

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: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet S
Parts I-III
Date/Time Prepared:
11/25/2019 4:02 pm

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/25/2019	Time: 4:02 pm
	2. <input type="checkbox"/> Manually submitted 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.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. <input type="checkbox"/> Initial Report for this Provider CCN	12. <input type="checkbox"/> If line 5, column 1 is 4: Enter
	(3) Settled with Audit	9. <input type="checkbox"/> Final Report for this Provider CCN	number of times reopened = 0-9.
	(4) Reopened		
	(5) Amended		

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 INGALLS MEMORIAL HOSPITAL (14-0191) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 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) RI CHARD SILVERIA

Officer or Administrator of Provider(s)

EVP/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	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-1,615	-462,656	0	0	1.00
2.00	Subprovider - IPF	0	50,538	0		0	2.00
3.00	Subprovider - IRF	0	134,869	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-1		0	9.00
200.00	Total	0	183,792	-462,657	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 4:02 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: ONE INGALLS DRIVE			PO Box:				1.00			
2.00	City: HARVEY			State: IL		Zip Code: 60426		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		INGALLS MEMORIAL HOSPITAL	140191	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		PSYCH UNIT OF INGALLS MEMORIAL HOSPITAL	14S191	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF		REHAB UNIT OF INGALLS MEMORIAL HOSPITAL	14T191	16974	5	11/02/1989	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		INGALLS HOME CARE	147435	16974		07/24/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		INGALLS HOME CARE HOSPICE	141535	16974		02/28/1990				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)						07/01/2018	06/30/2019		20.00	
21.00	Type of Control (see instructions)						2			21.00	
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			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.					1	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 4:02 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	10,780	3,675	0	0	3,509	445	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	394	203	146	0	0		25.00	
						Urban/Rural	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.					0		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	Y	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					Y	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 4:02 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1			60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1			60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.02	1			60.03
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).							61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
			1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
							1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N	63.00

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				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			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		0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 4:02 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	2.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0
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 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	21,873,825		118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
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	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y					140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 4:02 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	
156.00	Subprovider - IPF	N		N		N		N	
157.00	Subprovider - IRF	N		N		N		N	
158.00	SUBPROVIDER								
159.00	SNF	N		N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N		N	
161.00	CMHC			N		N		N	
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	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		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					07/01/2018	06/30/2019		170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 4:02 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	10/22/2019	Y	10/22/2019
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	
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 4:02 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY	LEONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE, CPA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/25/2019 4:02 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT	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: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	243	88,695	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)		243	88,695	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	25	9,125	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)		268	97,820	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	16.00
17.00 SUBPROVIDER - IRF	41.00	42	15,330		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		326				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: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,942	2,380	49,241			1.00
2.00	HMO and other (see instructions)	6,123	13,005				2.00
3.00	HMO IPF Subprovider	0	1,252				3.00
4.00	HMO IRF Subprovider	441	321				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	17,942	2,380	49,241			7.00
8.00	INTENSIVE CARE UNIT	1,786	153	3,780			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		2,552	2,572			13.00
14.00	Total (see instructions)	19,728	5,085	55,593	0.00	1,376.22	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,254	318	3,064	0.00	12.94	16.00
17.00	SUBPROVIDER - IRF	6,199	355	9,379	0.00	47.80	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	21,060	0	37,637	0.00	86.73	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	13,241	910	15,876	0.00	22.34	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,546.03	27.00
28.00	Observation Bed Days		0	5,448			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	319	406			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: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Component		Full Time Equivalents	Discharges			Total All Patients	
			Title V	Title XVIII	Title XIX		
		Nonpaid Workers					
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,967	1,188	11,866	1.00
2.00	HMO and other (see instructions)			1,156	3,286		2.00
3.00	HMO IPF Subprovider				215		3.00
4.00	HMO IRF Subprovider				26		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	3,967	1,188	11,866	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	119	49	443	16.00
17.00	SUBPROVIDER - IRF	0.00	0	432	23	665	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 4:02 pm

		Wkst. A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col . 2 ± col . 3)	Pai d Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	102,516,035	0	102,516,035	2,987,729.00	34.31	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		11,832,955	830,173	12,663,128	382,612.00	33.10	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		8,569,600	0	8,569,600	96,910.00	88.43	11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		1,821,381	0	1,821,381	12,143.00	149.99	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		1,731,633	0	1,731,633	27,388.00	63.23	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		18,771,151	0	18,771,151			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,368,307	0	2,368,307			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	367,763	0	367,763	7,443.00	49.41	26.00
27.00	Administrative & General	5.00	12,622,879	0	12,622,879	418,518.00	30.16	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 4:02 pm

	Wkst. A Line Number	Amount Reported	Recl assi fi cati on 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	
28.00	Administrative & General under contract (see inst.)	4,887,634	0	4,887,634	74,875.00	65.28	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,684,565	-64,895	2,619,670	97,148.00	26.97	30.00
31.00	Laundry & Linen Service	114,977	0	114,977	6,434.00	17.87	31.00
32.00	Housekeeping	713	0	713	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	3,118,423	0	3,118,423	226,474.00	13.77	33.00
34.00	Dietary	528	0	528	24.00	22.00	34.00
35.00	Dietary under contract (see instructions)	2,886,785	0	2,886,785	127,252.00	22.69	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,204,672	0	3,204,672	99,044.00	32.36	38.00
39.00	Central Services and Supply	339,244	0	339,244	20,055.00	16.92	39.00
40.00	Pharmacy	3,857,372	-148,130	3,709,242	91,806.00	40.40	40.00
41.00	Medical Records & Medical Records Library	2,404,953	0	2,404,953	83,880.00	28.67	41.00
42.00	Social Service	317,398	0	317,398	9,812.00	32.35	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/25/2019 4:02 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	113,408,877	0	113,408,877	3,416,330.00	33.20	1.00
2.00	Excluded area salaries (see instructions)	11,832,955	830,173	12,663,128	382,612.00	33.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	101,575,922	-830,173	100,745,749	3,033,718.00	33.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,122,614	0	12,122,614	136,441.00	88.85	4.00
5.00	Subtotal wage-related costs (see inst.)	18,771,151	0	18,771,151	0.00	18.63	5.00
6.00	Total (sum of lines 3 thru 5)	132,469,687	-830,173	131,639,514	3,170,159.00	41.52	6.00
7.00	Total overhead cost (see instructions)	36,807,906	-213,025	36,594,881	1,262,765.00	28.98	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/25/2019 4:02 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,422,438	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,374,670	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	388,994	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-13,652	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)	198,725	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,391,098	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	7,702,443	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	405,549	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	269,194	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,139,459	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	8,569,600	21,139,459	1.00
2.00	Hospital	8,569,600	18,771,151	2.00
3.00	Subprovider - IPF	0	157,745	3.00
4.00	Subprovider - IRF	0	666,954	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,111,098	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	206,727	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	225,784	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0191 Component CCN: 14-7435		Period: From 07/01/2018 To 06/30/2019		Worksheet S-4 Date/Time Prepared: 11/25/2019 4:02 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County			COOK COUNTY				0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours			0	547	0	0	547	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	1,113.00	212.00	587.00	1,904.00	2.00
				Number of Employees (Full Time Equivalent)					
				Enter the number of hours in your normal work week		Staff	Contract	Total	
				0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)			40.00		0.27	0.00	0.27	3.00
4.00	Director(s) and Assistant Director(s)					1.50	0.00	1.50	4.00
5.00	Other Administrative Personnel					23.35	0.00	23.35	5.00
6.00	Direct Nursing Service					22.62	0.00	22.62	6.00
7.00	Nursing Supervisor					5.59	0.00	5.59	7.00
8.00	Physical Therapy Service					5.57	0.00	5.57	8.00
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service					1.46	0.00	1.46	10.00
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00
12.00	Speech Pathology Service					0.14	0.00	0.14	12.00
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00
14.00	Medical Social Service					0.62	0.00	0.62	14.00
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00
16.00	Home Health Aide					0.42	0.00	0.42	16.00
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00
18.00	OTHER					33.12	0.00	33.12	18.00
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974					20.00
				Full Episodes					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			10,645	495	481	144	11,765	21.00
22.00	Skilled Nursing Visit Charges			2,029,610	95,430	91,930	27,720	2,244,690	22.00
23.00	Physical Therapy Visits			6,204	62	67	84	6,417	23.00
24.00	Physical Therapy Visit Charges			1,178,760	11,780	12,730	15,960	1,219,230	24.00
25.00	Occupational Therapy Visits			1,535	38	10	54	1,637	25.00
26.00	Occupational Therapy Visit Charges			291,610	7,220	1,900	10,260	310,990	26.00
27.00	Speech Pathology Visits			437	0	0	3	440	27.00
28.00	Speech Pathology Visit Charges			83,030	0	0	570	83,600	28.00
29.00	Medical Social Service Visits			275	8	11	6	300	29.00
30.00	Medical Social Service Visit Charges			61,875	1,800	2,475	1,350	67,500	30.00
31.00	Home Health Aide Visits			488	3	2	8	501	31.00
32.00	Home Health Aide Visit Charges			63,440	390	260	1,040	65,130	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			19,584	606	571	299	21,060	33.00
34.00	Other Charges			0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)			3,708,325	116,620	109,295	56,900	3,991,140	35.00
36.00	Total Number of Episodes (standard/non outlier)			1,364		215	21	1,600	36.00
37.00	Total Number of Outlier Episodes				20		1	21	37.00
38.00	Total Non-Routine Medical Supply Charges			213,918	14,670	11,899	5,127	245,614	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA				Provider CCN: 14-0191 Hospice CCN: 14-1535		Period: From 07/01/2018 To 06/30/2019		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 11/25/2019 4:02 pm	
						Hospice I			
		Unduplicated Days					Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other			
		1.00	2.00	3.00	4.00	5.00			6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
1.00	Hospice Continuous Home Care								1.00
2.00	Hospice Routine Home Care								2.00
3.00	Hospice Inpatient Respite Care								3.00
4.00	Hospice General Inpatient Care								4.00
5.00	Total Hospice Days								5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
6.00	Number of patients receiving hospice care								6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare								7.00
8.00	Average Length of Stay (line 5 / line 6)								8.00
9.00	Unduplicated census count								9.00

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	12,754	995	597	14,346	11.00
12.00	Hospice Inpatient Respite Care	104	17	54	175	12.00
13.00	Hospice General Inpatient Care	1,048	199	108	1,355	13.00
14.00	Total Hospice Days	13,906	1,211	759	15,876	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/25/2019 4:02 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.208334 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	49,170,715		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	333,614,857		6.00
7.00	Medicaid cost (line 1 times line 6)	69,503,318		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)	20,332,603		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	20,332,603		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	25,405,344	4,843,897	30,249,241 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,292,797	4,843,897	10,136,694 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	5,292,797	4,843,897	10,136,694 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)	25,410,368		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,387,866		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,135,180		27.01
28.00	Non-Medicare bad debt expense (see instructions)	23,275,188		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	5,596,327		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	15,733,021		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	36,065,624		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/25/2019 4:02 pm

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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		6,604,819	6,604,819	5,476,992	12,081,811	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,136,577	8,136,577	0	8,136,577	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	367,763	20,993,682	21,361,445	1,701,552	23,062,997	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,622,879	65,047,148	77,670,027	-2,422,880	75,247,147	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	3,897,755	3,897,755	-45,097	3,852,658	6.00
7.00	00700	OPERATION OF PLANT	2,684,565	6,930,074	9,614,639	-121,243	9,493,396	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	114,977	1,092,774	1,207,751	0	1,207,751	8.00
9.00	00900	HOUSEKEEPING	713	4,966,926	4,967,639	-293,571	4,674,068	9.00
10.00	01000	DIETARY	528	3,847,720	3,848,248	-1,961,050	1,887,198	10.00
11.00	01100	CAFETERIA	0	0	0	1,961,050	1,961,050	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,204,672	625,536	3,830,208	0	3,830,208	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	339,244	1,063,486	1,402,730	-1,040,404	362,326	14.00
15.00	01500	PHARMACY	3,857,372	18,547,347	22,404,719	-18,438,370	3,966,349	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,404,953	734,445	3,139,398	-169	3,139,229	16.00
17.00	01700	SOCIAL SERVICE	317,398	91	317,489	0	317,489	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	191,703	191,703	23.00
23.01	02301	PARAMED ED PRGM - EMS	149,296	35,304	184,600	467,381	651,981	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	95,678	18,473	114,151	0	114,151	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,845,101	8,596,227	26,441,328	-5,054,132	21,387,196	30.00
31.00	03100	INTENSIVE CARE UNIT	2,602,378	960,971	3,563,349	-362,151	3,201,198	31.00
40.00	04000	SUBPROVIDER - IPF	755,531	987,729	1,743,260	-7,834	1,735,426	40.00
41.00	04100	SUBPROVIDER - IRF	3,194,420	454,509	3,648,929	-107,614	3,541,315	41.00
43.00	04300	NURSERY	916,259	690,310	1,606,569	307,749	1,914,318	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,314,268	15,334,850	18,649,118	-9,939,756	8,709,362	50.00
51.00	05100	RECOVERY ROOM	514,756	149,624	664,380	-60,054	604,326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	770,068	770,068	52.00
53.00	05300	ANESTHESIOLOGY	38,461	1,640,471	1,678,932	-237,946	1,440,986	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,265,511	4,336,642	6,602,153	-95,618	6,506,535	54.00
54.01	03630	ULTRA SOUND	899,639	156,341	1,055,980	-31,962	1,024,018	54.01
54.02	05401	SPECIAL PROCEDURES	902,832	2,193,514	3,096,346	-2,011,698	1,084,648	54.02
56.00	05600	RADIOISOTOPE	455,104	569,453	1,024,557	-539,473	485,084	56.00
57.00	05700	CT SCAN	711,829	389,881	1,101,710	-136,600	965,110	57.00
58.00	05800	MRI	415,612	89,166	504,778	-13,394	491,384	58.00
59.00	05900	CARDIAC CATHETERIZATION	734,878	2,151,719	2,886,597	-1,899,215	987,382	59.00
60.00	06000	LABORATORY	5,476,207	4,883,352	10,359,559	-690,314	9,669,245	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	272,812	725,793	998,605	6,051	1,004,656	63.00
65.00	06500	RESPIRATORY THERAPY	1,400,893	586,961	1,987,854	-126,895	1,860,959	65.00
65.01	03560	PULMONARY FUNCTION TESTING	29,565	639	30,204	0	30,204	65.01
66.00	06600	PHYSICAL THERAPY	2,972,949	121,327	3,094,276	-60,434	3,033,842	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,271,103	91,756	1,362,859	-1,026	1,361,833	67.00
68.00	06800	SPEECH PATHOLOGY	441,259	7,573	448,832	-1,462	447,370	68.00
69.00	06900	ELECTROCARDIOLOGY	1,033,087	507,608	1,540,695	-218,892	1,321,803	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	136,651	144,239	280,890	-43,775	237,115	70.00
70.01	03280	SLEEP LAB	95,292	9,061	104,353	-9,034	95,319	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,432,221	1,432,221	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,688,740	14,688,740	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,520,304	7,520,304	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,212,197	18,212,197	73.00
73.01	03190	INFUSION THERAPY	339,235	114,488	453,723	-42,706	411,017	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	25,399	25,399	73.03
73.04	03480	FCC INFUSION THERAPY	505,981	153,974	659,955	-93,867	566,088	73.04
74.00	07400	RENAL DIALYSIS	479,755	129,051	608,806	-115,795	493,011	74.00
76.97	07697	CARDIAC REHABILITATION	292,627	117,538	410,165	-4,812	405,353	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	664,817	339,687	1,004,504	-138,784	865,720	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCHANCILLARY	0	915,380	915,380	370,849	1,286,229	90.02
90.03	09002	RETINAL VASCULAR	178,305	94,876	273,181	-7,007	266,174	90.03
91.00	09100	EMERGENCY	4,031,282	1,790,965	5,822,247	-1,000,357	4,821,890	91.00
91.01	09101	IFCC	13,529,568	11,265,269	24,794,837	-2,980,476	21,814,361	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/25/2019 4:02 pm

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	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	6,129,002	2,304,232	8,433,234	0	8,433,234	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		4,755,664	4,755,664	-4,755,664	0	113.00
116.00	11600 HOSPI CE	1,449,944	987,557	2,437,501	0	2,437,501	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	102,456,951	211,290,554	313,747,505	-1,979,275	311,768,230	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	59,084	86,027	145,111	1,979,275	2,124,386	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 OP PHARMACY	0	0	0	0	0	192.02
192.03	19203 RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204 AMBULANCE	0	2,034,995	2,034,995	0	2,034,995	192.04
200.00	TOTAL (SUM OF LINES 118 through 199)	102,516,035	213,411,576	315,927,611	0	315,927,611	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet A
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	12,081,811	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	8,136,577	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,568	23,078,565	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,601,470	66,645,677	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	3,852,658	6.00
7.00	00700	OPERATION OF PLANT	-69,524	9,423,872	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,207,751	8.00
9.00	00900	HOUSEKEEPING	0	4,674,068	9.00
10.00	01000	DIETARY	0	1,887,198	10.00
11.00	01100	CAFETERIA	0	1,961,050	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-5,327	3,824,881	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	362,326	14.00
15.00	01500	PHARMACY	-401,992	3,564,357	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	92,430	3,231,659	16.00
17.00	01700	SOCIAL SERVICE	0	317,489	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	191,703	23.00
23.01	02301	PARAMED ED PRGM - EMS	-184,248	467,733	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	-114,605	-454	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,726,415	19,660,781	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,201,198	31.00
40.00	04000	SUBPROVIDER - I PF	0	1,735,426	40.00
41.00	04100	SUBPROVIDER - I RF	-121,146	3,420,169	41.00
43.00	04300	NURSERY	-631,250	1,283,068	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-250,750	8,458,612	50.00
51.00	05100	RECOVERY ROOM	0	604,326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	770,068	52.00
53.00	05300	ANESTHESIOLOGY	-1,250,000	190,986	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,033,782	5,472,753	54.00
54.01	03630	ULTRA SOUND	0	1,024,018	54.01
54.02	05401	SPECIAL PROCEDURES	0	1,084,648	54.02
56.00	05600	RADIOISOTOPE	0	485,084	56.00
57.00	05700	CT SCAN	0	965,110	57.00
58.00	05800	MRI	0	491,384	58.00
59.00	05900	CARDIAC CATHETERIZATION	-42,300	945,082	59.00
60.00	06000	LABORATORY	-40,700	9,628,545	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,004,656	63.00
65.00	06500	RESPIRATORY THERAPY	-3,503	1,857,456	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	30,204	65.01
66.00	06600	PHYSICAL THERAPY	-617,525	2,416,317	66.00
67.00	06700	OCCUPATIONAL THERAPY	-2,825	1,359,008	67.00
68.00	06800	SPEECH PATHOLOGY	0	447,370	68.00
69.00	06900	ELECTROCARDIOLOGY	-45,353	1,276,450	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-97,201	139,914	70.00
70.01	03280	SLEEP LAB	0	95,319	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,432,221	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,688,740	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,520,304	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,212,197	73.00
73.01	03190	INFUSION THERAPY	-2,231	408,786	73.01
73.03	07301	PHARMACY VACCINE	0	25,399	73.03
73.04	03480	FCC INFUSION THERAPY	-468	565,620	73.04
74.00	07400	RENAL DIALYSIS	0	493,011	74.00
76.97	07697	CARDIAC REHABILITATION	-6,127	399,226	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	865,720	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	-250	1,285,979	90.02
90.03	09002	RETINAL VASCULAR	-11,838	254,336	90.03
91.00	09100	EMERGENCY	-631,203	4,190,687	91.00
91.01	09101	I FCC	-3,918,084	17,896,277	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	401,093	8,834,327	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	2,437,501	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-19,301,026	292,467,204	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,124,386	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	OP PHARMACY	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	192.03
192.04	19204	AMBULANCE	0	2,034,995	192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-19,301,026	296,626,585	200.00

