.00
68.00	06800	0	0	2,390,741	0	68.00
69.00	06900	0	0	19,379,905	0	69.00
69.01	06901	0	0	1,860,400	0	69.01
70.00	07000	0	0	714,892	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	22,097,451	0	72.00
73.00	07300	0	100	50,630,020	0	73.00
73.01	07301	0	0	10,558,850	0	73.01
74.00	07400	0	0	470,263	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	0	0	35,203,496	0	90.00
91.00	09100	0	0	105,179,247	2,494	91.00
92.00	09200					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		100	100	767,314,102	21,980	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00	19200	0	0	0	0	192.00
192.01	19201	0	0	0	0	192.01
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
194.04	07954	0	0	0	0	194.04
194.05	07955	0	0	0	0	194.05
194.06	07956	0	0	0	0	194.06
194.07	07957	0	0	0	0	194.07
200.00						200.00
201.00						201.00
202.00		4,979,820	5,635,277	2,294,029	3,095,136	202.00
203.00		49,798.200000	56,352.770000	0.002990	140.816015	203.00
204.00		647,060	378,609	223,148	24,300	204.00
205.00		6,470.600000	3,786.090000	0.000291	1.105551	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0005			Period: From 01/01/2020 To 12/31/2020		Worksheet B-1 Date/Time Prepared: 7/30/2021 3:06 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (C)	SOCIAL SERVICE (TIME SPENT)			
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	14.00	15.00	16.00	17.00		206.00	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00	



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/30/2021 3:06 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		32,310,997	48,225	32,359,222	30.00
31.00	03100 INTENSIVE CARE UNIT		7,781,799	10,490	7,792,289	31.00
43.00	04300 NURSERY		3,284,562	0	3,284,562	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		14,604,657	0	14,604,657	50.00
50.01	05001 ENDOSCOPY		3,967,658	0	3,967,658	50.01
51.00	05100 RECOVERY ROOM		5,337,569	0	5,337,569	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,670,100	0	6,670,100	52.00
53.00	05300 ANESTHESIOLOGY		3,274,022	0	3,274,022	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,309,412	0	16,309,412	54.00
54.01	05401 RADIOLOGY-ONCOLOGY		21,497,115	0	21,497,115	54.01
56.00	05600 RADIOISOTOPE		0	0	0	56.00
56.01	05601 NUCLEAR MEDICINE		632,895	0	632,895	56.01
59.00	05900 CARDIAC CATHETERIZATION		3,157,481	0	3,157,481	59.00
60.00	06000 LABORATORY		13,862,998	0	13,862,998	60.00
64.00	06400 INTRAVENOUS THERAPY		2,530,459	0	2,530,459	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,181,581	0	6,181,581	65.00
66.00	06600 PHYSICAL THERAPY	0	12,175,180	0	12,175,180	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,076,774	0	1,076,774	67.00
68.00	06800 SPEECH PATHOLOGY	0	746,275	0	746,275	68.00
69.00	06900 ELECTROCARDIOLOGY		2,990,193	0	2,990,193	69.00
69.01	06901 CARDIAC REHAB		1,410,011	0	1,410,011	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		487,309	0	487,309	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		13,387,133	0	13,387,133	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		19,744,385	0	19,744,385	73.00
73.01	07301 ULTRA SOUND		1,060,524	0	1,060,524	73.01
74.00	07400 RENAL DIALYSIS		412,069	0	412,069	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		7,287,312	0	7,287,312	90.00
91.00	09100 EMERGENCY		15,385,525	34,001	15,419,526	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,471,453		5,471,453	92.00
200.00	Subtotal (see instructions)	0	223,037,448	92,716	223,130,164	200.00
201.00	Less Observation Beds		5,471,453		5,471,453	201.00
202.00	Total (see instructions)	0	217,565,995	92,716	217,658,711	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/30/2021 3:06 pm
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		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	33,524,154		33,524,154			30.00
31.00	03100 INTENSIVE CARE UNIT	14,333,594		14,333,594			31.00
43.00	04300 NURSERY	9,453,677		9,453,677			43.00
44.00	04400 SKILLED NURSING FACILITY	0		0			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	18,821,418	53,408,640	72,230,058	0.202196	0.000000	50.00
50.01	05001 ENDOSCOPY	1,011,453	13,128,254	14,139,707	0.280604	0.000000	50.01
51.00	05100 RECOVERY ROOM	2,693,779	11,069,408	13,763,187	0.387815	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	18,039,037	352,172	18,391,209	0.362679	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	5,288,403	15,151,374	20,439,777	0.160179	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,560,351	67,105,061	78,665,412	0.207326	0.000000	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	462,834	70,931,990	71,394,824	0.301102	0.000000	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	05601 NUCLEAR MEDICINE	831,188	6,580,512	7,411,700	0.085391	0.000000	56.01
59.00	05900 CARDIAC CATHETERIZATION	11,129,331	14,942,950	26,072,281	0.121105	0.000000	59.00
60.00	06000 LABORATORY	19,345,331	58,340,474	77,685,805	0.178450	0.000000	60.00
64.00	06400 INTRAVENOUS THERAPY	87,648	9,783,230	9,870,878	0.256356	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	11,941,408	8,482,228	20,423,636	0.302668	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	1,910,436	20,283,002	22,193,438	0.548594	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,130,377	1,453,407	2,583,784	0.416743	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	584,182	1,806,559	2,390,741	0.312152	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	5,184,098	14,195,807	19,379,905	0.154293	0.000000	69.00
69.01	06901 CARDIAC REHAB	19,692	1,840,708	1,860,400	0.757907	0.000000	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	247,023	467,869	714,892	0.681654	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,598,747	11,498,704	22,097,451	0.605822	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,684,130	31,945,890	50,630,020	0.389974	0.000000	73.00
73.01	07301 ULTRA SOUND	1,978,901	8,579,949	10,558,850	0.100439	0.000000	73.01
74.00	07400 RENAL DIALYSIS	439,422	30,841	470,263	0.876252	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	15,803	35,187,693	35,203,496	0.207005	0.000000	90.00
91.00	09100 EMERGENCY	19,028,477	86,150,770	105,179,247	0.146279	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,044,213	2,801,912	4,846,125	1.129037	0.000000	92.00
200.00	Subtotal (see instructions)	220,389,107	545,519,404	765,908,511			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	220,389,107	545,519,404	765,908,511			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/30/2021 3:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.202196		50.00
50.01	05001 ENDOSCOPY	0.280604		50.01
51.00	05100 RECOVERY ROOM	0.387815		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.362679		52.00
53.00	05300 ANESTHESIOLOGY	0.160179		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.207326		54.00
54.01	05401 RADIATION-ONCOLOGY	0.301102		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 NUCLEAR MEDICINE	0.085391		56.01
59.00	05900 CARDIAC CATHETERIZATION	0.121105		59.00
60.00	06000 LABORATORY	0.178450		60.00
64.00	06400 INTRAVENOUS THERAPY	0.256356		64.00
65.00	06500 RESPIRATORY THERAPY	0.302668		65.00
66.00	06600 PHYSICAL THERAPY	0.548594		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.416743		67.00
68.00	06800 SPEECH PATHOLOGY	0.312152		68.00
69.00	06900 ELECTROCARDIOLOGY	0.154293		69.00
69.01	06901 CARDIAC REHAB	0.757907		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.681654		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.605822		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.389974		73.00
73.01	07301 ULTRA SOUND	0.100439		73.01
74.00	07400 RENAL DIALYSIS	0.876252		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.207005		90.00
91.00	09100 EMERGENCY	0.146602		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.129037		92.00
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: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/30/2021 3:06 pm
		Title XIX	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		32,310,997	48,225	32,359,222	30.00
31.00	03100 INTENSIVE CARE UNIT		7,781,799	10,490	7,792,289	31.00
43.00	04300 NURSERY		3,284,562	0	3,284,562	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		14,604,657	0	14,604,657	50.00
50.01	05001 ENDOSCOPY		3,967,658	0	3,967,658	50.01
51.00	05100 RECOVERY ROOM		5,337,569	0	5,337,569	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,670,100	0	6,670,100	52.00
53.00	05300 ANESTHESIOLOGY		3,274,022	0	3,274,022	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,309,412	0	16,309,412	54.00
54.01	05401 RADIOLOGY-ONCOLOGY		21,497,115	0	21,497,115	54.01
56.00	05600 RADIOISOTOPE		0	0	0	56.00
56.01	05601 NUCLEAR MEDICINE		632,895	0	632,895	56.01
59.00	05900 CARDIAC CATHETERIZATION		3,157,481	0	3,157,481	59.00
60.00	06000 LABORATORY		13,862,998	0	13,862,998	60.00
64.00	06400 INTRAVENOUS THERAPY		2,530,459	0	2,530,459	64.00
65.00	06500 RESPIRATORY THERAPY	0	6,181,581	0	6,181,581	65.00
66.00	06600 PHYSICAL THERAPY	0	12,175,180	0	12,175,180	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,076,774	0	1,076,774	67.00
68.00	06800 SPEECH PATHOLOGY	0	746,275	0	746,275	68.00
69.00	06900 ELECTROCARDIOLOGY		2,990,193	0	2,990,193	69.00
69.01	06901 CARDIAC REHAB		1,410,011	0	1,410,011	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		487,309	0	487,309	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		13,387,133	0	13,387,133	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		19,744,385	0	19,744,385	73.00