RECLASSIFICATIONS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/25/2019 4:02 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS NON CAP INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	721,328		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,701,552		2.00
	TOTALS		0	2,422,880		
	B - RECALLS CAFETERIA COSTS					
1.00	CAFETERIA	11.00	0	1,961,050		1.00
	TOTALS		0	1,961,050		
	C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,755,664		1.00
	TOTALS		0	4,755,664		
	D - RECLASS CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,688,740		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	14,688,740		
	E - RECALSS DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,237,596		1.00
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

RECLASSIFICATIONS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/25/2019 4:02 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	18,237,596		
	F - POB COST OFFSET					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	64,895	395,016		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		64,895	395,016		
	G - LAB ADMIN					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	6,726	630		1.00
	TOTALS		6,726	630		
	H - RECLASS RECOVERY COSTS					
1.00	OPERATING ROOM	50.00	675,904	134,895		1.00
	TOTALS		675,904	134,895		
	I - RECLASS EMT PRECEPTOR COSTS					
1.00	PARAMED ED PRGM - EMS	23.01	472,780	0		1.00
2.00		0.00	0	0		2.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	TOTALS		472,780	0		
	J - RECLASS PSYCH ANCILLARY SERVICES					
1.00	PSYCH ANCILLARY	90.02	0	371,099		1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70.02	739,388	692,833		2.00
	TOTALS		739,388	1,063,932		
	K - RECLASS VACCINE DRUG COSTS					
1.00	PHARMACY VACCINE	73.03	0	25,399		1.00
	TOTALS		0	25,399		
	M - RECLASS FCC ADMIN COSTS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	144,368	1,374,996		1.00
	TOTALS		144,368	1,374,996		
	N - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY	23.00	148,130	43,573		1.00
	TOTALS		148,130	43,573		
	O - RECLASS LABOR AND DELIVERY EXPENSES					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	605,599	164,469		1.00
2.00	NURSERY	43.00	269,770	73,264		2.00
	TOTALS		875,369	237,733		
	P - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,520,304		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	7,520,304		
	Q - MISC					
1.00		0.00	0	0		1.00
	TOTALS		0	0		
500.00	Grand Total: Increases		3,127,560	52,862,408		500.00

RECLASSIFICATIONS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS NON CAP INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,422,880	9		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	2,422,880			
	B - RECALLS CAFETERIA COSTS						
1.00	DIETARY	10.00	0	1,961,050	0		1.00
	TOTALS		0	1,961,050			
	C - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	4,755,664	11		1.00
	TOTALS		0	4,755,664			
	D - RECLASS CHARGEABLE MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,040,404	0		1.00
2.00	PHARMACY	15.00	0	9,071	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	169	0		3.00
4.00	PARAMED ED PRGM - EMS	23.01	0	5,399	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,179,300	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	320,060	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	7,834	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	107,614	0		8.00
9.00	NURSERY	43.00	0	35,285	0		9.00
10.00	OPERATING ROOM	50.00	0	3,993,776	0		10.00
11.00	RECOVERY ROOM	51.00	0	60,054	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	237,946	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	95,618	0		13.00
14.00	ULTRA SOUND	54.01	0	31,962	0		14.00
15.00	SPECIAL PROCEDURES	54.02	0	2,011,698	0		15.00
16.00	RADIOISOTOPE	56.00	0	539,473	0		16.00
17.00	CT SCAN	57.00	0	136,600	0		17.00
18.00	MRI	58.00	0	13,394	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,123,077	0		19.00
20.00	LABORATORY	60.00	0	682,958	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,305	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	118,567	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	60,434	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	1,026	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	1,462	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	218,892	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	43,775	0		27.00
28.00	SLEEP LAB	70.01	0	9,034	0		28.00
29.00	INFUSION THERAPY	73.01	0	42,706	0		29.00
30.00	FCC INFUSION THERAPY	73.04	0	93,867	0		30.00
31.00	RENAL DIALYSIS	74.00	0	115,795	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	32	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	4,780	0		33.00
34.00	HYPERBARIC OXYGEN THERAPY	76.98	0	138,784	0		34.00
35.00	PSYCH NURSING	90.02	0	250	0		35.00
36.00	RETINAL VASCULAR	90.03	0	7,007	0		36.00
37.00	EMERGENCY	91.00	0	738,220	0		37.00
38.00	IFCC	91.01	0	1,461,112	0		38.00
	TOTALS		0	14,688,740			
	E - RECLASS DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	18,237,596	0		1.00
3.00	NURSING ADMINISTRATION		0		0		3.00
4.00	CENTRAL SERVICES & SUPPLY		0		0		4.00
5.00	PHARMACY		0		0		5.00
6.00	MEDICAL RECORDS & LIBRARY		0		0		6.00
7.00	PARAMED ED PRGM - EMS		0		0		7.00
8.00	ADULTS & PEDIATRICS		0		0		8.00
9.00	INTENSIVE CARE UNIT		0		0		9.00
10.00	SUBPROVIDER - IPF		0		0		10.00
11.00	SUBPROVIDER - IRF		0		0		11.00
12.00	NURSERY		0		0		12.00
13.00	OPERATING ROOM		0		0		13.00
14.00	RADIOLOGY-DIAGNOSTIC		0		0		14.00
15.00	ULTRA SOUND		0		0		15.00
16.00	SPECIAL PROCEDURES		0		0		16.00
17.00	RADIOISOTOPE		0		0		17.00
18.00	CT SCAN		0		0		18.00
19.00	CARDIAC CATHETERIZATION		0		0		19.00
20.00	LABORATORY		0		0		20.00
21.00	RESPIRATORY THERAPY		0		0		21.00
22.00	ELECTROCARDIOLOGY		0		0		22.00
23.00	INFUSION THERAPY		0		0		23.00

RECLASSIFICATIONS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
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		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
24.00	RENAL DIALYSIS		0		0		24.00
25.00	CARDIAC REHABILITATION		0		0		25.00
26.00	HYPERBARIC OXYGEN THERAPY		0		0		26.00
27.00	RETINAL VASCULAR		0		0		27.00
28.00	EMERGENCY		0		0		28.00
29.00	IFCC		0		0		29.00
	TOTALS		0	18,237,596			
F - POB COST OFFSET							
1.00	MAINTENANCE & REPAIRS	6.00	0	45,097	0		1.00
2.00	OPERATION OF PLANT	7.00	64,895	56,348	0		2.00
3.00	HOUSEKEEPING	9.00	0	293,571	0		3.00
	TOTALS		64,895	395,016			
G - LAB ADMIN							
1.00	LABORATORY	60.00	6,726	630	0		1.00
	TOTALS		6,726	630			
H - RECLASS RECOVERY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	675,904	134,895	0		1.00
	TOTALS		675,904	134,895			
I - RECLASS EMT PRECEPTOR COSTS							
1.00	ADULTS & PEDIATRICS	30.00	147,611	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	42,091	0	0		2.00
4.00	RESPIRATORY THERAPY	65.00	8,328	0	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	12,613	0	0		5.00
6.00	EMERGENCY	91.00	262,137	0	0		6.00
	TOTALS		472,780	0			
J - RECLASS PSYCH ANCILLARY SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	739,388	1,063,932	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		739,388	1,063,932			
K - RECLASS VACCINE DRUG COSTS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	25,399	0		1.00
	TOTALS		0	25,399			
M - RECLASS FCC ADMIN COSTS							
1.00	IFCC	91.01	144,368	1,374,996	0		1.00
	TOTALS		144,368	1,374,996			
N - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	148,130	43,573	0		1.00
	TOTALS		148,130	43,573			
O - RECLASS LABOR AND DELIVERY EXPENSES							
1.00	ADULTS & PEDIATRICS	30.00	875,369	237,733	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		875,369	237,733			
P - IMPLANT RECLASS							
1.00	OPERATING ROOM	50.00	0	6,756,779	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	763,525	0		2.00
	TOTALS		0	7,520,304			
Q - MISC							
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
500.00	Grand Total: Decreases		3,127,560	52,862,408			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,464,807	0	0	0	0	1.00
2.00	Land Improvements	3,214,188	0	0	0	0	2.00
3.00	Buildings and Fixtures	153,763,821	4,970,280	0	4,970,280	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	49,359,541	15,851,086	0	15,851,086	1,413,589	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	212,802,357	20,821,366	0	20,821,366	1,413,589	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	212,802,357	20,821,366	0	20,821,366	1,413,589	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,464,807	0				1.00
2.00	Land Improvements	3,214,188	0				2.00
3.00	Buildings and Fixtures	158,734,101	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	63,797,038	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	232,210,134	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	232,210,134	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	6,604,819	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,136,577	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,741,396	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	6,604,819				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,136,577				2.00
3.00	Total (sum of lines 1-2)	0	14,741,396				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	160,580,120	0	160,580,120	0.711333	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	65,165,207	0	65,165,207	0.288667	0	2.00
3.00	Total (sum of lines 1-2)	225,745,327	0	225,745,327	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital -Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,326,147	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,136,577	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,462,724	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,755,664	0	0	0	12,081,811	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,136,577	2.00
3.00	Total (sum of lines 1-2)	4,755,664	0	0	0	20,218,388	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	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)	B	-69,524	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,221,842			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	12,870,116			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC REVENUE		0		0.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/25/2019 4:02 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	
34.00	MISC REVENUE	B	16,750	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
34.01	MISC REVENUE	B	-1,157,729	ADMINISTRATIVE & GENERAL	5.00	0	34.01
34.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.02
34.03	MISC REVENUE	B	-5,327	NURSING ADMINISTRATION	13.00	0	34.03
34.04	MISC REVENUE	B	-401,992	PHARMACY	15.00	0	34.04
34.05	MISC REVENUE	B	92,502	MEDICAL RECORDS & LIBRARY	16.00	0	34.05
34.06	MISC REVENUE	B	-184,248	PARAMED ED PRGM - EMS	23.01	0	34.06
34.07	MISC REVENUE	B	-114,605	PARAMED ED PRGM - DIETETICS	23.02	0	34.07
34.08	MISC REVENUE	B	-260	ADULTS & PEDIATRICS	30.00	0	34.08
34.09	MISC REVENUE	B	-15,700	LABORATORY	60.00	0	34.09
34.10	MISC REVENUE	B	-617,335	PHYSICAL THERAPY	66.00	0	34.10
34.11	MISC REVENUE	B	-2,000	INFUSION THERAPY	73.01	0	34.11
34.12	MISC REVENUE	B	-3,917	CARDIAC REHABILITATION	76.97	0	34.12
34.13	MISC REVENUE	B	-7,463	RETINAL VASCULAR	90.03	0	34.13
34.14	MISC REVENUE	B	-2,093,920	I FCC	91.01	0	34.14
34.15	MISC REVENUE	B	-765	RESPIRATORY THERAPY	65.00	0	34.15
34.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.16
34.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.17
34.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.18
34.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.19
34.20	ALCOHOL OFFSET	A	-1,000	ADMINISTRATIVE & GENERAL	5.00	0	34.20
36.00	REMOVE LOBBYING EXPENSE	A	-31,769	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.01	MEDICAID PROVIDER TAX	A	-17,121,881	ADMINISTRATIVE & GENERAL	5.00	0	36.01
37.00	NONALLOWABLE MARKETING EXPENSE	A	-1,182	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
38.00	NONALLOWABLE MARKETING EXPENSE	A	-2,206,922	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	NONALLOWABLE MARKETING EXPENSE	A	-72	MEDICAL RECORDS & LIBRARY	16.00	0	39.00
40.00	NONALLOWABLE MARKETING EXPENSE	A	-4,046	SUBPROVIDER - IRF	41.00	0	40.00
41.00	NONALLOWABLE MARKETING EXPENSE	A	-231	INFUSION THERAPY	73.01	0	41.00
42.00	NONALLOWABLE MARKETING EXPENSE	A	-190	PHYSICAL THERAPY	66.00	0	42.00
43.00	NONALLOWABLE MARKETING EXPENSE	A	-2,825	OCCUPATIONAL THERAPY	67.00	0	43.00
44.00	NONALLOWABLE MARKETING EXPENSE	A	-260	CARDIAC REHABILITATION	76.97	0	44.00
45.00	NONALLOWABLE MARKETING EXPENSE	A	-250	PSYCH ANCILLARY	90.02	0	45.00
45.01	NONALLOWABLE MARKETING EXPENSE	A	-2,773	I FCC	91.01	0	45.01
45.02	NONALLOWABLE MARKETING EXPENSE	A	-468	FCC INFUSION THERAPY	73.04	0	45.02
46.00	OTHER INCOME	B	-9,898	HOME HEALTH AGENCY	101.00	0	46.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-19,301,026				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 4:02 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	15,557,115	3,097,990	1.00
2.00	101.00	HOME HEALTH AGENCY	MANAGEMENT FEE	552,776	141,785	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	U OF C CHARGEBACKS	1,038,862	1,038,862	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	U OF C CHARGEBACKS	1,387,492	1,387,492	3.01
3.02	7.00	OPERATION OF PLANT	U OF C CHARGEBACKS	602,286	602,286	3.02
3.03	13.00	NURSING ADMINISTRATION	U OF C CHARGEBACKS	202,746	202,746	3.03
3.04	40.00	SUBPROVIDER - IPF	U OF C CHARGEBACKS	240,000	240,000	3.04
3.05	50.00	OPERATING ROOM	U OF C CHARGEBACKS	775,090	775,090	3.05
3.06	54.00	RADIOLOGY-DIAGNOSTIC	U OF C CHARGEBACKS	1,299,730	1,299,730	3.06
3.07	60.00	LABORATORY	U OF C CHARGEBACKS	32,812	32,812	3.07
3.08	74.00	RENAL DIALYSIS	U OF C CHARGEBACKS	3,600	3,600	3.08
3.09	0.00			0	0	3.09
3.10	0.00			0	0	3.10
3.11	0.00			0	0	3.11
3.12	0.00			0	0	3.12
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,692,509	8,822,393	5.00

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

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

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

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

6.00			0.00		0.00	6.00
7.00	B	INGALLS HEALTH SYSTEM	100.00	INGALLS MEMORIA	100.00	7.00
8.00	C	INGALLS MEMORIA	100.00	INGALLS HOME CARE	100.00	8.00
9.00	C	U OF C HOSPITAL	100.00	U OF C HOSPITAL	100.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 4:02 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	12,459,125	0		1.00
2.00	410,991	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
4.00	0	0		4.00
5.00	12,870,116			5.00

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

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

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

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

6.00			6.00
7.00	ACUTE		7.00
8.00	HOME CARE		8.00
9.00	HEALTHCARE		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
11/25/2019 4:02 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,680,547	0	1,680,547	211,500	11,204	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,726,155	1,726,155	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	117,100	117,100	0	0	0	3.00
4.00	43.00	NURSERY	631,250	631,250	0	0	0	4.00
5.00	50.00	OPERATING ROOM	250,750	250,750	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,250,000	1,250,000	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,033,782	1,033,782	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	42,300	42,300	0	0	0	8.00
9.00	60.00	LABORATORY	25,000	25,000	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	2,738	2,738	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	140,833	0	140,833	211,500	939	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	97,201	97,201	0	0	0	12.00
13.00	76.97	CARDIAC REHABILITATION	1,950	1,950	0	0	0	13.00
14.00	90.03	RETINAL VASCULAR	4,375	4,375	0	0	0	14.00
15.00	91.00	EMERGENCY	631,203	631,203	0	0	0	15.00
16.00	91.01	IFCC	1,821,391	1,821,391	0	0	0	16.00
200.00			9,456,575	7,635,195	1,821,380		12,143	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,139,253	56,963	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	95,480	4,774	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	13.00
14.00	90.03	RETINAL VASCULAR	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	91.01	IFCC	0	0	0	0	0	16.00
200.00			1,234,733	61,737	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	1,139,253	541,294	541,294		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,726,155		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	117,100		3.00
4.00	43.00	NURSERY	0	0	0	631,250		4.00
5.00	50.00	OPERATING ROOM	0	0	0	250,750		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,250,000		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,033,782		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	42,300		8.00
9.00	60.00	LABORATORY	0	0	0	25,000		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	2,738		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	95,480	45,353	45,353		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	97,201		12.00
13.00	76.97	CARDIAC REHABILITATION	0	0	0	1,950		13.00
14.00	90.03	RETINAL VASCULAR	0	0	0	4,375		14.00
15.00	91.00	EMERGENCY	0	0	0	631,203		15.00
16.00	91.01	IFCC	0	0	0	1,821,391		16.00
200.00			0	1,234,733	586,647	8,221,842		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	12,081,811	12,081,811			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,136,577		8,136,577		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,078,565	65,345	0	23,143,910	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	66,645,677	3,693,461	2,468,128	2,859,991	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,852,658	308,553	6,411	0	6.00
7.00	00700	OPERATION OF PLANT	9,423,872	878,371	39,510	593,544	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,207,751	60,512	889	26,051	8.00
9.00	00900	HOUSEKEEPING	4,674,068	71,767	24,326	162	9.00
10.00	01000	DIETARY	1,887,198	220,218	40,969	120	10.00
11.00	01100	CAFETERIA	1,961,050	105,102	665	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,824,881	42,637	1,511,820	726,089	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	362,326	79,464	59,486	76,863	14.00
15.00	01500	PHARMACY	3,564,357	114,702	189,638	840,410	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,231,659	166,276	3,436	544,895	16.00
17.00	01700	SOCIAL SERVICE	317,489	0	0	71,913	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	191,703	2,483	0	33,562	23.00
23.01	02301	PARAMED ED PRGM - EMS	467,733	12,414	13,217	140,945	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	-454	38,284	0	21,678	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,660,781	2,187,578	290,365	3,490,729	30.00
31.00	03100	INTENSIVE CARE UNIT	3,201,198	210,552	92,043	580,089	31.00
40.00	04000	SUBPROVIDER - IPF	1,735,426	66,107	4,757	171,182	40.00
41.00	04100	SUBPROVIDER - IRF	3,420,169	836,430	7,129	723,766	41.00
43.00	04300	NURSERY	1,283,068	98,481	5,353	268,721	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,458,612	732,404	380,619	904,061	50.00
51.00	05100	RECOVERY ROOM	604,326	55,067	21,482	116,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	770,068	0	0	137,212	52.00
53.00	05300	ANESTHESIOLOGY	190,986	7,134	54,935	8,714	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,472,753	435,073	480,231	513,301	54.00
54.01	03630	ULTRA SOUND	1,024,018	47,221	48,577	203,833	54.01
54.02	05401	SPECIAL PROCEDURES	1,084,648	30,339	129,030	204,556	54.02
56.00	05600	RADIOISOTOPE	485,084	31,862	36,237	103,114	56.00
57.00	05700	CT SCAN	965,110	34,013	64,096	161,281	57.00
58.00	05800	MRI	491,384	89,825	17,152	94,166	58.00
59.00	05900	CARDIAC CATHETERIZATION	945,082	60,744	266,323	163,645	59.00
60.00	06000	LABORATORY	9,628,545	227,931	153,259	1,239,231	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,004,656	8,690	1,635	63,335	63.00
65.00	06500	RESPIRATORY THERAPY	1,857,456	27,293	38,021	315,516	65.00
65.01	03560	PULMONARY FUNCTION TESTING	30,204	13,142	3,885	6,699	65.01
66.00	06600	PHYSICAL THERAPY	2,416,317	105,483	40,804	673,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,359,008	17,511	942	287,996	67.00
68.00	06800	SPEECH PATHOLOGY	447,370	11,983	7,262	99,977	68.00
69.00	06900	ELECTROCARDIOLOGY	1,276,450	62,101	109,254	234,069	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	139,914	33,782	16,660	30,961	70.00
70.01	03280	SLEEP LAB	95,319	0	9,886	21,590	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,432,221	0	0	167,525	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,688,740	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,520,304	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,212,197	0	0	0	73.00
73.01	03190	INFUSION THERAPY	408,786	25,721	1,825	76,861	73.01
73.03	07301	PHARMACY VACCINE	25,399	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	565,620	10,676	0	114,641	73.04
74.00	07400	RENAL DIALYSIS	493,011	29,809	18,028	108,699	74.00
76.97	07697	CARDIAC REHABILITATION	399,226	33,748	10,200	66,301	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	865,720	0	1,429	150,629	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	1,285,979	231,704	0	0	90.02
90.03	09002	RETINAL VASCULAR	254,336	179,484	14,018	40,399	90.03
91.00	09100	EMERGENCY	4,190,687	155,121	62,424	853,983	91.00
91.01	09101	IFCC	17,896,277	0	1,388,658	3,032,712	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS					0	92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	8,834,327	102,305	0	1,388,660	10,325,292	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,437,501	0	0	328,517	2,766,018	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	292,467,204	12,058,903	8,135,014	23,083,110	292,381,933	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,124,386	0	1,563	60,800	2,186,749	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	14,632	0	0	14,632	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	8,276	0	0	8,276	192.03
192.04	19204	AMBULANCE	2,034,995	0	0	0	2,034,995	192.04
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)	296,626,585	12,081,811	8,136,577	23,143,910	296,626,585	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	75,667,257					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,427,198	5,594,820				6.00
7.00	00700	OPERATION OF PLANT	3,744,782	613,184	15,293,263			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	443,541	42,243	129,683	1,910,670		8.00
9.00	00900	HOUSEKEEPING	1,633,592	50,100	153,804	0	6,607,819	9.00
10.00	01000	DIETARY	735,753	153,732	471,946	0	207,767	10.00
11.00	01100	CAFETERIA	707,779	73,371	225,243	0	99,160	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,090,797	29,764	91,374	0	40,226	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	197,983	55,473	170,298	0	74,971	14.00
15.00	01500	PHARMACY	1,612,629	80,072	245,817	0	108,217	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,351,395	116,076	356,345	0	156,875	16.00
17.00	01700	SOCIAL SERVICE	133,350	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	77,992	1,733	5,321	0	2,342	23.00
23.01	02301	PARAMED ED PRGM - EMS	217,218	8,666	26,604	0	11,712	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	20,378	26,725	82,045	0	36,119	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,776,742	1,527,130	4,688,178	1,382,845	2,063,900	30.00
31.00	03100	INTENSIVE CARE UNIT	1,398,521	146,984	451,231	106,155	198,647	31.00
40.00	04000	SUBPROVIDER - IPF	677,183	46,149	141,673	86,047	62,369	40.00
41.00	04100	SUBPROVIDER - IRF	1,707,962	583,905	1,792,545	263,393	789,140	41.00
43.00	04300	NURSERY	566,966	68,749	211,055	72,230	92,913	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,587,392	511,285	1,569,608	0	690,995	50.00
51.00	05100	RECOVERY ROOM	273,104	38,442	118,013	0	51,953	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	310,697	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	89,643	4,980	15,288	0	6,730	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,363,363	303,721	932,400	0	410,475	54.00
54.01	03630	ULTRA SOUND	453,282	32,965	101,200	0	44,552	54.01
54.02	05401	SPECIAL PROCEDURES	496,062	21,179	65,019	0	28,624	54.02
56.00	05600	RADIOISOTOPE	224,748	22,242	68,282	0	30,060	56.00
57.00	05700	CT SCAN	419,329	23,744	72,894	0	32,090	57.00
58.00	05800	MRI	237,155	62,706	192,503	0	84,746	58.00
59.00	05900	CARDIAC CATHETERIZATION	491,686	42,405	130,180	0	57,310	59.00
60.00	06000	LABORATORY	3,852,197	159,116	488,476	0	215,044	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	369,268	6,066	18,622	0	8,198	63.00
65.00	06500	RESPIRATORY THERAPY	766,499	19,053	58,492	0	25,750	65.00
65.01	03560	PULMONARY FUNCTION TESTING	18,468	9,174	28,164	0	12,399	65.01
66.00	06600	PHYSICAL THERAPY	1,108,230	73,637	226,059	0	99,519	66.00
67.00	06700	OCCUPATIONAL THERAPY	570,334	12,225	37,529	0	16,521	67.00
68.00	06800	SPEECH PATHOLOGY	194,029	8,365	25,681	0	11,306	68.00
69.00	06900	ELECTROCARDIOLOGY	575,956	43,352	133,089	0	58,590	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75,790	23,583	72,397	0	31,872	70.00
70.01	03280	SLEEP LAB	43,421	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	547,831	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,030,144	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,575,321	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,236,749	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	175,742	17,956	55,122	0	24,267	73.01
73.03	07301	PHARMACY VACCINE	8,698	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	236,611	7,453	22,879	0	10,072	73.04
74.00	07400	RENAL DIALYSIS	222,437	20,810	63,884	0	28,124	74.00
76.97	07697	CARDIAC REHABILITATION	174,469	23,560	72,326	0	31,840	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	348,537	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	519,729	161,751	496,564	0	218,604	90.02
90.03	09002	RETINAL VASCULAR	167,196	125,297	384,651	0	169,337	90.03
91.00	09100	EMERGENCY	1,802,040	108,288	332,438	0	146,350	91.00
91.01	09101	IFCC	7,642,656	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,535,886	71,418	219,248	0	96,521	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	947,220	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,213,680	5,578,829	15,244,170	1,910,670	6,586,207	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	748,850	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	5,011	10,214	31,357	0	13,804	192.02
192.03	19203	RETINAL VASCULAR GRANTS	2,834	5,777	17,736	0	7,808	192.03
192.04	19204	AMBULANCE	696,882	0	0	0	0	192.04
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)	75,667,257	5,594,820	15,293,263	1,910,670	6,607,819	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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11/25/2019 4:02 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,717,703					10.00
11.00	01100	CAFETERIA	0	3,172,370				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	122,472	0	8,480,060		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	24,799	0	0	1,101,663	14.00
15.00	01500	PHARMACY	0	113,522	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	103,721	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	12,133	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	5,885	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	54,373	0	150,785	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	19,933	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,858,733	622,372	0	4,366,406	0	30.00
31.00	03100	INTENSIVE CARE UNIT	109,826	81,023	0	568,438	0	31.00
40.00	04000	SUBPROVIDER - I PF	178,037	33,272	0	233,425	0	40.00
41.00	04100	SUBPROVIDER - I RF	544,988	122,941	0	862,521	0	41.00
43.00	04300	NURSERY	0	36,168	0	253,743	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	144,309	0	1,012,438	0	50.00
51.00	05100	RECOVERY ROOM	0	13,069	0	91,689	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,131	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,505	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	76,656	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	27,000	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	28,330	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	13,151	0	0	0	56.00
57.00	05700	CT SCAN	0	24,158	0	0	0	57.00
58.00	05800	MRI	0	14,837	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,071	0	0	37,874	59.00
60.00	06000	LABORATORY	0	245,405	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,657	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	55,699	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,196	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	108,783	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	61,037	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,036	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,829	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,703	0	0	0	70.00
70.01	03280	SLEEP LAB	0	2,957	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	9,333	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	728,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	335,163	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	11,670	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	14,365	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	13,327	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	11,073	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	23,620	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	8,613	0	0	0	90.03
91.00	09100	EMERGENCY	26,119	134,072	0	940,615	0	91.00
91.01	09101	I FCC	0	575,621	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	39,571	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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11/25/2019 4:02 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	41,551	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,717,703	3,158,949	0	8,480,060	1,101,663	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,421	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
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)	3,717,703	3,172,370	0	8,480,060	1,101,663	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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11/25/2019 4:02 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	6,869,364					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,030,678				16.00
17.00	01700	SOCIAL SERVICE	0	0	534,885			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - EMS	0	0	0			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	487,524	387,121	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	56,370	29,718	0	0	31.00
40.00	04000	SUBPROVIDER - I/PF	0	25,229	24,089	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	60,173	73,736	0	0	41.00
43.00	04300	NURSERY	0	27,631	20,221	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	441,564	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	63,361	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,180	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	70,990	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	138,262	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	65,401	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	88,293	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	37,430	0	0	0	56.00
57.00	05700	CT SCAN	0	387,029	0	0	0	57.00
58.00	05800	MRI	0	77,886	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	82,678	0	0	0	59.00
60.00	06000	LABORATORY	0	742,602	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	33,981	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	107,381	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	3,500	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	98,232	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	35,958	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,567	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	101,852	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,114	0	0	0	70.00
70.01	03280	SLEEP LAB	0	7,007	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	27,169	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	51,965	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	85,923	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	689,967	0	0	0	73.00
73.01	03190	INFUSION THERAPY	6,869,364	20,286	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	985	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	42,049	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	20,528	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	4,008	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	34,028	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	31,158	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	4,360	0	0	0	90.03
91.00	09100	EMERGENCY	0	503,885	0	0	0	91.00
91.01	09101	I/FCC	0	1,241,172	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,869,364	6,030,678	534,885	0	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
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)	6,869,364	6,030,678	534,885	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			321,021			23.00
23.01	02301	PARAMED ED PRGM - EMS				1,103,667		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					244,708	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	337,857	130,164	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	90,095	32,541	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	19,525	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	57,272	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,524	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,524	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,603	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	321,021	0	0	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	630,667	2,603	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	321,021	1,103,667	244,708	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	321,021	1,103,667	244,708	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
23.01	02301	PARAMED ED PRGM - EMS				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	53,258,425	0	53,258,425	30.00
31.00	03100	INTENSIVE CARE UNIT	7,353,431	0	7,353,431	31.00
40.00	04000	SUBPROVIDER - IPF	3,504,470	0	3,504,470	40.00
41.00	04100	SUBPROVIDER - IRF	11,846,070	0	11,846,070	41.00
43.00	04300	NURSERY	3,005,299	0	3,005,299	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,433,287	0	18,433,287	50.00
51.00	05100	RECOVERY ROOM	1,447,135	0	1,447,135	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,250,288	0	1,250,288	52.00
53.00	05300	ANESTHESIOLOGY	451,905	0	451,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,126,235	0	11,126,235	54.00
54.01	03630	ULTRA SOUND	2,048,049	0	2,048,049	54.01
54.02	05401	SPECIAL PROCEDURES	2,176,080	0	2,176,080	54.02
56.00	05600	RADIOISOTOPE	1,052,210	0	1,052,210	56.00
57.00	05700	CT SCAN	2,183,744	0	2,183,744	57.00
58.00	05800	MRI	1,362,360	0	1,362,360	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,319,522	0	2,319,522	59.00
60.00	06000	LABORATORY	16,951,806	0	16,951,806	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,526,108	0	1,526,108	63.00
65.00	06500	RESPIRATORY THERAPY	3,293,684	0	3,293,684	65.00
65.01	03560	PULMONARY FUNCTION TESTING	126,831	0	126,831	65.01
66.00	06600	PHYSICAL THERAPY	4,950,651	0	4,950,651	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,399,061	0	2,399,061	67.00
68.00	06800	SPEECH PATHOLOGY	834,576	0	834,576	68.00
69.00	06900	ELECTROCARDIOLOGY	2,630,542	0	2,630,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	434,776	0	434,776	70.00
70.01	03280	SLEEP LAB	180,180	0	180,180	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,186,682	0	2,186,682	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,499,475	0	20,499,475	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,516,711	0	10,516,711	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,459,934	0	25,459,934	73.00
73.01	03190	INFUSION THERAPY	7,687,600	0	7,687,600	73.01
73.03	07301	PHARMACY VACCINE	35,082	0	35,082	73.03
73.04	03480	FCC INFUSION THERAPY	1,024,366	0	1,024,366	73.04
74.00	07400	RENAL DIALYSIS	1,018,657	0	1,018,657	74.00
76.97	07697	CARDIAC REHABILITATION	826,751	0	826,751	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,423,963	0	1,423,963	76.98
76.99	07699	LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	2,945,489	0	2,945,489	90.02
90.03	09002	RETINAL VASCULAR	1,347,691	0	1,347,691	90.03
91.00	09100	EMERGENCY	9,889,292	0	9,889,292	91.00
91.01	09101	IFCC	31,777,096	0	31,777,096	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	14,287,936	0	14,287,936		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	3,754,789	0	3,754,789		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	290,828,239	0	290,828,239		118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,949,020	0	2,949,020		192.00
192.01	19201	REFERENCE LAB	0	0	0		192.01
192.02	19202	OP PHARMACY	75,018	0	75,018		192.02
192.03	19203	RETINAL VASCULAR GRANTS	42,431	0	42,431		192.03
192.04	19204	AMBULANCE	2,731,877	0	2,731,877		192.04
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	296,626,585	0	296,626,585		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,770	65,345	0	87,115	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	114,583	3,693,461	2,468,128	6,276,172	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	308,553	6,411	314,964	6.00
7.00	00700	OPERATION OF PLANT	528	878,371	39,510	918,409	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	60,512	889	61,401	8.00
9.00	00900	HOUSEKEEPING	620	71,767	24,326	96,713	9.00
10.00	01000	DIETARY	160	220,218	40,969	261,347	10.00
11.00	01100	CAFETERIA	0	105,102	665	105,767	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	42,637	1,511,820	1,554,457	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,370	79,464	59,486	151,320	14.00
15.00	01500	PHARMACY	20	114,702	189,638	304,360	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,700	166,276	3,436	175,412	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	2,483	0	2,483	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	12,414	13,217	25,631	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	38,284	0	38,284	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,184	2,187,578	290,365	2,481,127	30.00
31.00	03100	INTENSIVE CARE UNIT	20	210,552	92,043	302,615	31.00
40.00	04000	SUBPROVIDER - I PF	0	66,107	4,757	70,864	40.00
41.00	04100	SUBPROVIDER - I RF	0	836,430	7,129	843,559	41.00
43.00	04300	NURSERY	0	98,481	5,353	103,834	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,055,816	732,404	380,619	2,168,839	50.00
51.00	05100	RECOVERY ROOM	0	55,067	21,482	76,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,134	54,935	62,069	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,919	435,073	480,231	936,223	54.00
54.01	03630	ULTRA SOUND	0	47,221	48,577	95,798	54.01
54.02	05401	SPECIAL PROCEDURES	20	30,339	129,030	159,389	54.02
56.00	05600	RADIOISOTOPE	0	31,862	36,237	68,099	56.00
57.00	05700	CT SCAN	0	34,013	64,096	98,109	57.00
58.00	05800	MRI	0	89,825	17,152	106,977	58.00
59.00	05900	CARDIAC CATHETERIZATION	40	60,744	266,323	327,107	59.00
60.00	06000	LABORATORY	20	227,931	153,259	381,210	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,690	1,635	10,325	63.00
65.00	06500	RESPIRATORY THERAPY	22,815	27,293	38,021	88,129	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	13,142	3,885	17,027	65.01
66.00	06600	PHYSICAL THERAPY	240	105,483	40,804	146,527	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,511	942	18,453	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,983	7,262	19,245	68.00
69.00	06900	ELECTROCARDIOLOGY	0	62,101	109,254	171,355	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,782	16,660	50,442	70.00
70.01	03280	SLEEP LAB	0	0	9,886	9,886	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	24,633	25,721	1,825	52,179	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	10,676	0	10,676	73.04
74.00	07400	RENAL DIALYSIS	0	29,809	18,028	47,837	74.00
76.97	07697	CARDIAC REHABILITATION	37,019	33,748	10,200	80,967	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,429	1,429	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	231,704	0	231,704	90.02
90.03	09002	RETINAL VASCULAR	50,000	179,484	14,018	243,502	90.03
91.00	09100	EMERGENCY	20	155,121	62,424	217,565	91.00
91.01	09101	IFCC	544,237	0	1,388,658	1,932,895	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	102,305	0	102,305	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	1,237	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,914,734	12,058,903	8,135,014	22,108,651	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,563	1,563	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	14,632	0	14,632	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	8,276	0	8,276	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,914,734	12,081,811	8,136,577	22,133,122	87,115 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,286,939					5.00
6.00	00600	MAINTENANCE & REPAIRS	118,581	433,545				6.00
7.00	00700	OPERATION OF PLANT	311,142	47,516	1,279,302			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,852	3,273	10,848	112,472		8.00
9.00	00900	HOUSEKEEPING	135,730	3,882	12,866	0	249,192	9.00
10.00	01000	DIETARY	61,131	11,913	39,479	0	7,835	10.00
11.00	01100	CAFETERIA	58,807	5,686	18,842	0	3,739	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	173,718	2,306	7,644	0	1,517	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,450	4,299	14,246	0	2,827	14.00
15.00	01500	PHARMACY	133,988	6,205	20,563	0	4,081	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	112,283	8,995	29,809	0	5,916	16.00
17.00	01700	SOCIAL SERVICE	11,080	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	6,480	134	445	0	88	23.00
23.01	02301	PARAMED ED PRGM - EMS	18,048	672	2,225	0	442	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	1,693	2,071	6,863	0	1,362	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	729,218	118,340	392,171	81,401	77,833	30.00
31.00	03100	INTENSIVE CARE UNIT	116,199	11,390	37,746	6,249	7,491	31.00
40.00	04000	SUBPROVIDER - IPF	56,265	3,576	11,851	5,065	2,352	40.00
41.00	04100	SUBPROVIDER - IRF	141,909	45,247	149,949	15,505	29,760	41.00
43.00	04300	NURSERY	47,107	5,327	17,655	4,252	3,504	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	298,065	39,620	131,300	0	26,059	50.00
51.00	05100	RECOVERY ROOM	22,691	2,979	9,872	0	1,959	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,815	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,448	386	1,279	0	254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	196,364	23,535	77,997	0	15,480	54.00
54.01	03630	ULTRA SOUND	37,662	2,554	8,465	0	1,680	54.01
54.02	05401	SPECIAL PROCEDURES	41,216	1,641	5,439	0	1,079	54.02
56.00	05600	RADIOISOTOPE	18,674	1,724	5,712	0	1,134	56.00
57.00	05700	CT SCAN	34,841	1,840	6,098	0	1,210	57.00
58.00	05800	MRI	19,704	4,859	16,103	0	3,196	58.00
59.00	05900	CARDIAC CATHETERIZATION	40,853	3,286	10,890	0	2,161	59.00
60.00	06000	LABORATORY	320,067	12,330	40,862	0	8,110	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	30,681	470	1,558	0	309	63.00
65.00	06500	RESPIRATORY THERAPY	63,686	1,476	4,893	0	971	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,534	711	2,356	0	468	65.01
66.00	06600	PHYSICAL THERAPY	92,079	5,706	18,910	0	3,753	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,387	947	3,139	0	623	67.00
68.00	06800	SPEECH PATHOLOGY	16,121	648	2,148	0	426	68.00