73.01	07301 ULTRA SOUND		1,060,524	0	1,060,524	73.01
74.00	07400 RENAL DIALYSIS		412,069	0	412,069	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		7,287,312	0	7,287,312	90.00
91.00	09100 EMERGENCY		15,385,525	34,001	15,419,526	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,471,453		5,471,453	92.00
200.00	Subtotal (see instructions)	0	223,037,448	92,716	223,130,164	200.00
201.00	Less Observation Beds		5,471,453		5,471,453	201.00
202.00	Total (see instructions)	0	217,565,995	92,716	217,658,711	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/30/2021 3:06 pm
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Cost Center Description		Title XIX			Hospital	Cost	
		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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	33,524,154		33,524,154		30.00
31.00	03100	INTENSIVE CARE UNIT	14,333,594		14,333,594		31.00
43.00	04300	NURSERY	9,453,677		9,453,677		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	18,821,418	53,408,640	72,230,058	0.202196	50.00
50.01	05001	ENDOSCOPY	1,011,453	13,128,254	14,139,707	0.280604	50.01
51.00	05100	RECOVERY ROOM	2,693,779	11,069,408	13,763,187	0.387815	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,039,037	352,172	18,391,209	0.362679	52.00
53.00	05300	ANESTHESIOLOGY	5,288,403	15,151,374	20,439,777	0.160179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,560,351	67,105,061	78,665,412	0.207326	54.00
54.01	05401	RADIATION-ONCOLOGY	462,834	70,931,990	71,394,824	0.301102	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	05601	NUCLEAR MEDICINE	831,188	6,580,512	7,411,700	0.085391	56.01
59.00	05900	CARDIAC CATHETERIZATION	11,129,331	14,942,950	26,072,281	0.121105	59.00
60.00	06000	LABORATORY	19,345,331	58,340,474	77,685,805	0.178450	60.00
64.00	06400	INTRAVENOUS THERAPY	87,648	9,783,230	9,870,878	0.256356	64.00
65.00	06500	RESPIRATORY THERAPY	11,941,408	8,482,228	20,423,636	0.302668	65.00
66.00	06600	PHYSICAL THERAPY	1,910,436	20,283,002	22,193,438	0.548594	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,130,377	1,453,407	2,583,784	0.416743	67.00
68.00	06800	SPEECH PATHOLOGY	584,182	1,806,559	2,390,741	0.312152	68.00
69.00	06900	ELECTROCARDIOLOGY	5,184,098	14,195,807	19,379,905	0.154293	69.00
69.01	06901	CARDIAC REHAB	19,692	1,840,708	1,860,400	0.757907	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	247,023	467,869	714,892	0.681654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,598,747	11,498,704	22,097,451	0.605822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,684,130	31,945,890	50,630,020	0.389974	73.00
73.01	07301	ULTRA SOUND	1,978,901	8,579,949	10,558,850	0.100439	73.01
74.00	07400	RENAL DIALYSIS	439,422	30,841	470,263	0.876252	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	15,803	35,187,693	35,203,496	0.207005	90.00
91.00	09100	EMERGENCY	19,028,477	86,150,770	105,179,247	0.146279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,044,213	2,801,912	4,846,125	1.129037	92.00
200.00		Subtotal (see instructions)	220,389,107	545,519,404	765,908,511		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	220,389,107	545,519,404	765,908,511		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/30/2021 3:06 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIATION-ONCOLOGY	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 NUCLEAR MEDICINE	0.000000		56.01
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 ULTRA SOUND	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0005		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part I Date/Time Prepared: 7/30/2021 3:06 pm	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,713,115	0	3,713,115	19,712	188.37	30.00
31.00	INTENSIVE CARE UNIT	524,258		524,258	3,013	174.00	31.00
43.00	NURSERY	181,128		181,128	2,769	65.41	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	4,418,501		4,418,501	25,494		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,044	1,138,508				
31.00	INTENSIVE CARE UNIT	1,072	186,528				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	7,116	1,325,036				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/30/2021 3:06 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,634,879	72,230,058	0.022634	7,863,667	177,986	50.00
50.01	05001	ENDOSCOPY	649,797	14,139,707	0.045955	489,499	22,495	50.01
51.00	05100	RECOVERY ROOM	1,110,835	13,763,187	0.080711	813,670	65,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	514,394	18,391,209	0.027970	36,813	1,030	52.00
53.00	05300	ANESTHESIOLOGY	55,433	20,439,777	0.002712	1,719,156	4,662	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,503,980	78,665,412	0.019119	4,679,075	89,459	54.00
54.01	05401	RADIATION-ONCOLOGY	625,452	71,394,824	0.008760	92,388	809	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	28,307	7,411,700	0.003819	417,339	1,594	56.01
59.00	05900	CARDIAC CATHETERIZATION	396,012	26,072,281	0.015189	4,458,652	67,722	59.00
60.00	06000	LABORATORY	559,168	77,685,805	0.007198	6,470,053	46,571	60.00
64.00	06400	INTRAVENOUS THERAPY	147,418	9,870,878	0.014935	43,032	643	64.00
65.00	06500	RESPIRATORY THERAPY	497,032	20,423,636	0.024336	4,411,870	107,367	65.00
66.00	06600	PHYSICAL THERAPY	927,630	22,193,438	0.041797	932,331	38,969	66.00
67.00	06700	OCCUPATIONAL THERAPY	219,235	2,583,784	0.084850	529,143	44,898	67.00
68.00	06800	SPEECH PATHOLOGY	97,085	2,390,741	0.040609	252,998	10,274	68.00
69.00	06900	ELECTROCARDIOLOGY	464,237	19,379,905	0.023955	2,319,086	55,554	69.00
69.01	06901	CARDIAC REHAB	184,494	1,860,400	0.099169	4,186	415	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	107,813	714,892	0.150810	110,266	16,629	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	78,423	22,097,451	0.003549	4,039,983	14,338	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	468,776	50,630,020	0.009259	6,175,630	57,180	73.00
73.01	07301	ULTRA SOUND	37,178	10,558,850	0.003521	770,102	2,712	73.01
74.00	07400	RENAL DIALYSIS	2,869	470,263	0.006101	273,118	1,666	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	588,113	35,203,496	0.016706	1,436	24	90.00
91.00	09100	EMERGENCY	1,445,026	105,179,247	0.013739	8,253,572	113,396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	627,833	4,846,125	0.129554	413,462	53,566	92.00
200.00		Total (lines 50 through 199)	12,971,419	708,597,086		55,570,527	995,631	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/30/2021 3:06 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	19,712	0.00	6,044	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	3,013	0.00	1,072	31.00	
43.00	04300	NURSERY		0	2,769	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		0	25,494		7,116	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/30/2021 3:06 pm
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Cost Center Description	Title XVIII					
	Hospital		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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	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
54.01 05401 RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 NUCLEAR MEDICINE	0	0	0	0	0	56.01
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
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
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 PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301 ULTRA SOUND	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/30/2021 3:06 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	72,230,058	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	14,139,707	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	13,763,187	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	18,391,209	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	20,439,777	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	78,665,412	0.000000	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	71,394,824	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	05601	NUCLEAR MEDICINE	0	0	7,411,700	0.000000	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	26,072,281	0.000000	59.00