69.00	06900	ELECTROCARDIOLOGY	47,854	3,359	11,133	0	2,210	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,297	1,827	6,056	0	1,202	70.00
70.01	03280	SLEEP LAB	3,608	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	45,518	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	417,939	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	213,975	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	518,192	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	14,602	1,391	4,611	0	915	73.01
73.03	07301	PHARMACY VACCINE	723	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	19,659	578	1,914	0	380	73.04
74.00	07400	RENAL DIALYSIS	18,482	1,613	5,344	0	1,061	74.00
76.97	07697	CARDIAC REHABILITATION	14,496	1,826	6,050	0	1,201	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	28,959	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	43,183	12,534	41,538	0	8,244	90.02
90.03	09002	RETINAL VASCULAR	13,892	9,709	32,177	0	6,386	90.03
91.00	09100	EMERGENCY	149,726	8,391	27,809	0	5,519	91.00
91.01	09101	IFCC	635,004	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	293,786	5,534	18,340	0	3,640	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	78,702	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,166,166	432,306	1,275,195	112,472	248,377	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	62,220	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	416	791	2,623	0	521	192.02
192.03	19203	RETINAL VASCULAR GRANTS	235	448	1,484	0	294	192.03
192.04	19204	AMBULANCE	57,902	0	0	0	0	192.04
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)	6,286,939	433,545	1,279,302	112,472	249,192	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
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To 06/30/2019Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	381,705					10.00
11.00	01100	CAFETERIA	0	192,841				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	7,445	0	1,749,821		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,507	0	0	190,938	14.00
15.00	01500	PHARMACY	0	6,901	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,305	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	738	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	358	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	3,305	0	31,114	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	1,212	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	293,513	37,833	0	900,986	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,276	4,925	0	117,295	0	31.00
40.00	04000	SUBPROVIDER - I PF	18,279	2,022	0	48,166	0	40.00
41.00	04100	SUBPROVIDER - I RF	55,955	7,473	0	177,977	0	41.00
43.00	04300	NURSERY	0	2,199	0	52,359	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,772	0	208,912	0	50.00
51.00	05100	RECOVERY ROOM	0	794	0	18,920	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,224	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	152	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,660	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	1,641	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	1,722	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	799	0	0	0	56.00
57.00	05700	CT SCAN	0	1,469	0	0	0	57.00
58.00	05800	MRI	0	902	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,159	0	0	6,564	59.00
60.00	06000	LABORATORY	0	14,918	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	709	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,386	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	73	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	6,613	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,710	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	792	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,178	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	286	0	0	0	70.00
70.01	03280	SLEEP LAB	0	180	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	567	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	126,286	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	58,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	709	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	873	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	810	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	673	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,436	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	524	0	0	0	90.03
91.00	09100	EMERGENCY	2,682	8,150	0	194,092	0	91.00
91.01	09101	I FCC	0	34,990	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	2,405	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,526	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	381,705	192,025	0	1,749,821	190,938	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	816	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
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)	381,705	192,841	0	1,749,821	190,938	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	479,262					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	340,771				16.00
17.00	01700	SOCIAL SERVICE	0	0	12,089			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - EMS	0	0	0			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	27,581	8,749			30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,189	672			31.00
40.00	04000	SUBPROVIDER - I/PF	0	1,427	544			40.00
41.00	04100	SUBPROVIDER - I/RF	0	3,404	1,667			41.00
43.00	04300	NURSERY	0	1,563	457			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	24,981	0			50.00
51.00	05100	RECOVERY ROOM	0	3,585	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	689	0			52.00
53.00	05300	ANESTHESIOLOGY	0	4,016	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,822	0			54.00
54.01	03630	ULTRA SOUND	0	3,700	0			54.01
54.02	05401	SPECIAL PROCEDURES	0	4,995	0			54.02
56.00	05600	RADIOISOTOPE	0	2,118	0			56.00
57.00	05700	CT SCAN	0	21,896	0			57.00
58.00	05800	MRI	0	4,406	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,677	0			59.00
60.00	06000	LABORATORY	0	42,012	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,922	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	6,075	0			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	198	0			65.01
66.00	06600	PHYSICAL THERAPY	0	5,557	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,034	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	881	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,762	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	289	0			70.00
70.01	03280	SLEEP LAB	0	396	0			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,537	0			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,940	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,861	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,034	0			73.00
73.01	03190	INFUSION THERAPY	479,262	1,148	0			73.01
73.03	07301	PHARMACY VACCINE	0	56	0			73.03
73.04	03480	FCC INFUSION THERAPY	0	2,379	0			73.04
74.00	07400	RENAL DIALYSIS	0	1,161	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	227	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,925	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	1,763	0			90.02
90.03	09002	RETINAL VASCULAR	0	247	0			90.03
91.00	09100	EMERGENCY	0	28,507	0			91.00
91.01	09101	I/FCC	0	69,811	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	479,262	340,771	12,089	0	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	REFERENCE LAB	0	0	0			192.01
192.02	19202	OP PHARMACY	0	0	0			192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0			192.03
192.04	19204	AMBULANCE	0	0	0			192.04
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)	479,262	340,771	12,089	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			10, 114			23.00
23.01	02301	PARAMED ED PRGM - EMS				81, 968		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					51, 471	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	03630	ULTRA SOUND						54.01
54.02	05401	SPECIAL PROCEDURES						54.02
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03560	PULMONARY FUNCTION TESTING						65.01
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
70.01	03280	SLEEP LAB						70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	03190	INFUSION THERAPY						73.01
73.03	07301	PHARMACY VACCINE						73.03
73.04	03480	FCC INFUSION THERAPY						73.04
74.00	07400	RENAL DIALYSIS						74.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LI THOTRI PSY						76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY						90.02
90.03	09002	RETINAL VASCULAR						90.03
91.00	09100	EMERGENCY						91.00
91.01	09101	IFCC						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	REFERENCE LAB						192.01
192.02	19202	OP PHARMACY						192.02
192.03	19203	RETINAL VASCULAR GRANTS						192.03
192.04	19204	AMBULANCE						192.04
200.00		Cross Foot Adjustments	0	0	10,114	81,968	51,471	200.00
201.00		Negative Cost Centers	0	0	0	0	96	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	10,114	81,968	51,567	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
23.01	02301	PARAMED ED PRGM - EMS				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,161,877	0	5,161,877	30.00
31.00	03100	INTENSIVE CARE UNIT	621,231	0	621,231	31.00
40.00	04000	SUBPROVIDER - IPF	221,055	0	221,055	40.00
41.00	04100	SUBPROVIDER - IRF	1,475,130	0	1,475,130	41.00
43.00	04300	NURSERY	239,269	0	239,269	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,909,952	0	2,909,952	50.00
51.00	05100	RECOVERY ROOM	137,788	0	137,788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,245	0	28,245	52.00
53.00	05300	ANESTHESIOLOGY	75,637	0	75,637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,264,013	0	1,264,013	54.00
54.01	03630	ULTRA SOUND	152,267	0	152,267	54.01
54.02	05401	SPECIAL PROCEDURES	216,251	0	216,251	54.02
56.00	05600	RADIOISOTOPE	98,648	0	98,648	56.00
57.00	05700	CT SCAN	166,070	0	166,070	57.00
58.00	05800	MRI	156,502	0	156,502	58.00
59.00	05900	CARDIAC CATHETERIZATION	397,313	0	397,313	59.00
60.00	06000	LABORATORY	824,174	0	824,174	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,212	0	46,212	63.00
65.00	06500	RESPIRATORY THERAPY	169,804	0	169,804	65.00
65.01	03560	PULMONARY FUNCTION TESTING	22,392	0	22,392	65.01
66.00	06600	PHYSICAL THERAPY	281,681	0	281,681	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,377	0	77,377	67.00
68.00	06800	SPEECH PATHOLOGY	40,637	0	40,637	68.00
69.00	06900	ELECTROCARDIOLOGY	244,732	0	244,732	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,516	0	66,516	70.00
70.01	03280	SLEEP LAB	14,151	0	14,151	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	48,253	0	48,253	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	547,165	0	547,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	276,924	0	276,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	557,226	0	557,226	73.00
73.01	03190	INFUSION THERAPY	555,106	0	555,106	73.01
73.03	07301	PHARMACY VACCINE	779	0	779	73.03
73.04	03480	FCC INFUSION THERAPY	36,891	0	36,891	73.04
74.00	07400	RENAL DIALYSIS	76,717	0	76,717	74.00
76.97	07697	CARDIAC REHABILITATION	105,690	0	105,690	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,316	0	34,316	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCHANCILLARY	338,966	0	338,966	90.02
90.03	09002	RETINAL VASCULAR	306,589	0	306,589	90.03
91.00	09100	EMERGENCY	645,656	0	645,656	91.00
91.01	09101	IFCC	2,684,118	0	2,684,118	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	431,238	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	82,465	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,837,023	0	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	64,828	0	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	OP PHARMACY	18,983	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	10,737	0	192.03
192.04	19204	AMBULANCE	57,902	0	192.04
200.00		Cross Foot Adjustments	143,553	0	200.00
201.00		Negative Cost Centers	96	0	201.00
202.00		TOTAL (sum lines 118 through 201)	22,133,122	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	729,953					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,386,830				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,948	0	102,148,272			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	223,150	3,150,711	12,622,879	-75,667,257	220,959,328	5.00
6.00	00600	MAINTENANCE & REPAIRS	18,642	8,184	0	0	4,167,622	6.00
7.00	00700	OPERATION OF PLANT	53,069	50,437	2,619,670	0	10,935,297	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,656	1,135	114,977	0	1,295,203	8.00
9.00	00900	HOUSEKEEPING	4,336	31,054	713	0	4,770,323	9.00
10.00	01000	DIETARY	13,305	52,299	528	0	2,148,505	10.00
11.00	01100	CAFETERIA	6,350	849	0	0	2,066,817	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,576	1,929,930	3,204,672	0	6,105,427	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,801	75,937	339,244	0	578,139	14.00
15.00	01500	PHARMACY	6,930	242,084	3,709,242	0	4,709,107	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,046	4,386	2,404,953	0	3,946,266	16.00
17.00	01700	SOCIAL SERVICE	0	0	317,398	0	389,402	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	150	0	148,130	0	227,748	23.00
23.01	02301	PARAMED ED PRGM - EMS	750	16,872	622,076	0	634,309	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	0	95,678	0	59,508	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,168	370,668	15,406,829	0	25,629,453	30.00
31.00	03100	INTENSIVE CARE UNIT	12,721	117,499	2,560,287	0	4,083,882	31.00
40.00	04000	SUBPROVIDER - IPF	3,994	6,072	755,531	0	1,977,472	40.00
41.00	04100	SUBPROVIDER - IRF	50,535	9,101	3,194,420	0	4,987,494	41.00
43.00	04300	NURSERY	5,950	6,834	1,186,029	0	1,655,623	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,250	485,883	3,990,172	0	10,475,696	50.00
51.00	05100	RECOVERY ROOM	3,327	27,423	514,756	0	797,504	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	605,599	0	907,280	52.00
53.00	05300	ANESTHESIOLOGY	431	70,128	38,461	0	261,769	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,286	613,044	2,265,511	0	6,901,358	54.00
54.01	03630	ULTRA SOUND	2,853	62,012	899,639	0	1,323,649	54.01
54.02	05401	SPECIAL PROCEDURES	1,833	164,715	902,832	0	1,448,573	54.02
56.00	05600	RADIOISOTOPE	1,925	46,259	455,104	0	656,297	56.00
57.00	05700	CT SCAN	2,055	81,822	711,829	0	1,224,500	57.00
58.00	05800	MRI	5,427	21,895	415,612	0	692,527	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,670	339,978	722,265	0	1,435,794	59.00
60.00	06000	LABORATORY	13,771	195,644	5,469,481	0	11,248,966	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	525	2,087	279,538	0	1,078,316	63.00
65.00	06500	RESPIRATORY THERAPY	1,649	48,536	1,392,565	0	2,238,286	65.00
65.01	03560	PULMONARY FUNCTION TESTING	794	4,960	29,565	0	53,930	65.01
66.00	06600	PHYSICAL THERAPY	6,373	52,089	2,972,949	0	3,236,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,203	1,271,103	0	1,665,457	67.00
68.00	06800	SPEECH PATHOLOGY	724	9,270	441,259	0	566,592	68.00
69.00	06900	ELECTROCARDIOLOGY	3,752	139,469	1,033,087	0	1,681,874	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,041	21,268	136,651	0	221,317	70.00
70.01	03280	SLEEP LAB	0	12,620	95,292	0	126,795	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	739,388	0	1,599,746	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	14,688,740	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,520,304	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,212,197	73.00
73.01	03190	INFUSION THERAPY	1,554	2,330	339,235	0	513,193	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	25,399	73.03
73.04	03480	FCC INFUSION THERAPY	645	0	505,981	0	690,937	73.04
74.00	07400	RENAL DIALYSIS	1,801	23,014	479,755	0	649,547	74.00
76.97	07697	CARDIAC REHABILITATION	2,039	13,021	292,627	0	509,475	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,824	664,817	0	1,017,778	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	13,999	0	0	0	1,517,683	90.02
90.03	09002	RETINAL VASCULAR	10,844	17,895	178,305	0	488,237	90.03
91.00	09100	EMERGENCY	9,372	79,688	3,769,145	0	5,262,215	91.00
91.01	09101	IFCC	0	1,772,706	13,385,200	0	22,317,647	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	6,181	0	6,129,002	0	10,325,292	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,449,944	0	2,766,018	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	728,569	10,384,835	101,879,925	-75,667,257	216,714,676	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,995	268,347	0	2,186,749	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	884	0	0	0	14,632	192.02
192.03	19203	RETINAL VASCULAR GRANTS	500	0	0	0	8,276	192.03
192.04	19204	AMBULANCE	0	0	0	0	2,034,995	192.04
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)	12,081,811	8,136,577	23,143,910		75,667,257	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.551492	0.783355	0.226572		0.342449	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			87,115		6,286,939	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000853		0.028453	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: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	484,213					6.00
7.00	00700	OPERATION OF PLANT	53,069	431,144				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,656	3,656	68,036			8.00
9.00	00900	HOUSEKEEPING	4,336	4,336	0	423,152		9.00
10.00	01000	DIETARY	13,305	13,305	0	13,305	233,436	10.00
11.00	01100	CAFETERIA	6,350	6,350	0	6,350	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,576	2,576	0	2,576	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,801	4,801	0	4,801	0	14.00
15.00	01500	PHARMACY	6,930	6,930	0	6,930	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,046	10,046	0	10,046	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	150	150	0	150	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	750	750	0	750	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	2,313	0	2,313	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,168	132,168	49,241	132,168	179,501	30.00
31.00	03100	INTENSIVE CARE UNIT	12,721	12,721	3,780	12,721	6,896	31.00
40.00	04000	SUBPROVIDER - IPF	3,994	3,994	3,064	3,994	11,179	40.00
41.00	04100	SUBPROVIDER - IRF	50,535	50,535	9,379	50,535	34,220	41.00
43.00	04300	NURSERY	5,950	5,950	2,572	5,950	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,250	44,250	0	44,250	0	50.00
51.00	05100	RECOVERY ROOM	3,327	3,327	0	3,327	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	431	431	0	431	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,286	26,286	0	26,286	0	54.00
54.01	03630	ULTRA SOUND	2,853	2,853	0	2,853	0	54.01
54.02	05401	SPECIAL PROCEDURES	1,833	1,833	0	1,833	0	54.02
56.00	05600	RADIOISOTOPE	1,925	1,925	0	1,925	0	56.00
57.00	05700	CT SCAN	2,055	2,055	0	2,055	0	57.00
58.00	05800	MRI	5,427	5,427	0	5,427	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,670	3,670	0	3,670	0	59.00
60.00	06000	LABORATORY	13,771	13,771	0	13,771	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	525	525	0	525	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,649	1,649	0	1,649	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	794	794	0	794	0	65.01
66.00	06600	PHYSICAL THERAPY	6,373	6,373	0	6,373	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,058	0	1,058	0	67.00
68.00	06800	SPEECH PATHOLOGY	724	724	0	724	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,752	3,752	0	3,752	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,041	2,041	0	2,041	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	1,554	1,554	0	1,554	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	645	645	0	645	0	73.04
74.00	07400	RENAL DIALYSIS	1,801	1,801	0	1,801	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,039	2,039	0	2,039	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	13,999	13,999	0	13,999	0	90.02
90.03	09002	RETINAL VASCULAR	10,844	10,844	0	10,844	0	90.03
91.00	09100	EMERGENCY	9,372	9,372	0	9,372	1,640	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
101.00	10100	HOME HEALTH AGENCY	6,181	6,181	0	6,181	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	482,829	429,760	68,036	421,768	233,436	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	884	884	0	884	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	500	500	0	500	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,594,820	15,293,263	1,910,670	6,607,819	3,717,703	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.554461	35.471358	28.083221	15.615710	15.926005	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	433,545	1,279,302	112,472	249,192	381,705	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.895360	2.967227	1.653125	0.588895	1.635159	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: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			CAFETERIA (FTES/HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,565,519					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	99,044	0	977,499			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,055	0	0	22,209,044		14.00
15.00	01500	PHARMACY	91,806	0	0	0	18,237,596	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	83,880	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,812	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	4,759	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	43,972	0	17,381	0	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	16,120	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	503,317	0	503,317	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	65,524	0	65,524	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	26,907	0	26,907	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	99,423	0	99,423	0	0	41.00
43.00	04300	NURSERY	29,249	0	29,249	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	116,704	0	116,704	0	0	50.00
51.00	05100	RECOVERY ROOM	10,569	0	10,569	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,280	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,026	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,992	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	21,835	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	22,911	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	10,635	0	0	0	0	56.00
57.00	05700	CT SCAN	19,537	0	0	0	0	57.00
58.00	05800	MRI	11,999	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,423	0	0	763,525	0	59.00
60.00	06000	LABORATORY	198,461	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,427	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	45,044	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	967	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	87,974	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,361	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,542	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,975	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,803	0	0	0	0	70.00
70.01	03280	SLEEP LAB	2,391	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,548	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,688,740	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,756,779	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	9,438	0	0	0	18,237,596	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	11,617	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	10,778	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	8,955	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,102	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	6,965	0	0	0	0	90.03
91.00	09100	EMERGENCY	108,425	0	108,425	0	0	91.00
91.01	09101	IFCC	465,509	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description		CAFETERIA (FTES/HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	32,001	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	33,603	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,554,665	0	977,499	22,209,044	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,854	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
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)	3,172,370	0	8,480,060	1,101,663	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.236541	0.000000	8.675262	0.049604	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	192,841	0	1,749,821	190,938	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.075166	0.000000	1.790100	0.008597	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: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (W/S C CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,381,133,920					16.00
17.00	01700	SOCIAL SERVICE	0	68,036				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0				23.00
23.01	02301	PARAMED ED PRGM - EMS	0	0				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,663,872	49,241	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,911,206	3,780	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	5,778,568	3,064	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	13,782,070	9,379	0	0	0	41.00
43.00	04300	NURSERY	6,328,782	2,572	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	101,136,969	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	14,512,340	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,789,719	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	16,259,836	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,667,955	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	14,979,543	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	20,222,849	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	8,573,014	0	0	0	0	56.00
57.00	05700	CT SCAN	88,646,187	0	0	0	0	57.00
58.00	05800	MRI	17,839,135	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,936,676	0	0	0	0	59.00
60.00	06000	LABORATORY	170,087,505	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,783,197	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	24,594,765	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	801,674	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	22,499,217	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,235,985	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,565,405	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,328,371	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,171,233	0	0	0	0	70.00
70.01	03280	SLEEP LAB	1,604,972	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,222,830	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,902,249	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,680,116	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,031,939	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	4,646,400	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	225,662	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	9,630,918	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	4,701,890	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	918,001	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,793,961	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	7,136,582	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	998,612	0	0	0	0	90.03
91.00	09100	EMERGENCY	115,411,177	0	0	0	0	91.00
91.01	09101	IFCC	284,132,538	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (W S C CHARGES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0		0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,381,133,920	68,036	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
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)	6,030,678	534,885	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004366	7.861794	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	340,771	12,089	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000247	0.177685	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (ASSIGNED TIME)		
		22.00	23.00	23.01	23.02		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY		100			23.00
23.01	02301	PARAMED ED PRGM - EMS			196		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				188	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	60	100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	16	25	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	15	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	44	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	112	2	91.00
91.01	09101	IFCC	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM-COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM - EMS (TIME SPENT)	PARAMED PRGM - DIETETICS (ASSIGNED TIME)		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)						
		22.00	23.00	23.01	23.02			
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	196	188		118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	REFERENCE LAB	0	0	0	0		192.01
192.02	19202	OP PHARMACY	0	0	0	0		192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0		192.03
192.04	19204	AMBULANCE	0	0	0	0		192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	321,021	1,103,667	244,708		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	3,210.210000	5,630.954082	1,301.638298		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	10,114	81,968	51,567		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	101.140000	418.204082	273.781915		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000		207.00