60.00	06000	LABORATORY	0	0	77,685,805	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	9,870,878	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	20,423,636	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	22,193,438	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,583,784	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,390,741	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	19,379,905	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	1,860,400	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	714,892	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	22,097,451	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	50,630,020	0.000000	73.00
73.01	07301	ULTRA SOUND	0	0	10,558,850	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	470,263	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	35,203,496	0.000000	90.00
91.00	09100	EMERGENCY	0	0	105,179,247	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	4,846,125	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	708,597,086		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/30/2021 3:06 pm
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Cost Center Description		Title XVIII			Hospital		
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	7,863,667	0	10,217,450	0	50.00
50.01	05001 ENDOSCOPY	0.000000	489,499	0	3,070,119	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	813,670	0	1,955,887	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	36,813	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,719,156	0	3,032,521	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,679,075	0	13,434,362	0	54.00
54.01	05401 RADIATION-ONCOLOGY	0.000000	92,388	0	8,988,397	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0.000000	417,339	0	2,098,528	0	56.01
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,458,652	0	4,493,119	0	59.00
60.00	06000 LABORATORY	0.000000	6,470,053	0	4,220,892	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	43,032	0	2,638,902	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,411,870	0	2,016,185	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	932,331	0	2,166,444	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	529,143	0	24,605	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	252,998	0	12,273	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,319,086	0	3,338,473	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	4,186	0	642,524	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	110,266	0	5,321	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	4,039,983	0	3,347,299	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,175,630	0	24,547,931	0	73.00
73.01	07301 ULTRA SOUND	0.000000	770,102	0	1,720,707	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	273,118	0	11,027	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	1,436	0	7,997,198	0	90.00
91.00	09100 EMERGENCY	0.000000	8,253,572	0	14,313,012	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	413,462	0	1,087,250	0	92.00
200.00	Total (lines 50 through 199)		55,570,527	0	115,380,426	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/30/2021 3:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.202196	10,217,450	0	0	2,065,928 50.00
50.01 05001 ENDOSCOPY	0.280604	3,070,119	0	0	861,488 50.01
51.00 05100 RECOVERY ROOM	0.387815	1,955,887	0	0	758,522 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.362679	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.160179	3,032,521	0	0	485,746 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.207326	13,434,362	0	0	2,785,293 54.00
54.01 05401 RADIOLOGY-ONCOLOGY	0.301102	8,988,397	0	0	2,706,424 54.01
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
56.01 05601 NUCLEAR MEDICINE	0.085391	2,098,528	0	0	179,195 56.01
59.00 05900 CARDIAC CATHETERIZATION	0.121105	4,493,119	0	0	544,139 59.00
60.00 06000 LABORATORY	0.178450	4,220,892	1,042	0	753,218 60.00
64.00 06400 INTRAVENOUS THERAPY	0.256356	2,638,902	0	0	676,498 64.00
65.00 06500 RESPIRATORY THERAPY	0.302668	2,016,185	0	0	610,235 65.00
66.00 06600 PHYSICAL THERAPY	0.548594	2,166,444	0	0	1,188,498 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.416743	24,605	0	0	10,254 67.00
68.00 06800 SPEECH PATHOLOGY	0.312152	12,273	0	0	3,831 68.00
69.00 06900 ELECTROCARDIOLOGY	0.154293	3,338,473	0	0	515,103 69.00
69.01 06901 CARDIAC REHAB	0.757907	642,524	0	0	486,973 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.681654	5,321	0	0	3,627 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.605822	3,347,299	0	0	2,027,867 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.389974	24,547,931	0	86,563	9,573,055 73.00
73.01 07301 ULTRASOUND	0.100439	1,720,707	0	0	172,826 73.01
74.00 07400 RENAL DIALYSIS	0.876252	11,027	0	0	9,662 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.207005	7,997,198	0	0	1,655,460 90.00
91.00 09100 EMERGENCY	0.146279	14,313,012	0	546	2,093,693 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.129037	1,087,250	0	0	1,227,545 92.00
200.00 Subtotal (see instructions)		115,380,426	1,042	87,109	31,395,080 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00 Net Charges (line 200 - line 201)		115,380,426	1,042	87,109	31,395,080 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/30/2021 3:06 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	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
54.01 05401 RADIATION-ONCOLOGY	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 NUCLEAR MEDICINE	0	0		56.01
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	186	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
69.01 06901 CARDIAC REHAB	0	0		69.01
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 PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	33,757		73.00
73.01 07301 ULTRASOUND	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	80		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	186	33,837		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	186	33,837		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 7/30/2021 3:06 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,712	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,712	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,379	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,044	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
<b>SWING BED ADJUSTMENT</b>				
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)		32,359,222	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)		32,359,222	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		32,359,222	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,641.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,921,830	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		9,921,830	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/30/2021 3:06 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
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	7,792,289	3,013	2,586.22	1,072	2,772,428	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,502,825	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,197,083	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,325,036	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					995,631	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,320,667	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,876,416	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)					3,333	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,641.60	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,471,453	89.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/30/2021 3:06 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,713,115	32,359,222	0.114747	5,471,453	627,833	90.00
91.00	Nursing School cost	0	32,359,222	0.000000	5,471,453	0	91.00
92.00	Allied health cost	0	32,359,222	0.000000	5,471,453	0	92.00