Worksheet C
Part I
Date/Time Prepared:

MCRI F32 - 15.9.167.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	94,794,189		94,794,189		30.00
31.00	03100	INTENSIVE CARE UNIT	12,911,206		12,911,206		31.00
40.00	04000	SUBPROVIDER - IPF	5,778,568		5,778,568		40.00
41.00	04100	SUBPROVIDER - IRF	13,782,070		13,782,070		41.00
43.00	04300	NURSERY	6,328,782		6,328,782		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,216,147	49,920,822	101,136,969	0.182261	0.000000
51.00	05100	RECOVERY ROOM	6,440,913	8,071,427	14,512,340	0.099718	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,524,946	264,773	2,789,719	0.448177	0.000000
53.00	05300	ANESTHESIOLOGY	8,568,542	7,691,294	16,259,836	0.027793	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,950,627	23,717,328	31,667,955	0.351340	0.000000
54.01	03630	ULTRA SOUND	4,035,249	10,944,294	14,979,543	0.136723	0.000000
54.02	05401	SPECIAL PROCEDURES	8,529,686	11,693,163	20,222,849	0.107605	0.000000
56.00	05600	RADIOISOTOPE	3,319,460	5,253,554	8,573,014	0.122735	0.000000
57.00	05700	CT SCAN	29,679,997	58,966,190	88,646,187	0.024634	0.000000
58.00	05800	MRI	8,004,028	9,835,107	17,839,135	0.076369	0.000000
59.00	05900	CARDIAC CATHETERIZATION	9,274,221	9,662,455	18,936,676	0.122488	0.000000
60.00	06000	LABORATORY	58,488,121	111,599,384	170,087,505	0.099665	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,203,151	2,580,046	7,783,197	0.196077	0.000000
65.00	06500	RESPIRATORY THERAPY	20,898,341	3,696,424	24,594,765	0.133918	0.000000
65.01	03560	PULMONARY FUNCTION TESTING	67,991	733,683	801,674	0.158208	0.000000
66.00	06600	PHYSICAL THERAPY	9,222,459	13,276,758	22,499,217	0.220037	0.000000
67.00	06700	OCCUPATIONAL THERAPY	8,088,763	147,222	8,235,985	0.291290	0.000000
68.00	06800	SPEECH PATHOLOGY	3,365,744	199,661	3,565,405	0.234076	0.000000
69.00	06900	ELECTROCARDIOLOGY	13,234,570	10,093,801	23,328,371	0.112761	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	854,446	316,787	1,171,233	0.371212	0.000000
70.01	03280	SLEEP LAB	953,579	651,393	1,604,972	0.112264	0.000000
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,222,830	0	6,222,830	0.351397	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,992,144	5,910,105	11,902,249	1.722319	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,506,949	7,173,167	19,680,116	0.534383	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	44,721,186	113,310,753	158,031,939	0.161106	0.000000
73.01	03190	INFUSION THERAPY	22,589	4,623,811	4,646,400	1.654528	0.000000
73.03	07301	PHARMACY VACCINE	192,966	32,696	225,662	0.155463	0.000000
73.04	03480	FCC INFUSION THERAPY	62,804	9,568,114	9,630,918	0.106362	0.000000
74.00	07400	RENAL DIALYSIS	4,075,805	626,085	4,701,890	0.216648	0.000000
76.97	07697	CARDIAC REHABILITATION	35,060	882,941	918,001	0.900599	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,007,632	6,786,329	7,793,961	0.182701	0.000000
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	24,225	7,112,357	7,136,582	0.412731	0.000000
90.03	09002	RETINAL VASCULAR	5,058	993,554	998,612	1.349564	0.000000
91.00	09100	EMERGENCY	19,930,674	95,480,503	115,411,177	0.085687	0.000000
91.01	09101	IFCC	5,502,045	278,630,493	284,132,538	0.111839	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,200,894	10,668,789	16,869,683	0.314498	0.000000
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	9,849,717	9,849,717		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,987,734	4,987,734		116.00
200.00		Subtotal (see instructions)	500,018,657	895,952,714	1,395,971,371		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	500,018,657	895,952,714	1,395,971,371		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182261		50.00
51.00	05100	RECOVERY ROOM	0.099718		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.448177		52.00
53.00	05300	ANESTHESIOLOGY	0.027793		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.351340		54.00
54.01	03630	ULTRA SOUND	0.136723		54.01
54.02	05401	SPECIAL PROCEDURES	0.107605		54.02
56.00	05600	RADIOISOTOPE	0.122735		56.00
57.00	05700	CT SCAN	0.024634		57.00
58.00	05800	MRI	0.076369		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122488		59.00
60.00	06000	LABORATORY	0.099665		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.196077		63.00
65.00	06500	RESPIRATORY THERAPY	0.133918		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.158208		65.01
66.00	06600	PHYSICAL THERAPY	0.220037		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291290		67.00
68.00	06800	SPEECH PATHOLOGY	0.234076		68.00
69.00	06900	ELECTROCARDIOLOGY	0.114706		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.371212		70.00
70.01	03280	SLEEP LAB	0.112264		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.351397		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.722319		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.534383		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161106		73.00
73.01	03190	INFUSION THERAPY	1.654528		73.01
73.03	07301	PHARMACY VACCINE	0.155463		73.03
73.04	03480	FCC INFUSION THERAPY	0.106362		73.04
74.00	07400	RENAL DIALYSIS	0.216648		74.00
76.97	07697	CARDIAC REHABILITATION	0.900599		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.182701		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0.412731		90.02
90.03	09002	RETINAL VASCULAR	1.349564		90.03
91.00	09100	EMERGENCY	0.085687		91.00
91.01	09101	IFCC	0.111839		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.314498		92.00
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (From Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,258,425		53,258,425	0	53,258,425	30.00
31.00	03100	INTENSIVE CARE UNIT	7,353,431		7,353,431	0	7,353,431	31.00
40.00	04000	SUBPROVIDER - IPF	3,504,470		3,504,470	0	3,504,470	40.00
41.00	04100	SUBPROVIDER - IRF	11,846,070		11,846,070	0	11,846,070	41.00
43.00	04300	NURSERY	3,005,299		3,005,299	0	3,005,299	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,433,287		18,433,287	0	18,433,287	50.00
51.00	05100	RECOVERY ROOM	1,447,135		1,447,135	0	1,447,135	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,250,288		1,250,288	0	1,250,288	52.00
53.00	05300	ANESTHESIOLOGY	451,905		451,905	0	451,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,126,235		11,126,235	0	11,126,235	54.00
54.01	03630	ULTRA SOUND	2,048,049		2,048,049	0	2,048,049	54.01
54.02	05401	SPECIAL PROCEDURES	2,176,080		2,176,080	0	2,176,080	54.02
56.00	05600	RADIOISOTOPE	1,052,210		1,052,210	0	1,052,210	56.00
57.00	05700	CT SCAN	2,183,744		2,183,744	0	2,183,744	57.00
58.00	05800	MRI	1,362,360		1,362,360	0	1,362,360	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,319,522		2,319,522	0	2,319,522	59.00
60.00	06000	LABORATORY	16,951,806		16,951,806	0	16,951,806	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,526,108		1,526,108	0	1,526,108	63.00
65.00	06500	RESPIRATORY THERAPY	3,293,684	0	3,293,684	0	3,293,684	65.00
65.01	03560	PULMONARY FUNCTION TESTING	126,831	0	126,831	0	126,831	65.01
66.00	06600	PHYSICAL THERAPY	4,950,651	0	4,950,651	0	4,950,651	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,399,061	0	2,399,061	0	2,399,061	67.00
68.00	06800	SPEECH PATHOLOGY	834,576	0	834,576	0	834,576	68.00
69.00	06900	ELECTROCARDIOLOGY	2,630,542		2,630,542	45,353	2,675,895	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	434,776		434,776	0	434,776	70.00
70.01	03280	SLEEP LAB	180,180		180,180	0	180,180	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,186,682		2,186,682	0	2,186,682	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,499,475		20,499,475	0	20,499,475	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,516,711		10,516,711	0	10,516,711	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,459,934		25,459,934	0	25,459,934	73.00
73.01	03190	INFUSION THERAPY	7,687,600		7,687,600	0	7,687,600	73.01
73.03	07301	PHARMACY VACCINE	35,082		35,082	0	35,082	73.03
73.04	03480	FCC INFUSION THERAPY	1,024,366		1,024,366	0	1,024,366	73.04
74.00	07400	RENAL DIALYSIS	1,018,657		1,018,657	0	1,018,657	74.00
76.97	07697	CARDIAC REHABILITATION	826,751		826,751	0	826,751	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,423,963		1,423,963	0	1,423,963	76.98
76.99	07699	LITHIOTRIpsy	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	2,945,489		2,945,489	0	2,945,489	90.02
90.03	09002	RETINAL VASCULAR	1,347,691		1,347,691	0	1,347,691	90.03
91.00	09100	EMERGENCY	9,889,292		9,889,292	0	9,889,292	91.00
91.01	09101	IFCC	31,777,096		31,777,096	0	31,777,096	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,305,480		5,305,480		5,305,480	92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	14,287,936		14,287,936		14,287,936	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,754,789		3,754,789		3,754,789	116.00
200.00		Subtotal (see instructions)	296,133,719	0	296,133,719	45,353	296,179,072	200.00
201.00		Less Observation Beds	5,305,480		5,305,480		5,305,480	201.00
202.00		Total (see instructions)	290,828,239	0	290,828,239	45,353	290,873,592	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	94,794,189		94,794,189		30.00
31.00	03100	INTENSIVE CARE UNIT	12,911,206		12,911,206		31.00
40.00	04000	SUBPROVIDER - IPF	5,778,568		5,778,568		40.00
41.00	04100	SUBPROVIDER - IRF	13,782,070		13,782,070		41.00
43.00	04300	NURSERY	6,328,782		6,328,782		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,216,147	49,920,822	101,136,969	0.182261	0.000000
51.00	05100	RECOVERY ROOM	6,440,913	8,071,427	14,512,340	0.099718	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,524,946	264,773	2,789,719	0.448177	0.000000
53.00	05300	ANESTHESIOLOGY	8,568,542	7,691,294	16,259,836	0.027793	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,950,627	23,717,328	31,667,955	0.351340	0.000000
54.01	03630	ULTRA SOUND	4,035,249	10,944,294	14,979,543	0.136723	0.000000
54.02	05401	SPECIAL PROCEDURES	8,529,686	11,693,163	20,222,849	0.107605	0.000000
56.00	05600	RADIOISOTOPE	3,319,460	5,253,554	8,573,014	0.122735	0.000000
57.00	05700	CT SCAN	29,679,997	58,966,190	88,646,187	0.024634	0.000000
58.00	05800	MRI	8,004,028	9,835,107	17,839,135	0.076369	0.000000
59.00	05900	CARDIAC CATHETERIZATION	9,274,221	9,662,455	18,936,676	0.122488	0.000000
60.00	06000	LABORATORY	58,488,121	111,599,384	170,087,505	0.099665	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,203,151	2,580,046	7,783,197	0.196077	0.000000
65.00	06500	RESPIRATORY THERAPY	20,898,341	3,696,424	24,594,765	0.133918	0.000000
65.01	03560	PULMONARY FUNCTION TESTING	67,991	733,683	801,674	0.158208	0.000000
66.00	06600	PHYSICAL THERAPY	9,222,459	13,276,758	22,499,217	0.220037	0.000000
67.00	06700	OCCUPATIONAL THERAPY	8,088,763	147,222	8,235,985	0.291290	0.000000
68.00	06800	SPEECH PATHOLOGY	3,365,744	199,661	3,565,405	0.234076	0.000000
69.00	06900	ELECTROCARDIOLOGY	13,234,570	10,093,801	23,328,371	0.112761	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	854,446	316,787	1,171,233	0.371212	0.000000
70.01	03280	SLEEP LAB	953,579	651,393	1,604,972	0.112264	0.000000
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,222,830	0	6,222,830	0.351397	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,992,144	5,910,105	11,902,249	1.722319	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,506,949	7,173,167	19,680,116	0.534383	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	44,721,186	113,310,753	158,031,939	0.161106	0.000000
73.01	03190	INFUSION THERAPY	22,589	4,623,811	4,646,400	1.654528	0.000000
73.03	07301	PHARMACY VACCINE	192,966	32,696	225,662	0.155463	0.000000
73.04	03480	FCC INFUSION THERAPY	62,804	9,568,114	9,630,918	0.106362	0.000000
74.00	07400	RENAL DIALYSIS	4,075,805	626,085	4,701,890	0.216648	0.000000
76.97	07697	CARDIAC REHABILITATION	35,060	882,941	918,001	0.900599	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,007,632	6,786,329	7,793,961	0.182701	0.000000
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	24,225	7,112,357	7,136,582	0.412731	0.000000
90.03	09002	RETINAL VASCULAR	5,058	993,554	998,612	1.349564	0.000000
91.00	09100	EMERGENCY	19,930,674	95,480,503	115,411,177	0.085687	0.000000
91.01	09101	IFCC	5,502,045	278,630,493	284,132,538	0.111839	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,200,894	10,668,789	16,869,683	0.314498	0.000000
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	9,849,717	9,849,717		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,987,734	4,987,734		116.00
200.00		Subtotal (see instructions)	500,018,657	895,952,714	1,395,971,371		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	500,018,657	895,952,714	1,395,971,371		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	05401	SPECIAL PROCEDURES	0.000000			54.02
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	03280	SLEEP LAB	0.000000			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	03190	INFUSION THERAPY	0.000000			73.01
73.03	07301	PHARMACY VACCINE	0.000000			73.03
73.04	03480	FCC INFUSION THERAPY	0.000000			73.04
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0.000000			90.02
90.03	09002	RETINAL VASCULAR	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	IFCC	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/25/2019 4:02 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,161,877	0	5,161,877	54,689	94.39	30.00	
31.00	INTENSIVE CARE UNIT	621,231		621,231	3,780	164.35	31.00	
40.00	SUBPROVIDER - IPF	221,055	0	221,055	3,064	72.15	40.00	
41.00	SUBPROVIDER - IRF	1,475,130	0	1,475,130	9,379	157.28	41.00	
43.00	NURSERY	239,269		239,269	2,572	93.03	43.00	
200.00	Total (lines 30 through 199)	7,718,562		7,718,562	73,484		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	17,942	1,693,545					30.00
31.00	INTENSIVE CARE UNIT	1,786	293,529					31.00
40.00	SUBPROVIDER - IPF	1,254	90,476					40.00
41.00	SUBPROVIDER - IRF	6,199	974,979					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	27,181	3,052,529					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/25/2019 4:02 pm	
Title XVIII				Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,909,952	101,136,969	0.028772	22,140,433	637,025	50.00
51.00	05100 RECOVERY ROOM	137,788	14,512,340	0.009495	2,570,626	24,408	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	28,245	2,789,719	0.010125	0	0	52.00
53.00	05300 ANESTHESIOLOGY	75,637	16,259,836	0.004652	3,350,802	15,588	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,264,013	31,667,955	0.039915	3,739,842	149,276	54.00
54.01	03630 ULTRA SOUND	152,267	14,979,543	0.010165	1,815,810	18,458	54.01
54.02	05401 SPECIAL PROCEDURES	216,251	20,222,849	0.010693	4,227,778	45,208	54.02
56.00	05600 RADIOISOTOPE	98,648	8,573,014	0.011507	1,788,296	20,578	56.00
57.00	05700 CT SCAN	166,070	88,646,187	0.001873	14,982,944	28,063	57.00
58.00	05800 MRI	156,502	17,839,135	0.008773	3,795,087	33,294	58.00
59.00	05900 CARDIAC CATHETERIZATION	397,313	18,936,676	0.020981	3,643,049	76,435	59.00
60.00	06000 LABORATORY	824,174	170,087,505	0.004846	24,859,667	120,470	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	46,212	7,783,197	0.005937	2,398,048	14,237	63.00
65.00	06500 RESPIRATORY THERAPY	169,804	24,594,765	0.006904	8,839,140	61,025	65.00
65.01	03560 PULMONARY FUNCTION TESTING	22,392	801,674	0.027932	33,372	932	65.01
66.00	06600 PHYSICAL THERAPY	281,681	22,499,217	0.012520	1,649,749	20,655	66.00
67.00	06700 OCCUPATIONAL THERAPY	77,377	8,235,985	0.009395	1,056,826	9,929	67.00
68.00	06800 SPEECH PATHOLOGY	40,637	3,565,405	0.011398	666,815	7,600	68.00
69.00	06900 ELECTROCARDIOLOGY	244,732	23,328,371	0.010491	6,040,828	63,374	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	66,516	1,171,233	0.056791	429,853	24,412	70.00
70.01	03280 SLEEP LAB	14,151	1,604,972	0.008817	440,932	3,888	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	48,253	6,222,830	0.007754	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	547,165	11,902,249	0.045972	2,849,275	130,987	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	276,924	19,680,116	0.014071	6,266,294	88,173	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	557,226	158,031,939	0.003526	17,673,700	62,317	73.00
73.01	03190 INFUSION THERAPY	555,106	4,646,400	0.119470	22,589	2,699	73.01
73.03	07301 PHARMACY VACCINE	779	225,662	0.003452	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	36,891	9,630,918	0.003830	56,202	215	73.04
74.00	07400 RENAL DIALYSIS	76,717	4,701,890	0.016316	2,010,103	32,797	74.00
76.97	07697 CARDIAC REHABILITATION	105,690	918,001	0.115131	16,217	1,867	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	34,316	7,793,961	0.004403	373,465	1,644	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	338,966	7,136,582	0.047497	3,859	183	90.02
90.03	09002 RETINAL VASCULAR	306,589	998,612	0.307015	2,236	686	90.03
91.00	09100 EMERGENCY	645,656	115,411,177	0.005594	10,779,805	60,302	91.00
91.01	09101 IFCC	2,684,118	284,132,538	0.009447	2,504,169	23,657	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	514,212	16,869,683	0.030481	3,512,758	107,072	92.00
200.00	Total (lines 50 through 199)	14,118,970	1,247,539,105		154,540,569	1,887,454	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 4:02 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	468,021	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	122,636	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	19,525	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	57,272	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	667,454	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	468,021	54,689	8.56	17,942	30.00		
31.00	03100	INTENSIVE CARE UNIT		122,636	3,780	32.44	1,786	31.00		
40.00	04000	SUBPROVIDER - IPF	0	19,525	3,064	6.37	1,254	40.00		
41.00	04100	SUBPROVIDER - IRF	0	57,272	9,379	6.11	6,199	41.00		
43.00	04300	NURSERY		0	2,572	0.00	0	43.00		
200.00		Total (lines 30 through 199)		667,454	73,484		27,181	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	153,584						30.00	
31.00	03100	INTENSIVE CARE UNIT	57,938						31.00	
40.00	04000	SUBPROVIDER - IPF	7,988						40.00	
41.00	04100	SUBPROVIDER - IRF	37,876						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	257,386						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
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	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	22,524	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	22,524	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,603	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	321,021	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	633,270	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	46,625	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,048,567	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 4:02 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	101,136,969	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	14,512,340	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,789,719	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,259,836	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	31,667,955	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	14,979,543	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	20,222,849	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	8,573,014	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	88,646,187	0.000000	57.00
58.00	05800	MRI	0	0	0	17,839,135	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,524	22,524	18,936,676	0.001189	59.00
60.00	06000	LABORATORY	0	0	0	170,087,505	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,783,197	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,524	22,524	24,594,765	0.000916	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	801,674	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	22,499,217	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,235,985	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,565,405	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,328,371	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,171,233	0.000000	70.00
70.01	03280	SLEEP LAB	0	0	0	1,604,972	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,603	2,603	6,222,830	0.000418	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,902,249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,680,116	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	321,021	321,021	158,031,939	0.002031	73.00
73.01	03190	INFUSION THERAPY	0	0	0	4,646,400	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	225,662	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	9,630,918	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	4,701,890	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	918,001	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	7,793,961	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	7,136,582	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	998,612	0.000000	90.03
91.00	09100	EMERGENCY	0	633,270	633,270	115,411,177	0.005487	91.00
91.01	09101	IFCC	0	0	0	284,132,538	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	46,625	46,625	16,869,683	0.002764	92.00
200.00	Total (lines 50 through 199)		0	1,048,567	1,048,567	1,247,539,105		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm		
				Title XVIII		Hospital		PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
								9.00	10.00	11.00
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	22,140,433	0	10,835,461	0	50.00		
51.00	05100	RECOVERY ROOM	0.000000	2,570,626	0	1,733,911	0	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00		
53.00	05300	ANESTHESIOLOGY	0.000000	3,350,802	0	1,704,344	0	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,739,842	0	5,178,158	0	54.00		
54.01	03630	ULTRA SOUND	0.000000	1,815,810	0	1,685,131	0	54.01		
54.02	05401	SPECIAL PROCEDURES	0.000000	4,227,778	0	6,626,474	0	54.02		
56.00	05600	RADIOISOTOPE	0.000000	1,788,296	0	1,442,446	0	56.00		
57.00	05700	CT SCAN	0.000000	14,982,944	0	11,057,212	0	57.00		
58.00	05800	MRI	0.000000	3,795,087	0	2,848,538	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.001189	3,643,049	4,332	5,049,360	6,004	59.00		
60.00	06000	LABORATORY	0.000000	24,859,667	0	11,290,146	0	60.00		
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	2,398,048	0	750,509	0	63.00		
65.00	06500	RESPIRATORY THERAPY	0.000916	8,839,140	8,097	300,716	275	65.00		
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	33,372	0	342,468	0	65.01		
66.00	06600	PHYSICAL THERAPY	0.000000	1,649,749	0	21,057	0	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,056,826	0	2,806	0	67.00		
68.00	06800	SPEECH PATHOLOGY	0.000000	666,815	0	2,820	0	68.00		
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,040,828	0	2,136,423	0	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	429,853	0	60,129	0	70.00		
70.01	03280	SLEEP LAB	0.000000	440,932	0	163,842	0	70.01		
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000418	0	0	0	0	70.02		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,849,275	0	2,962,420	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,266,294	0	2,831,268	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002031	17,673,700	35,895	51,188,294	103,963	73.00		
73.01	03190	INFUSION THERAPY	0.000000	22,589	0	2,158,248	0	73.01		
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	73.03		
73.04	03480	FCC INFUSION THERAPY	0.000000	56,202	0	4,963,729	0	73.04		
74.00	07400	RENAL DIALYSIS	0.000000	2,010,103	0	284,745	0	74.00		
76.97	07697	CARDIAC REHABILITATION	0.000000	16,217	0	499,322	0	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	373,465	0	2,360,830	0	76.98		
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99		
	OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000	3,859	0	443,008	0	90.02		
90.03	09002	RETINAL VASCULAR	0.000000	2,236	0	390,309	0	90.03		
91.00	09100	EMERGENCY	0.005487	10,779,805	59,149	9,641,056	52,900	91.00		
91.01	09101	IFCC	0.000000	2,504,169	0	43,872,806	0	91.01		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.002764	3,512,758	9,709	1,441,133	3,983	92.00		
200.00		Total (lines 50 through 199)		154,540,569	117,182	186,269,119	167,125	200.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.182261	10,835,461	0	1	1,974,882	50.00
51.00	05100	RECOVERY ROOM		0.099718	1,733,911	0	0	172,902	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.448177	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.027793	1,704,344	0	0	47,369	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.351340	5,178,158	0	0	1,819,294	54.00
54.01	03630	ULTRA SOUND		0.136723	1,685,131	0	0	230,396	54.01
54.02	05401	SPECIAL PROCEDURES		0.107605	6,626,474	0	1	713,042	54.02
56.00	05600	RADIO SOTOPE		0.122735	1,442,446	0	0	177,039	56.00
57.00	05700	CT SCAN		0.024634	11,057,212	0	3	272,383	57.00
58.00	05800	MRI		0.076369	2,848,538	0	1	217,540	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.122488	5,049,360	0	0	618,486	59.00
60.00	06000	LABORATORY		0.099665	11,290,146	0	0	1,125,232	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.196077	750,509	0	0	147,158	63.00
65.00	06500	RESPIRATORY THERAPY		0.133918	300,716	0	0	40,271	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.158208	342,468	0	0	54,181	65.01
66.00	06600	PHYSICAL THERAPY		0.220037	21,057	0	0	4,633	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.291290	2,806	0	0	817	67.00
68.00	06800	SPEECH PATHOLOGY		0.234076	2,820	0	0	660	68.00
69.00	06900	ELECTROCARDIOLOGY		0.112761	2,136,423	0	0	240,905	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.371212	60,129	0	0	22,321	70.00
70.01	03280	SLEEP LAB		0.112264	163,842	0	0	18,394	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.351397	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1.722319	2,962,420	0	0	5,102,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.534383	2,831,268	0	0	1,512,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.161106	51,188,294	0	11,170	8,246,741	73.00
73.01	03190	INFUSION THERAPY		1.654528	2,158,248	0	0	3,570,882	73.01
73.03	07301	PHARMACY VACCINE		0.155463	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0.106362	4,963,729	0	0	527,952	73.04
74.00	07400	RENAL DIALYSIS		0.216648	284,745	0	0	61,689	74.00
76.97	07697	CARDIAC REHABILITATION		0.900599	499,322	0	0	449,689	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.182701	2,360,830	0	0	431,326	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0.412731	443,008	0	0	182,843	90.02
90.03	09002	RETINAL VASCULAR		1.349564	390,309	0	0	526,747	90.03
91.00	09100	EMERGENCY		0.085687	9,641,056	0	0	826,113	91.00
91.01	09101	IFCC		0.111839	43,872,806	0	2	4,906,691	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.314498	1,441,133	0	0	453,233	92.00
200.00		Subtotal (see instructions)			186,269,119	0	11,178	34,697,024	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
202.00		Only Charges							
202.00		Net Charges (line 200 - line 201)			186,269,119	0	11,178	34,697,024	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 4:02 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
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	03630	ULTRA SOUND	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	03280	SLEEP LAB	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,800		73.00
73.01	03190	INFUSION THERAPY	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	IFCC	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	1,800		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	1,800		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/25/2019 4:02 pm	
				Component CCN: 14-S191			
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,909,952	101,136,969	0.028772	0	0
51.00	05100	RECOVERY ROOM	137,788	14,512,340	0.009495	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,245	2,789,719	0.010125	0	0
53.00	05300	ANESTHESIOLOGY	75,637	16,259,836	0.004652	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,264,013	31,667,955	0.039915	10,586	423
54.01	03630	ULTRA SOUND	152,267	14,979,543	0.010165	2,756	28
54.02	05401	SPECIAL PROCEDURES	216,251	20,222,849	0.010693	0	0
56.00	05600	RADIOISOTOPE	98,648	8,573,014	0.011507	0	0
57.00	05700	CT SCAN	166,070	88,646,187	0.001873	71,982	135
58.00	05800	MRI	156,502	17,839,135	0.008773	33,519	294
59.00	05900	CARDIAC CATHETERIZATION	397,313	18,936,676	0.020981	0	0
60.00	06000	LABORATORY	824,174	170,087,505	0.004846	363,685	1,762
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,212	7,783,197	0.005937	478	3
65.00	06500	RESPIRATORY THERAPY	169,804	24,594,765	0.006904	12,093	83
65.01	03560	PULMONARY FUNCTION TESTING	22,392	801,674	0.027932	0	0
66.00	06600	PHYSICAL THERAPY	281,681	22,499,217	0.012520	2,710	34
67.00	06700	OCCUPATIONAL THERAPY	77,377	8,235,985	0.009395	581	5
68.00	06800	SPEECH PATHOLOGY	40,637	3,565,405	0.011398	0	0
69.00	06900	ELECTROCARDIOLOGY	244,732	23,328,371	0.010491	64,524	677
70.00	07000	ELECTROENCEPHALOGRAPHY	66,516	1,171,233	0.056791	1,092	62
70.01	03280	SLEEP LAB	14,151	1,604,972	0.008817	0	0
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	48,253	6,222,830	0.007754	641,074	4,971
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	547,165	11,902,249	0.045972	181	8
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	276,924	19,680,116	0.014071	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	557,226	158,031,939	0.003526	103,561	365
73.01	03190	INFUSION THERAPY	555,106	4,646,400	0.119470	0	0
73.03	07301	PHARMACY VACCINE	779	225,662	0.003452	0	0
73.04	03480	FCC INFUSION THERAPY	36,891	9,630,918	0.003830	0	0
74.00	07400	RENAL DIALYSIS	76,717	4,701,890	0.016316	0	0
76.97	07697	CARDIAC REHABILITATION	105,690	918,001	0.115131	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,316	7,793,961	0.004403	4,205	19
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
	OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	338,966	7,136,582	0.047497	1,374	65
90.03	09002	RETINAL VASCULAR	306,589	998,612	0.307015	0	0
91.00	09100	EMERGENCY	645,656	115,411,177	0.005594	196,804	1,101
91.01	09101	IFCC	2,684,118	284,132,538	0.009447	7,071	67
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,869,683	0.000000	0	0
200.00	Total (lines 50 through 199)		13,604,758	1,247,539,105		1,518,276	10,102