93.00	All other Medical Education	0	32,359,222	0.000000	5,471,453	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 7/30/2021 3:06 pm
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,712	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,712	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,379	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)		994	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)		2,769	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		32,310,997	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)		32,310,997	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		32,310,997	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,639.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,629,315	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)		1,629,315	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/30/2021 3:06 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XIX		1.00	2.00	3.00	4.00	5.00	
Hospital							
Cost							
42.00	NURSERY (title V & XIX only)	3,284,562	2,769	1,186.19	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,781,799	3,013	2,582.74	0		43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,135,842	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,765,157	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)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 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)					3,333	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,639.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,463,287	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/30/2021 3:06 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,713,115	32,310,997	0.114918	5,463,287	627,830	90.00
91.00	Nursing School cost	0	32,310,997	0.000000	5,463,287	0	91.00
92.00	Allied health cost	0	32,310,997	0.000000	5,463,287	0	92.00
93.00	All other Medical Education	0	32,310,997	0.000000	5,463,287	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/30/2021 3:06 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		10,014,845		30.00
31.00	03100 INTENSIVE CARE UNIT		5,634,212		31.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.202196	7,863,667	1,590,002	50.00
50.01	05001 ENDOSCOPY	0.280604	489,499	137,355	50.01
51.00	05100 RECOVERY ROOM	0.387815	813,670	315,553	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.362679	36,813	13,351	52.00
53.00	05300 ANESTHESIOLOGY	0.160179	1,719,156	275,373	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.207326	4,679,075	970,094	54.00
54.01	05401 RADIATION-ONCOLOGY	0.301102	92,388	27,818	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0.085391	417,339	35,637	56.01
59.00	05900 CARDIAC CATHETERIZATION	0.121105	4,458,652	539,965	59.00
60.00	06000 LABORATORY	0.178450	6,470,053	1,154,581	60.00
64.00	06400 INTRAVENOUS THERAPY	0.256356	43,032	11,032	64.00
65.00	06500 RESPIRATORY THERAPY	0.302668	4,411,870	1,335,332	65.00
66.00	06600 PHYSICAL THERAPY	0.548594	932,331	511,471	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.416743	529,143	220,517	67.00
68.00	06800 SPEECH PATHOLOGY	0.312152	252,998	78,974	68.00
69.00	06900 ELECTROCARDIOLOGY	0.154293	2,319,086	357,819	69.00
69.01	06901 CARDIAC REHAB	0.757907	4,186	3,173	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.681654	110,266	75,163	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.605822	4,039,983	2,447,511	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.389974	6,175,630	2,408,335	73.00
73.01	07301 ULTRA SOUND	0.100439	770,102	77,348	73.01
74.00	07400 RENAL DIALYSIS	0.876252	273,118	239,320	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.207005	1,436	297	90.00
91.00	09100 EMERGENCY	0.146602	8,253,572	1,209,990	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.129037	413,462	466,814	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		55,570,527	14,502,825	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		55,570,527		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/30/2021 3:06 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		3,035,403		30.00
31.00	03100 INTENSIVE CARE UNIT		559,208		31.00
43.00	04300 NURSERY		353,020		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.202196	204,079	41,264	50.00
50.01	05001 ENDOSCOPY	0.280604	13,175	3,697	50.01
51.00	05100 RECOVERY ROOM	0.387815	42,612	16,526	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.362679	3,328	1,207	52.00
53.00	05300 ANESTHESIOLOGY	0.160179	146,844	23,521	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.207326	309,696	64,208	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	0.301102	531	160	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0.085391	29,554	2,524	56.01
59.00	05900 CARDIAC CATHETERIZATION	0.121105	151,961	18,403	59.00
60.00	06000 LABORATORY	0.178450	880,259	157,082	60.00
64.00	06400 INTRAVENOUS THERAPY	0.256356	8	2	64.00
65.00	06500 RESPIRATORY THERAPY	0.302668	415,304	125,699	65.00
66.00	06600 PHYSICAL THERAPY	0.548594	34,163	18,742	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.416743	18,937	7,892	67.00
68.00	06800 SPEECH PATHOLOGY	0.312152	21,209	6,620	68.00
69.00	06900 ELECTROCARDIOLOGY	0.154293	154,411	23,825	69.00
69.01	06901 CARDIAC REHAB	0.757907	1,223	927	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.681654	11,451	7,806	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.605822	420,393	254,683	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.389974	633,410	247,013	73.00
73.01	07301 ULTRA SOUND	0.100439	84,140	8,451	73.01
74.00	07400 RENAL DIALYSIS	0.876252	17,546	15,375	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.207005	0	0	90.00
91.00	09100 EMERGENCY	0.146279	616,732	90,215	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.129037	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,210,966	1,135,842	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)		4,210,966		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/30/2021 3:06 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,659,797	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,339,643	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)		792,380	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		235,530	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)		120.56	4.00
<b>Indirect Medical Education Adjustment</b>				
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
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.65	31.00
32.00	Sum of lines 30 and 31		19.69	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.55	33.00
34.00	Disproportionate share adjustment (see instructions)		249,743	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/30/2021 3:06 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000205375	0.000288232	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,715,008	2,389,448	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,283,913	602,272	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,886,185		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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)	21,163,278		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		21,163,278	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,554,270	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		26,546	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,744,094	59.00
60.00	Primary payer payments		24,051	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,720,043	61.00
62.00	Deductibles billed to program beneficiaries		1,980,044	62.00
63.00	Coinurance billed to program beneficiaries		16,192	63.00
64.00	Allowable bad debts (see instructions)		66,930	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		43,505	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		24,395	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,767,312	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)		56,861	70.93
70.94	HRR adjustment amount (see instructions)		-17,339	70.94
70.95	Recovery of accelerated depreciation		0	70.95