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	22,524	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	22,524	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	2,603	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	321,021	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	633,270	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
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	1,001,942	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	101,136,969	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	14,512,340	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,789,719	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	16,259,836	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	31,667,955	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	14,979,543	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	20,222,849	0.000000	54.02
56.00	05600	RADIOISOTOPE		0	0	0	8,573,014	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	88,646,187	0.000000	57.00
58.00	05800	MRI		0	0	0	17,839,135	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	22,524	22,524	18,936,676	0.001189	59.00
60.00	06000	LABORATORY		0	0	0	170,087,505	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	7,783,197	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	22,524	22,524	24,594,765	0.000916	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	801,674	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	22,499,217	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	8,235,985	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,565,405	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	23,328,371	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,171,233	0.000000	70.00
70.01	03280	SLEEP LAB		0	0	0	1,604,972	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	2,603	2,603	6,222,830	0.000418	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	11,902,249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	19,680,116	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	321,021	321,021	158,031,939	0.002031	73.00
73.01	03190	INFUSION THERAPY		0	0	0	4,646,400	0.000000	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	225,662	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	9,630,918	0.000000	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	4,701,890	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	918,001	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	7,793,961	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	7,136,582	0.000000	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	998,612	0.000000	90.03
91.00	09100	EMERGENCY		0	633,270	633,270	115,411,177	0.005487	91.00
91.01	09101	IFCC		0	0	0	284,132,538	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	16,869,683	0.000000	92.00
200.00		Total (lines 50 through 199)		0	1,001,942	1,001,942	1,247,539,105		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	10,586	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	2,756	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	71,982	0	0	57.00
58.00	05800	MRI	0.000000	33,519	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001189	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	363,685	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	478	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000916	12,093	11	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	2,710	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	581	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	64,524	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,092	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000418	641,074	268	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	181	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002031	103,561	210	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	4,205	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0.000000	1,374	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.005487	196,804	1,080	0	91.00
91.01	09101	IFCC	0.000000	7,071	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		1,518,276	1,569	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/25/2019 4:02 pm	
				Component CCN: 14-T191			
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,909,952	101,136,969	0.028772	81,811	2,354
51.00	05100	RECOVERY ROOM	137,788	14,512,340	0.009495	16,414	156
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,245	2,789,719	0.010125	0	0
53.00	05300	ANESTHESIOLOGY	75,637	16,259,836	0.004652	16,442	76
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,264,013	31,667,955	0.039915	225,199	8,989
54.01	03630	ULTRA SOUND	152,267	14,979,543	0.010165	150,590	1,531
54.02	05401	SPECIAL PROCEDURES	216,251	20,222,849	0.010693	126,568	1,353
56.00	05600	RADIOISOTOPE	98,648	8,573,014	0.011507	21,431	247
57.00	05700	CT SCAN	166,070	88,646,187	0.001873	312,613	586
58.00	05800	MRI	156,502	17,839,135	0.008773	24,942	219
59.00	05900	CARDIAC CATHETERIZATION	397,313	18,936,676	0.020981	0	0
60.00	06000	LABORATORY	824,174	170,087,505	0.004846	1,816,718	8,804
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,212	7,783,197	0.005937	93,794	557
65.00	06500	RESPIRATORY THERAPY	169,804	24,594,765	0.006904	930,781	6,426
65.01	03560	PULMONARY FUNCTION TESTING	22,392	801,674	0.027932	118	3
66.00	06600	PHYSICAL THERAPY	281,681	22,499,217	0.012520	4,116,898	51,544
67.00	06700	OCCUPATIONAL THERAPY	77,377	8,235,985	0.009395	4,056,007	38,106
68.00	06800	SPEECH PATHOLOGY	40,637	3,565,405	0.011398	1,332,994	15,193
69.00	06900	ELECTROCARDIOLOGY	244,732	23,328,371	0.010491	40,765	428
70.00	07000	ELECTROENCEPHALOGRAPHY	66,516	1,171,233	0.056791	8,846	502
70.01	03280	SLEEP LAB	14,151	1,604,972	0.008817	0	0
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	48,253	6,222,830	0.007754	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	547,165	11,902,249	0.045972	163,778	7,529
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	276,924	19,680,116	0.014071	7,546	106
73.00	07300	DRUGS CHARGED TO PATIENTS	557,226	158,031,939	0.003526	2,059,351	7,261
73.01	03190	INFUSION THERAPY	555,106	4,646,400	0.119470	0	0
73.03	07301	PHARMACY VACCINE	779	225,662	0.003452	0	0
73.04	03480	FCC INFUSION THERAPY	36,891	9,630,918	0.003830	529	2
74.00	07400	RENAL DIALYSIS	76,717	4,701,890	0.016316	513,078	8,371
76.97	07697	CARDIAC REHABILITATION	105,690	918,001	0.115131	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,316	7,793,961	0.004403	161,862	713
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
	OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	338,966	7,136,582	0.047497	0	0
90.03	09002	RETINAL VASCULAR	306,589	998,612	0.307015	0	0
91.00	09100	EMERGENCY	645,656	115,411,177	0.005594	33,392	187
91.01	09101	IFCC	2,684,118	284,132,538	0.009447	1,173	11
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,869,683	0.000000	14,856	0
200.00		Total (lines 50 through 199)	13,604,758	1,247,539,105		16,328,496	161,254