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/30/2021 3:06 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			20,806,834	71.00
71.01	Sequestration adjustment (see instructions)			137,325	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			20,392,540	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			276,969	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			352,859	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
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
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
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
<b>Comparison of PPS versus Cost Reimbursement</b>					
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: 15-0005

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
7/30/2021 3:06 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,659,797	0	12,659,797		12,659,797	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,339,643	0		5,339,643	5,339,643	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	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	792,380	0	792,380		792,380	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	235,530	0		235,530	235,530	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
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	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
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	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	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	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0555	0.0555	0.0555	0.0555		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	249,743	0	175,655	74,088	249,743	11.00
11.01	Uncompensated care payments	36.00	1,886,185	0	1,283,913	602,272	1,886,185	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	21,163,278	0	14,911,745	6,251,533	21,163,278	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,163,278	0	14,911,745	6,251,533	21,163,278	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,554,270	0	1,110,891	443,379	1,554,270	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0005

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
7/30/2021 3:06 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	26,546	0	0	26,546	26,546	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	16,022,636	6,721,458	22,744,094	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,392,993	0	999,541	393,452	1,392,993	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	104,582	0	70,668	33,914	104,582	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	0.0407	0.0407	0.0407	0.0407		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	56,695	0	40,682	16,013	56,695	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,554,270	0	1,110,891	443,379	1,554,270	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: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/30/2021 3:06 pm
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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. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,659,797	12,659,797		12,659,797	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,339,643		5,339,643	5,339,643	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	792,380	792,380		792,380	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	235,530		235,530	235,530	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
<b>Indirect Medical Education Adjustment</b>							
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
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
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0555	0.0555	0.0555		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	249,743	175,655	74,088	249,743	11.00
11.01	Uncompensated care payments	36.00	1,886,185	1,283,913	602,272	1,886,185	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	21,163,278	14,911,745	6,251,533	21,163,278	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,163,278	14,911,745	6,251,533	21,163,278	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,554,270	1,110,891	443,379	1,554,270	16.00
17.00	Special add-on payments for new technologies	54.00	26,546	0	26,546	26,546	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			16,022,636	6,721,458	22,744,094	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0005