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm			
				Title XVIII	Subprovider - IRF	PPS			
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	22,524	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	22,524	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	2,603	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	321,021	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	633,270	91.00
91.01	09101	IFCC	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	1,001,942	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	101,136,969	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	14,512,340	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,789,719	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	16,259,836	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	31,667,955	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	14,979,543	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	20,222,849	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	8,573,014	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	88,646,187	0.000000	57.00
58.00	05800	MRI	0	0	0	0	17,839,135	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,524	22,524	0	18,936,676	0.001189	59.00
60.00	06000	LABORATORY	0	0	0	0	170,087,505	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	7,783,197	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,524	22,524	0	24,594,765	0.000916	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	801,674	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	22,499,217	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,235,985	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	3,565,405	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	23,328,371	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,171,233	0.000000	70.00
70.01	03280	SLEEP LAB	0	0	0	0	1,604,972	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,603	2,603	0	6,222,830	0.000418	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,902,249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	19,680,116	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	321,021	321,021	0	158,031,939	0.002031	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	4,646,400	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	225,662	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	9,630,918	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,701,890	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	918,001	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	7,793,961	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0	0	0	0	7,136,582	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	998,612	0.000000	90.03
91.00	09100	EMERGENCY	0	633,270	633,270	0	115,411,177	0.005487	91.00
91.01	09101	IFCC	0	0	0	0	284,132,538	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	16,869,683	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,001,942	1,001,942	1,247,539,105			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	81,811	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	16,414	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	16,442	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	225,199	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	150,590	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	126,568	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	21,431	0	0	56.00
57.00	05700	CT SCAN	0.000000	312,613	0	0	57.00
58.00	05800	MRI	0.000000	24,942	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001189	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,816,718	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	93,794	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000916	930,781	853	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	118	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	4,116,898	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	4,056,007	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,332,994	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	40,765	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	8,846	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000418	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	163,778	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,546	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002031	2,059,351	4,183	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	529	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000	513,078	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	161,862	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.005487	33,392	183	0	91.00
91.01	09101	IFCC	0.000000	1,173	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	14,856	0	0	92.00
200.00		Total (lines 50 through 199)		16,328,496	5,219	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.182261	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.099718	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.448177	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027793	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.351340	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.136723	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.107605	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.122735	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.024634	0	0	0	0	0	57.00
58.00	05800	MRI	0.076369	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122488	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.099665	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.196077	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.133918	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.158208	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.220037	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291290	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.234076	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112761	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.371212	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.112264	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.351397	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.722319	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.534383	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161106	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	1.654528	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.155463	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.106362	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.216648	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.900599	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.182701	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.412731	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	1.349564	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.085687	0	0	0	0	0	91.00
91.01	09101	IFCC	0.111839	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.314498	0	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	0	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)		0	0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 4:02 pm
			Component CCN: 14-T191			
			Title XVIII		Subprovider - IRF	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
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	03630	ULTRA SOUND	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	03280	SLEEP LAB	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01	03190	INFUSION THERAPY	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	IFCC	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 4:02 pm		
					Title XIX		Hospital		Cost		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	468,021	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	122,636	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	19,525	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	57,272	0	41.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	667,454	0	200.00			
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	468,021	54,689	8.56	2,380	30.00			
31.00	03100	INTENSIVE CARE UNIT		122,636	3,780	32.44	153	31.00			
40.00	04000	SUBPROVIDER - IPF	0	19,525	3,064	6.37	318	40.00			
41.00	04100	SUBPROVIDER - IRF	0	57,272	9,379	6.11	355	41.00			
43.00	04300	NURSERY		0	2,572	0.00	2,552	43.00			
200.00		Total (lines 30 through 199)		667,454	73,484		5,758	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	20,373								30.00
31.00	03100	INTENSIVE CARE UNIT	4,963								31.00
40.00	04000	SUBPROVIDER - IPF	2,026								40.00
41.00	04100	SUBPROVIDER - IRF	2,169								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	29,531								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	22,524	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	22,524	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,603	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	321,021	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	633,270	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
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	1,001,942	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
			Title XIX		Hospital		Cost	
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)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	101,136,969	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	14,512,340	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,789,719	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,259,836	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	31,667,955	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	14,979,543	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	20,222,849	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	8,573,014	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	88,646,187	0.000000	57.00
58.00	05800	MRI	0	0	0	17,839,135	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,524	22,524	18,936,676	0.001189	59.00
60.00	06000	LABORATORY	0	0	0	170,087,505	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,783,197	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,524	22,524	24,594,765	0.000916	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	801,674	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	22,499,217	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,235,985	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,565,405	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,328,371	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,171,233	0.000000	70.00
70.01	03280	SLEEP LAB	0	0	0	1,604,972	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,603	2,603	6,222,830	0.000418	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,902,249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,680,116	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	321,021	321,021	158,031,939	0.002031	73.00
73.01	03190	INFUSION THERAPY	0	0	0	4,646,400	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	225,662	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	9,630,918	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	4,701,890	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	918,001	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	7,793,961	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	7,136,582	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	998,612	0.000000	90.03
91.00	09100	EMERGENCY	0	633,270	633,270	115,411,177	0.005487	91.00
91.01	09101	IFCC	0	0	0	284,132,538	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,869,683	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,001,942	1,001,942	1,247,539,105		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0.000000	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.001189	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000916	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0.000000	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000418	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.002031	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY		0.000000	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0.000000	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0.000000	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0.000000	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.005487	0	0	0	0	91.00
91.01	09101	IFCC		0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	22,524	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	22,524	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	2,603	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	321,021	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	633,270	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
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	1,001,942	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	101,136,969	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	14,512,340	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,789,719	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	16,259,836	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	31,667,955	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	14,979,543	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	20,222,849	0.000000	54.02
56.00	05600	RADIOISOTOPE		0	0	0	8,573,014	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	88,646,187	0.000000	57.00
58.00	05800	MRI		0	0	0	17,839,135	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	22,524	22,524	18,936,676	0.001189	59.00
60.00	06000	LABORATORY		0	0	0	170,087,505	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	7,783,197	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	22,524	22,524	24,594,765	0.000916	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	801,674	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	22,499,217	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	8,235,985	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,565,405	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	23,328,371	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,171,233	0.000000	70.00
70.01	03280	SLEEP LAB		0	0	0	1,604,972	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	2,603	2,603	6,222,830	0.000418	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	11,902,249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	19,680,116	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	321,021	321,021	158,031,939	0.002031	73.00
73.01	03190	INFUSION THERAPY		0	0	0	4,646,400	0.000000	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	225,662	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	9,630,918	0.000000	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	4,701,890	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	918,001	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	7,793,961	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	7,136,582	0.000000	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	998,612	0.000000	90.03
91.00	09100	EMERGENCY		0	633,270	633,270	115,411,177	0.005487	91.00
91.01	09101	IFCC		0	0	0	284,132,538	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	16,869,683	0.000000	92.00
200.00		Total (lines 50 through 199)		0	1,001,942	1,001,942	1,247,539,105		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0.000000	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.001189	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000916	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0.000000	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000418	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.002031	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY		0.000000	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0.000000	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0.000000	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0.000000	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.005487	0	0	0	0	91.00
91.01	09101	IFCC		0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	22,524	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	22,524	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	2,603	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	321,021	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	633,270	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
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	1,001,942	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	101,136,969	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	14,512,340	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,789,719	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	16,259,836	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	31,667,955	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	14,979,543	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	20,222,849	0.000000	54.02
56.00	05600	RADIOISOTOPE		0	0	0	8,573,014	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	88,646,187	0.000000	57.00
58.00	05800	MRI		0	0	0	17,839,135	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	22,524	22,524	18,936,676	0.001189	59.00
60.00	06000	LABORATORY		0	0	0	170,087,505	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	7,783,197	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	22,524	22,524	24,594,765	0.000916	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	801,674	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	22,499,217	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	8,235,985	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,565,405	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	23,328,371	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,171,233	0.000000	70.00
70.01	03280	SLEEP LAB		0	0	0	1,604,972	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	2,603	2,603	6,222,830	0.000418	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	11,902,249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	19,680,116	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	321,021	321,021	158,031,939	0.002031	73.00
73.01	03190	INFUSION THERAPY		0	0	0	4,646,400	0.000000	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	225,662	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	9,630,918	0.000000	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	4,701,890	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	918,001	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	7,793,961	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	7,136,582	0.000000	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	998,612	0.000000	90.03
91.00	09100	EMERGENCY		0	633,270	633,270	115,411,177	0.005487	91.00
91.01	09101	IFCC		0	0	0	284,132,538	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	16,869,683	0.000000	92.00
200.00		Total (lines 50 through 199)		0	1,001,942	1,001,942	1,247,539,105		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0.000000	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.001189	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000916	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0.000000	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000418	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.002031	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY		0.000000	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0.000000	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0.000000	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0.000000	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.005487	0	0	0	0	91.00
91.01	09101	IFCC		0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 4:02 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,689	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,689	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)		49,241	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)		17,942	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		53,258,425	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)		53,258,425	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		53,258,425	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		973.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,472,637	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)		17,472,637	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/25/2019 4:02 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,353,431	3,780	1,945.35	1,786	3,474,395	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)					27,570,442	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,517,474	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,198,596	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,004,636	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,203,232	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,314,242	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)					5,448	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					973.84	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,305,480	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/25/2019 4:02 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	5,161,877	53,258,425	0.096921	5,305,480	514,212	90.00
91.00 Nursing School cost	0	53,258,425	0.000000	5,305,480	0	91.00
92.00 Allied health cost	468,021	53,258,425	0.008788	5,305,480	46,625	92.00
93.00 All other Medical Education	0	53,258,425	0.000000	5,305,480	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 4:02 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,064	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,064	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,064	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)		1,254	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,504,470	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)		3,504,470	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,504,470	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,143.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,434,275	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)		1,434,275	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1		
				Component CCN: 14-S191		Date/Time Prepared: 11/25/2019 4:02 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	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)						316,217	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,750,492	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)						98,464	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						11,671	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						110,135	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,640,357	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 4:02 pm	
			Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	221,055	3,504,470	0.063078	0	0	90.00
91.00	Nursing School cost	0	3,504,470	0.000000	0	0	91.00
92.00	Allied health cost	19,525	3,504,470	0.005571	0	0	92.00
93.00	All other Medical Education	0	3,504,470	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 4:02 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,379	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,379	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)		9,379	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)		6,199	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,846,070	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)		11,846,070	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,846,070	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,263.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,829,585	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)		7,829,585	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 14-T191		Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XVIII		Subprovider - IRF	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,640,350	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,469,935	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)					1,012,855	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					166,473	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,179,328	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,290,607	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 4:02 pm	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,475,130	11,846,070	0.124525	0	0
91.00	Nursing School cost	0	11,846,070	0.000000	0	0
92.00	Allied health cost	57,272	11,846,070	0.004835	0	0
93.00	All other Medical Education	0	11,846,070	0.000000	0	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 4:02 pm
		Title XIX	Hospital	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			54,689 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			54,689 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)			49,241 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)			2,380 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)			2,572 15.00
16.00	Nursery days (title V or XIX only)			2,552 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			53,258,425 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)			53,258,425 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			53,258,425 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			973.84 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,317,739 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,317,739 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	3,005,299	2,572	1,168.47	2,552	2,981,935	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,353,431	3,780	1,945.35	153	297,639	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,597,313	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)					5,448	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					973.84	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,305,480	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/25/2019 4:02 pm

		Title XIX		Hospital	Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,161,877	53,258,425	0.096921	5,305,480	514,212
91.00	Nursing School cost	0	53,258,425	0.000000	5,305,480	0
92.00	Allied health cost	468,021	53,258,425	0.008788	5,305,480	46,625
93.00	All other Medical Education	0	53,258,425	0.000000	5,305,480	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 4:02 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,064	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,064	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,064	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)		318	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)		2,572	15.00
16.00	Nursery days (title V or XIX only)		2,552	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,504,470	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)		3,504,470	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,504,470	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,143.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		363,716	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)		363,716	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1		
				Component CCN: 14-S191		Date/Time Prepared: 11/25/2019 4:02 pm		
				Title XIX		Subprovider - IPF	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	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)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						363,716	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)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 4:02 pm	
		Title XIX		Subprovider - IPF	Cost	
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	221,055	3,504,470	0.063078	0	0
91.00	Nursing School cost	0	3,504,470	0.000000	0	0
92.00	Allied health cost	19,525	3,504,470	0.005571	0	0
93.00	All other Medical Education	0	3,504,470	0.000000	0	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 4:02 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,379	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,379	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)	9,379	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)	355	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)	2,572	15.00	
16.00	Nursery days (title V or XIX only)	2,552	16.00	
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00	
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00	
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00	
21.00	Total general inpatient routine service cost (see instructions)	11,846,070	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)	11,846,070	27.00	
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00	
29.00	Private room charges (excluding swing-bed charges)	0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	11,846,070	37.00	
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,263.04	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)	448,379	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)	448,379	41.00	

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 14-T191		Date/Time Prepared: 11/25/2019 4:02 pm	
				Title XIX		Subprovider - IRF	Cost
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					448,379	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 4:02 pm	
		Title XIX		Subprovider - IRF	Cost	
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	1,475,130	11,846,070	0.124525	0	0
91.00	Nursing School cost	0	11,846,070	0.000000	0	0
92.00	Allied health cost	57,272	11,846,070	0.004835	0	0
93.00	All other Medical Education	0	11,846,070	0.000000	0	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 4:02 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		34,761,019	30.00
31.00	03100	INTENSIVE CARE UNIT		5,739,795	31.00
40.00	04000	SUBPROVIDER - IPF		60,090	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182261	22,140,433	50.00
51.00	05100	RECOVERY ROOM	0.099718	2,570,626	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.448177	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027793	3,350,802	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.351340	3,739,842	54.00
54.01	03630	ULTRA SOUND	0.136723	1,815,810	54.01
54.02	05401	SPECIAL PROCEDURES	0.107605	4,227,778	54.02
56.00	05600	RADIOISOTOPE	0.122735	1,788,296	56.00
57.00	05700	CT SCAN	0.024634	14,982,944	57.00
58.00	05800	MRI	0.076369	3,795,087	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122488	3,643,049	59.00
60.00	06000	LABORATORY	0.099665	24,859,667	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.196077	2,398,048	63.00
65.00	06500	RESPIRATORY THERAPY	0.133918	8,839,140	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.158208	33,372	65.01
66.00	06600	PHYSICAL THERAPY	0.220037	1,649,749	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291290	1,056,826	67.00
68.00	06800	SPEECH PATHOLOGY	0.234076	666,815	68.00
69.00	06900	ELECTROCARDIOLOGY	0.114706	6,040,828	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.371212	429,853	70.00
70.01	03280	SLEEP LAB	0.112264	440,932	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.351397	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.722319	2,849,275	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.534383	6,266,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161106	17,673,700	73.00
73.01	03190	INFUSION THERAPY	1.654528	22,589	73.01
73.03	07301	PHARMACY VACCINE	0.155463	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.106362	56,202	73.04
74.00	07400	RENAL DIALYSIS	0.216648	2,010,103	74.00
76.97	07697	CARDIAC REHABILITATION	0.900599	16,217	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.182701	373,465	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0.412731	3,859	90.02
90.03	09002	RETINAL VASCULAR	1.349564	2,236	90.03
91.00	09100	EMERGENCY	0.085687	10,779,805	91.00
91.01	09101	IFCC	0.111839	2,504,169	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.314498	3,512,758	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		154,540,569	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)		154,540,569	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3	
		Component CCN: 14-S191		Date/Time Prepared: 11/25/2019 4:02 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		1,916,993		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.182261	0	0	50.00
51.00	05100 RECOVERY ROOM	0.099718	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.448177	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.027793	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.351340	10,586	3,719	54.00
54.01	03630 ULTRA SOUND	0.136723	2,756	377	54.01
54.02	05401 SPECIAL PROCEDURES	0.107605	0	0	54.02
56.00	05600 RADIOISOTOPE	0.122735	0	0	56.00
57.00	05700 CT SCAN	0.024634	71,982	1,773	57.00
58.00	05800 MRI	0.076369	33,519	2,560	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.122488	0	0	59.00
60.00	06000 LABORATORY	0.099665	363,685	36,247	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.196077	478	94	63.00
65.00	06500 RESPIRATORY THERAPY	0.133918	12,093	1,619	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.158208	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.220037	2,710	596	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.291290	581	169	67.00
68.00	06800 SPEECH PATHOLOGY	0.234076	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.114706	64,524	7,401	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.371212	1,092	405	70.00
70.01	03280 SLEEP LAB	0.112264	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.351397	641,074	225,271	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.722319	181	312	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.534383	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.161106	103,561	16,684	73.00
73.01	03190 INFUSION THERAPY	1.654528	0	0	73.01
73.03	07301 PHARMACY VACCINE	0.155463	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.106362	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.216648	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.900599	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.182701	4,205	768	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.412731	1,374	567	90.02
90.03	09002 RETINAL VASCULAR	1.349564	0	0	90.03
91.00	09100 EMERGENCY	0.085687	196,804	16,864	91.00
91.01	09101 IFCC	0.111839	7,071	791	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.314498	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,518,276	316,217	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)		1,518,276		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 4:02 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		9,096,038		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.182261	81,811	14,911	50.00
51.00	05100 RECOVERY ROOM	0.099718	16,414	1,637	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.448177	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.027793	16,442	457	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.351340	225,199	79,121	54.00
54.01	03630 ULTRA SOUND	0.136723	150,590	20,589	54.01
54.02	05401 SPECIAL PROCEDURES	0.107605	126,568	13,619	54.02
56.00	05600 RADIOISOTOPE	0.122735	21,431	2,630	56.00
57.00	05700 CT SCAN	0.024634	312,613	7,701	57.00
58.00	05800 MRI	0.076369	24,942	1,905	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.122488	0	0	59.00
60.00	06000 LABORATORY	0.099665	1,816,718	181,063	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.196077	93,794	18,391	63.00
65.00	06500 RESPIRATORY THERAPY	0.133918	930,781	124,648	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.158208	118	19	65.01
66.00	06600 PHYSICAL THERAPY	0.220037	4,116,898	905,870	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.291290	4,056,007	1,181,474	67.00
68.00	06800 SPEECH PATHOLOGY	0.234076	1,332,994	312,022	68.00
69.00	06900 ELECTROCARDIOLOGY	0.114706	40,765	4,676	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.371212	8,846	3,284	70.00
70.01	03280 SLEEP LAB	0.112264	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.351397	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.722319	163,778	282,078	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.534383	7,546	4,032	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.161106	2,059,351	331,774	73.00
73.01	03190 INFUSION THERAPY	1.654528	0	0	73.01
73.03	07301 PHARMACY VACCINE	0.155463	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.106362	529	56	73.04
74.00	07400 RENAL DIALYSIS	0.216648	513,078	111,157	74.00
76.97	07697 CARDIAC REHABILITATION	0.900599	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.182701	161,862	29,572	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.412731	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.349564	0	0	90.03
91.00	09100 EMERGENCY	0.085687	33,392	2,861	91.00
91.01	09101 IFCC	0.111839	1,173	131	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.314498	14,856	4,672	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		16,328,496	3,640,350	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)		16,328,496		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/25/2019 4:02 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			9,239,445	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			26,667,215	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)			524,082	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
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)			253.07	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (F)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.87	30.00
31.00	Percentage of Medicaid patient days (see instructions)			32.87	31.00
32.00	Sum of lines 30 and 31			39.74	32.00
33.00	Allowable disproportionate share percentage (see instructions)			22.00	33.00
34.00	Disproportionate share adjustment (see instructions)			1,974,867	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 4:02 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000559980	0.000537712	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,789,214	4,448,423	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	955,090	3,327,176	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,282,266		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	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	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)	42,687,875		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		42,687,875	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,215,537	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		146,914	53.00
54.00	Special add-on payments for new technologies		0	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).		211,522	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		117,182	58.00
59.00	Total (sum of amounts on lines 49 through 58)		46,379,030	59.00
60.00	Primary payer payments		22,745	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		46,356,285	61.00
62.00	Deductibles billed to program beneficiaries		3,591,628	62.00
63.00	Coinurance billed to program beneficiaries		216,407	63.00
64.00	Allowable bad debts (see instructions)		1,157,528	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		752,393	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		395,249	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		43,300,643	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)		40,423	70.93
70.94	HRR adjustment amount (see instructions)		-94,222	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 4:02 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0 70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0 70.97
70.98	Low Volume Payment-3			0 70.98
70.99	HAC adjustment amount (see instructions)		343,764	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		42,903,080	71.00
71.01	Sequestration adjustment (see instructions)		858,062	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		42,046,633	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-1,615	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,213,955	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0 95.00
96.00	Time value of money for capital related expenses (see instructions)			0 96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	0 102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	0 104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2019 4:02 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	9,239,445	0	9,239,445		9,239,445	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26,667,215	0		26,667,215	26,667,215	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	524,082	0	0	524,082	524,082	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
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
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	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
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2200	0.2200	0.2200	0.2200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,974,867	0	508,170	1,466,697	1,974,867	11.00
11.01	Uncompensated care payments	36.00	4,282,266	0	0	5,186,449	5,186,449	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,687,875	0	9,747,615	32,940,260	42,687,875	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	42,687,875	0	9,747,615	32,940,260	42,687,875	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,215,537	0	828,883	2,386,654	3,215,537	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2019 4:02 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
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	10,576,498	35,326,914	45,903,412
		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	2,922,004	0	752,507	2,169,497	2,922,004
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	48,669	0	13,316	35,353	48,669
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0838	0.0838	0.0838	0.0838	
25.00	Disproportionate share adjustment (see instructions)	11.00	244,864	0	63,060	181,804	244,864
26.00	Total prospective capital payments (see instructions)	12.00	3,215,537	0	828,883	2,386,654	3,215,537
		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	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2019 4:02 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col. 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	9,239,445	9,239,445		9,239,445	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26,667,215		26,667,215	26,667,215	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	524,082	0	524,082	524,082	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2200	0.2200	0.2200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,974,867	508,170	1,466,697	1,974,867	11.00
11.01	Uncompensated care payments	36.00	4,282,266	955,090	3,327,176	4,282,266	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,687,875	10,702,705	31,985,170	42,687,875	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	42,687,875	10,702,705	31,985,170	42,687,875	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,215,537	828,883	2,386,654	3,215,537	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	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			11,531,588	34,371,824	45,903,412	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2019 4:02 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	2,922,004	752,507	2,169,497	2,922,004	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	48,669	13,316	35,353	48,669	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	0.0838	0.0838	0.0838		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	244,864	63,060	181,804	244,864	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,215,537	828,883	2,386,654	3,215,537	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	40,423	11,850	28,573	40,423	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	-94,222	-70,220	-24,002	-94,222	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	343,764	343,764	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 4:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,800	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,529,899	2.00
3.00	OPPS payments		27,107,698	3.00
4.00	Outlier payment (see instructions)		128,520	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		167,125	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,800	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		11,178	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)		11,178	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		11,178	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,378	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)		1,800	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		27,403,343	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,172,890	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		22,232,253	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		22,232,253	30.00
31.00	Primary payer payments		2,020	31.00
32.00	Subtotal (line 30 minus line 31)		22,230,233	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		892,585	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		580,180	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		304,444	36.00
37.00	Subtotal (see instructions)		22,810,413	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,165	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)		22,809,248	40.00
40.01	Sequestration adjustment (see instructions)		456,185	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		22,815,719	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-462,656	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		175,000	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 4:02 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/25/2019 4:02 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		40,549,010		21,618,046	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		1,497,623		1,197,673	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		42,046,633		22,815,719	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		1,615		462,656	6.02	
7.00	Total Medicare program liability (see instructions)		42,045,018		22,353,063	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2018 To 06/30/2019		Worksheet E-1 Part I Date/Time Prepared: 11/25/2019 4:02 pm	
		Title XVIII		Subprovider - IPF		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		985,188		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		985,188		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		50,538		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,035,726		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0191