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
7/30/2021 3:06 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,392,993	999,541	393,452	1,392,993	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	104,582	70,668	33,914	104,582	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	0.0407	0.0407	0.0407		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	56,695	40,682	16,013	56,695	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,554,270	1,110,891	443,379	1,554,270	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	56,861	43,693	13,168	56,861	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	-17,339	-15,193	-2,146	-17,339	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: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/30/2021 3:06 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		34,023	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,395,080	2.00
3.00	OPPS payments		21,063,490	3.00
4.00	Outlier payment (see instructions)		216,301	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)		34,023	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		88,151	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)		88,151	14.00
<b>Customary charges</b>				
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)		88,151	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		54,128	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)		34,023	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)		21,279,791	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		3,909,296	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)		17,404,518	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)		17,404,518	30.00
31.00	Primary payer payments		2,300	31.00
32.00	Subtotal (line 30 minus line 31)		17,402,218	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		273,305	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		177,648	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		159,207	36.00
37.00	Subtotal (see instructions)		17,579,866	37.00
38.00	MSP-LCC reconciliation amount from PS&R		3	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)		17,579,863	40.00
40.01	Sequestration adjustment (see instructions)		116,027	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		17,473,509	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)		-9,673	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 15-0005

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
7/30/2021 3:06 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		20,315,484		17,280,718	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	12/31/2020	77,056	12/31/2020	141,091	3.01	
3.02			0	08/26/2020	51,700	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)		77,056		192,791	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)		20,392,540		17,473,509	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		276,969		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		9,673	6.02	
7.00	Total Medicare program liability (see instructions)		20,669,509		17,463,836	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		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part VII Date/Time Prepared: 7/30/2021 3:06 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		2,765,157		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,765,157	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,765,157	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		3,947,631		8.00
9.00	Ancillary service charges		4,210,966	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		8,158,597	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		8,158,597	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,393,440	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,765,157	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,765,157	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,765,157	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,765,157	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		2,765,157	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,765,157	0	40.00
41.00	Interim payments		3,351,991	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-586,834	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00



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

Provider CCN: 15-0005

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

Worksheet G

Date/Time Prepared:  
7/30/2021 3:06 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	40,691,776	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	26,931,930	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,077,676	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	39,819,472	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)	110,520,854	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	18,926,206	0	0	0	12.00
13.00	Land improvements	9,993,537	0	0	0	13.00
14.00	Accumulated depreciation	-2,222,155	0	0	0	14.00
15.00	Buildings	297,514,437	0	0	0	15.00
16.00	Accumulated depreciation	-177,089,788	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	144,853,391	0	0	0	23.00
24.00	Accumulated depreciation	-43,915,433	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)	248,060,195	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	256,987,405	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	17,976,987	0	0	0	33.00
34.00	Other assets	19,549,558	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	294,513,950	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	653,094,999	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	23,966,715	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,276,726	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	21,950,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	22,494,000	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	21,082,004	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	102,769,445	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	109,872,078	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	14,174,701	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	124,046,779	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	226,816,224	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	426,278,775				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	426,278,775	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	653,094,999	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0005

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

Worksheet G-1

Date/Time Prepared:  
7/30/2021 3:06 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		420,322,545		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,956,230			2.00
3.00	Total (sum of line 1 and line 2)		426,278,775		0	3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		426,278,775		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		426,278,775		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0005

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
7/30/2021 3:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	42,977,831		42,977,831	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	42,977,831		42,977,831	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,333,594		14,333,594	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,333,594		14,333,594	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	57,311,425		57,311,425	17.00
18.00	Ancillary services	141,989,189	422,784,620	564,773,809	18.00
19.00	Outpatient services	21,088,493	124,140,375	145,228,868	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	1,957,411	99,935,188	101,892,599	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	222,346,518	646,860,183	869,206,701	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		367,631,175		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)		367,631,175		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0005

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

Worksheet G-3

Date/Time Prepared:  
7/30/2021 3:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	869,206,701	1.00
2.00	Less contractual allowances and discounts on patients' accounts	544,326,331	2.00
3.00	Net patient revenues (line 1 minus line 2)	324,880,370	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	367,631,175	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-42,750,805	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	24,311,773	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	<b>OTHER REVENUE</b>	11,097,827	24.00
24.01	OTHER	49	24.01
24.50	COVID-19 PHE Funding	13,297,386	24.50
25.00	Total other income (sum of lines 6-24)	48,707,035	25.00
26.00	Total (line 5 plus line 25)	5,956,230	26.00
27.00	<b>OTHER EXPENSES (SPECIFY)</b>	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)	5,956,230	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0005	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/30/2021 3:06 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,392,993	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		104,582	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)		54.43	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)		1.04	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.65	8.00
9.00	Sum of lines 7 and 8		19.69	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.07	10.00
11.00	Disproportionate share adjustment (see instructions)		56,695	11.00
12.00	Total prospective capital payments (see instructions)		1,554,270	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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