Period:

Worksheet E-1

Component CCN: 14-T191

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 4:02 pm

Title XVIII

Subprovider -

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		10,411,714		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		10,411,714		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		134,869		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,546,583		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/25/2019 4:02 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/25/2019 4:02 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,111,255	1.00
2.00	Net IPF PPS Outlier Payments		44,510	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		8.394521	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,155,765	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,155,765	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,155,765	18.00
19.00	Deductibles		97,176	19.00
20.00	Subtotal (line 18 minus line 19)		1,058,589	20.00
21.00	Coinurance		53,295	21.00
22.00	Subtotal (line 20 minus line 21)		1,005,294	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		64,634	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		42,012	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		6,711	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,047,306	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		9,557	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,056,863	31.00
31.01	Sequestration adjustment (see instructions)		21,137	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		985,188	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		50,538	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		44,510	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 11/25/2019 4:02 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			8,632,994 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0435 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			323,737 3.00
4.00	Outlier Payments			1,820,482 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			25.695890 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			10,777,213 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			10,777,213 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			10,777,213 19.00
20.00	Deductibles			17,588 20.00
21.00	Subtotal (line 19 minus line 20)			10,759,625 21.00
22.00	Coinurance			54,182 22.00
23.00	Subtotal (line 21 minus line 22)			10,705,443 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			20,433 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			13,281 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,680 26.00
27.00	Subtotal (sum of lines 23 and 25)			10,718,724 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			43,095 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			10,761,819 32.00
32.01	Sequestration adjustment (see instructions)			215,236 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			10,411,714 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			134,869 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			13,395 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1,820,482 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet E-3
Part VII
Date/Time Prepared:
11/25/2019 4:02 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		5,597,313		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,597,313	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)		5,597,313	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	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)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		5,597,313	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		5,597,313	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2019 4:02 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	363,716		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)	363,716	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)	363,716	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	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)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	363,716	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	363,716	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2019 4:02 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	448,379		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)	448,379	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)	448,379	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	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)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	448,379	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	448,379	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet G

Date/Time Prepared:
11/25/2019 4:02 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	323,701	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	139,928,077	0	0	0	4.00
5.00 Other receivable	4,580,643	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-100,548,278	0	0	0	6.00
7.00 Inventory	6,321,366	0	0	0	7.00
8.00 Prepaid expenses	4,045,245	0	0	0	8.00
9.00 Other current assets	56,675,737	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)	111,326,491	0	0	0	11.00
FIXED ASSETS					
12.00 Land	6,464,807	0	0	0	12.00
13.00 Land improvements	3,237,115	0	0	0	13.00
14.00 Accumulated depreciation	-867,649	0	0	0	14.00
15.00 Buildings	159,851,648	0	0	0	15.00
16.00 Accumulated depreciation	-16,040,264	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	166,371	0	0	0	21.00
22.00 Accumulated depreciation	-96,939	0	0	0	22.00
23.00 Major movable equipment	53,014,088	0	0	0	23.00
24.00 Accumulated depreciation	-19,072,021	0	0	0	24.00
25.00 Minor equipment depreciable	9,611,591	0	0	0	25.00
26.00 Accumulated depreciation	-4,834,987	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)	191,433,760	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	156,232,536	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	4,321,708	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	160,554,244	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	463,314,495	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	14,107,923	0	0	0	37.00
38.00 Salaries, wages, and fees payable	8,581,412	0	0	0	38.00
39.00 Payroll taxes payable	85,600	0	0	0	39.00
40.00 Notes and loans payable (short term)	2,890,000	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	366,381	0	0	0	43.00
44.00 Other current liabilities	36,627,435	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	62,658,751	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	98,685,923	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	17,491,782	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	116,177,705	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	178,836,456	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	284,478,039				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)	284,478,039	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	463,314,495	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
11/25/2019 4:02 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		286,958,579		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-2,087,262				2.00
3.00	Total (sum of line 1 and line 2)		284,871,317		0		3.00
4.00	FUND BAL TEMP RESTRICTED	5,494		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		5,494		0		10.00
11.00	Subtotal (line 3 plus line 10)		284,876,811		0		11.00
12.00	OTHER TRANSFERS	398,772		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		398,772		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		284,478,039		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	FUND BAL TEMP RESTRICTED		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	OTHER TRANSFERS		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: 14-0191

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	101,122,971		101,122,971	1.00
2.00	SUBPROVIDER - IPF	5,778,568		5,778,568	2.00
3.00	SUBPROVIDER - IRF	13,782,070		13,782,070	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	120,683,609		120,683,609	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,911,206		12,911,206	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)	12,911,206		12,911,206	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	133,594,815		133,594,815	17.00
18.00	Ancillary services	366,423,672	881,115,432	1,247,539,104	18.00
19.00	Outpatient services	0	0	0	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		9,849,717	9,849,717	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	0	4,987,734	4,987,734	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	AMBULANCE REVENUE	0	2,369,152	2,369,152	27.01
27.02	MED/SERVICE CAR TRIPS	0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	500,018,487	898,322,035	1,398,340,522	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		315,927,611		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)		315,927,611		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0191

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
11/25/2019 4:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,398,340,522	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,098,057,327	2.00
3.00	Net patient revenues (line 1 minus line 2)	300,283,195	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	315,927,611	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,644,416	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,027,958	6.00
7.00	Income from investments	5,621,951	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	3,151,409	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC REVENUE	0	24.00
24.01	OTHER NON-OPERATING GAINS	2,187,565	24.01
24.02	OTHER OPERATING INCOME	746,717	24.02
24.15	HHA & HOSPICE OTHER OPERATING & INVE	821,550	24.15
25.00	Total other income (sum of lines 6-24)	13,557,150	25.00
26.00	Total (line 5 plus line 25)	-2,087,266	26.00
27.00	RECONCILING ITEM	-4	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-4	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,087,262	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0191

Period: From 07/01/2018

Worksheet H

HHA CCN: 14-7435

To 06/30/2019

Date/Time Prepared:
11/25/2019 4:02 pm

						Home Health Agency I	PPS	
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	2,059,142	457,195	0	0	901,055	3,417,392	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,474,217	202,639	67,299	0	997	1,745,152	6.00
7.00	Physical Therapy	762,863	110,169	4,975	26,492	0	904,499	7.00
8.00	Occupational Therapy	188,496	25,933	0	15,031	0	229,460	8.00
9.00	Speech Pathology	16,826	1,997	0	36,635	0	55,458	9.00
10.00	Medical Social Services	37,612	5,540	2,043	5,842	0	51,037	10.00
11.00	Home Health Aide	14,760	1,432	314	0	0	16,506	11.00
12.00	Supplies (see instructions)	0	0	0	0	226,259	226,259	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	1,575,086	204,486	1,458	0	6,441	1,787,471	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	6,129,002	1,009,391	76,089	84,000	1,134,752	8,433,234	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	3,417,392	401,093	3,818,485			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	1,745,152	0	1,745,152			6.00
7.00	Physical Therapy	0	904,499	0	904,499			7.00
8.00	Occupational Therapy	0	229,460	0	229,460			8.00
9.00	Speech Pathology	0	55,458	0	55,458			9.00
10.00	Medical Social Services	0	51,037	0	51,037			10.00
11.00	Home Health Aide	0	16,506	0	16,506			11.00
12.00	Supplies (see instructions)	0	226,259	0	226,259			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	1,787,471	0	1,787,471			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	8,433,234	401,093	8,834,327			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0191

Period:

Worksheet H-1

HHA CCN: 14-7435

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 4:02 pm

Home Health
Agency I

PPS

		Net Expenses for Cost Allocation (From Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation		
			Bldgs & Fixtures	Movable Equipment			Subtotal	
							(col.s. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	3,818,485	0	0	0	0	3,818,485	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,745,152	0	0	0	0	1,745,152	6.00
7.00	Physical Therapy	904,499	0	0	0	0	904,499	7.00
8.00	Occupational Therapy	229,460	0	0	0	0	229,460	8.00
9.00	Speech Pathology	55,458	0	0	0	0	55,458	9.00
10.00	Medical Social Services	51,037	0	0	0	0	51,037	10.00
11.00	Home Health Aide	16,506	0	0	0	0	16,506	11.00
12.00	Supplies (see instructions)	226,259	0	0	0	0	226,259	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	1,787,471	0	0	0	0	1,787,471	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	8,834,327	0	0	0	0	8,834,327	24.00
		Administrative & General	Total (col.s. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	3,818,485						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,121,165	2,866,317					6.00
7.00	Physical Therapy	647,938	1,552,437					7.00
8.00	Occupational Therapy	148,029	377,489					8.00
9.00	Speech Pathology	27,636	83,094					9.00
10.00	Medical Social Services	53,674	104,711					10.00
11.00	Home Health Aide	47,129	63,635					11.00
12.00	Supplies (see instructions)	145,866	372,125					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	1,627,048	3,414,519					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		8,834,327					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0191

Period:

Worksheet H-1

HHA CCN: 14-7435

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:

11/25/2019 4:02 pm

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-3,818,485	5,923,004	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	-6,068	1,739,084	6.00	
7.00	Physical Therapy	0	0	0	0	100,544	1,005,043	7.00	
8.00	Occupational Therapy	0	0	0	0	153	229,613	8.00	
9.00	Speech Pathology	0	0	0	0	-12,590	42,868	9.00	
10.00	Medical Social Services	0	0	0	0	32,219	83,256	10.00	
11.00	Home Health Aide	0	0	0	0	56,598	73,104	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	226,259	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	736,306	2,523,777	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,911,323	5,923,004	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		3,818,485	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.644687	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 4:02 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	102,305	0	466,545	568,850	22,082	1.00
2.00	Skilled Nursing Care	2,866,317	0	0	334,016	3,200,333	1,033,270	2.00
3.00	Physical Therapy	1,552,437	0	0	172,843	1,725,280	597,142	3.00
4.00	Occupational Therapy	377,489	0	0	42,708	420,197	136,424	4.00
5.00	Speech Pathology	83,094	0	0	3,812	86,906	25,470	5.00
6.00	Medical Social Services	104,711	0	0	8,522	113,233	49,466	6.00
7.00	Home Health Aide	63,635	0	0	3,344	66,979	43,434	7.00
8.00	Supplies (see instructions)	372,125	0	0	0	372,125	129,104	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	3,414,519	0	0	356,870	3,771,389	1,499,494	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	8,834,327	102,305	0	1,388,660	10,325,292	3,535,886	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	71,418	219,248	0	96,521	0	39,571	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	71,418	219,248	0	96,521	0	39,571	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/25/2019 4:02 pm

Home Health
Agency I

PPS

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

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 4:02 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM - DIETETICS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.02	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	1,017,690	0	1,017,690			1.00
2.00	Skilled Nursing Care	0	4,233,603	0	4,233,603	324,675	4,558,278	2.00
3.00	Physical Therapy	0	2,322,422	0	2,322,422	178,107	2,500,529	3.00
4.00	Occupational Therapy	0	556,621	0	556,621	42,687	599,308	4.00
5.00	Speech Pathology	0	112,376	0	112,376	8,618	120,994	5.00
6.00	Medical Social Services	0	162,699	0	162,699	12,477	175,176	6.00
7.00	Home Health Aide	0	110,413	0	110,413	8,468	118,881	7.00
8.00	Supplies (see instructions)	0	501,229	0	501,229	38,439	539,668	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	5,270,883	0	5,270,883	404,219	5,675,102	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	14,287,936	0	14,287,936	1,017,690	14,287,936	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.076690		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 4:02 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MOVABLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	6,181	0	2,059,142	-505,202	63,648	6,181	1.00
2.00	Skilled Nursing Care	0	0	1,474,217	-222,068	2,978,265	0	2.00
3.00	Physical Therapy	0	0	762,863	-4,096	1,721,184	0	3.00
4.00	Occupational Therapy	0	0	188,496	-26,974	393,223	0	4.00
5.00	Speech Pathology	0	0	16,826	-13,492	73,414	0	5.00
6.00	Medical Social Services	0	0	37,612	29,347	142,580	0	6.00
7.00	Home Health Aide	0	0	14,760	58,215	125,194	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	372,125	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	1,575,086	550,700	4,322,089	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	6,181	0	6,129,002		10,191,722	6,181	20.00
21.00	Total cost to be allocated	102,305	0	1,388,660		3,535,886	71,418	21.00
22.00	Unit cost multiplier	16.551529	0.000000	0.226572		0.346937	11.554441	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE/HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	6,181	0	6,181	0	32,001	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	6,181	0	6,181	0	32,001	0	20.00
21.00	Total cost to be allocated	219,248	0	96,521	0	39,571	0	21.00
22.00	Unit cost multiplier	35.471283	0.000000	15.615758	0.000000	1.236555	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (WS C CHARGES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

				Title XVIII		Home Health Agency I	PPS		
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
	Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	4,558,278		4,558,278	21,032	216.73	1.00	
2.00	Physical Therapy	3.00	2,500,529	501,392	3,001,921	11,670	257.23	2.00	
3.00	Occupational Therapy	4.00	599,308	159,228	758,536	3,006	252.34	3.00	
4.00	Speech Pathology	5.00	120,994	24,328	145,322	738	196.91	4.00	
5.00	Medical Social Services	6.00	175,176		175,176	439	399.03	5.00	
6.00	Home Health Aide	7.00	118,881		118,881	752	158.09	6.00	
7.00	Total (sum of lines 1-6)		8,073,166	684,948	8,758,114	37,637		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
					Part B				
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	11,765			8.00	
9.00	Physical Therapy		16974	0	6,417			9.00	
10.00	Occupational Therapy		16974	0	1,637			10.00	
11.00	Speech Pathology		16974	0	440			11.00	
12.00	Medical Social Services		16974	0	300			12.00	
13.00	Home Health Aide		16974	0	501			13.00	
14.00	Total (sum of lines 8-13)			0	21,060			14.00	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	539,668	0	539,668	348,221	1.549786	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	
Cost Center Description		Part A	Program Visits		Cost of Services				
			Part B						
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
	Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	11,765		0	2,549,828		1.00	
2.00	Physical Therapy	0	6,417		0	1,650,645		2.00	
3.00	Occupational Therapy	0	1,637		0	413,081		3.00	
4.00	Speech Pathology	0	440		0	86,640		4.00	
5.00	Medical Social Services	0	300		0	119,709		5.00	
6.00	Home Health Aide	0	501		0	79,203		6.00	
7.00	Total (sum of lines 1-6)	0	21,060		0	4,899,106		7.00	
Cost Center Description									
		6.00	7.00	8.00	9.00	10.00	11.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	245,614	0	0	380,649	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,549,828						1.00
2.00	Physical Therapy	1,650,645						2.00
3.00	Occupational Therapy	413,081						3.00
4.00	Speech Pathology	86,640						4.00
5.00	Medical Social Services	119,709						5.00
6.00	Home Health Aide	79,203						6.00
7.00	Total (sum of lines 1-6)	4,899,106						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 4:02 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.220037	2,278,670	501,392	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.291290	546,630	159,228	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.234076	103,930	24,328	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	1.722319	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.161106	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	1.654528	0	0	col. 2, line 16.01		5.01
5.03 Cost of Drugs 3	73.03	0.155463	0	0	col. 2, line 16.03		5.03
5.04 Cost of Drugs 4	73.04	0.106362	0	0	col. 2, line 16.04		5.04

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 HHA CCN: 14-7435	Period: From 07/01/2018 To 06/30/2019	Worksheet H-4 Part I-II Date/Time Prepared: 11/25/2019 4:02 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	4,081,510	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	62,355	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	103,653	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	34,109	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	14,549	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	628	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	4,296,804	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	4,296,804	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	4,296,804	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	4,296,804	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	4,296,804	31.00
31.01	Sequestration adjustment (see instructions)	0	85,936	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	4,210,869	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	-1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 14-0191

Period:

Worksheet H-5

HHA CCN: 14-7435

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/25/2019 4:02 pm

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		4,210,869	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		4,210,869	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		4,210,868	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 4:02 pm

				Hospice I			
		SALARI ES	OTHER	SUBTOTAL (col . 1 plus col . 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1. 00	2. 00	3. 00	4. 00	5. 00	
GENERAL SERVICE COST CENTERS							
1. 00	CAP REL COSTS-BLDG & FIXT*		18, 000	18, 000	0	18, 000	1. 00
2. 00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2. 00
3. 00	EMPLOYEE BENEFITS DEPARTMENT*	0	206, 727	206, 727	0	206, 727	3. 00
4. 00	ADMINISTRATIVE & GENERAL*	416, 307	240, 421	656, 728	0	656, 728	4. 00
5. 00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5. 00
6. 00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6. 00
7. 00	HOUSEKEEPING*	0	0	0	0	0	7. 00
8. 00	DIETARY*	0	0	0	0	0	8. 00
9. 00	NURSING ADMINISTRATION*	0	0	0	0	0	9. 00
10. 00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10. 00
11. 00	MEDICAL RECORDS*	0	0	0	0	0	11. 00
12. 00	STAFF TRANSPORTATION*	0	0	0	0	0	12. 00
13. 00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13. 00
14. 00	PHARMACY*	0	187, 011	187, 011	0	187, 011	14. 00
15. 00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15. 00
16. 00	OTHER GENERAL SERVICE*	0	0	0	0	0	16. 00
17. 00	PATIENT/RESIDENTIAL CARE SERVICES						17. 00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25. 00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25. 00
26. 00	PHYSICIAN SERVICES**	0	262, 064	262, 064	0	262, 064	26. 00
27. 00	NURSE PRACTITIONER**	13, 557	0	13, 557	0	13, 557	27. 00
28. 00	REGISTERED NURSE**	610, 415	0	610, 415	0	610, 415	28. 00
29. 00	LPN/LVN**	113, 737	34, 465	148, 202	0	148, 202	29. 00
30. 00	PHYSICAL THERAPY**	0	0	0	0	0	30. 00
31. 00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31. 00
32. 00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32. 00
33. 00	MEDICAL SOCIAL SERVICES**	65, 583	0	65, 583	0	65, 583	33. 00
34. 00	SPIRITUAL COUNSELING**	0	0	0	0	0	34. 00
35. 00	DIETARY COUNSELING**	0	9, 859	9, 859	0	9, 859	35. 00
36. 00	COUNSELING - OTHER**	0	0	0	0	0	36. 00
37. 00	HOSPICE AIDE & HOME MAKER SERVICES**	226, 019	0	226, 019	0	226, 019	37. 00
38. 00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38. 00
39. 00	PATIENT TRANSPORTATION**	0	28, 732	28, 732	0	28, 732	39. 00
40. 00	IMAGING SERVICES**	0	0	0	0	0	40. 00
41. 00	LABS & DIAGNOSTICS**	0	273	273	0	273	41. 00
42. 00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42. 00
42. 50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42. 50
43. 00	OUTPATIENT SERVICES**	0	0	0	0	0	43. 00
44. 00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44. 00
45. 00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45. 00
46. 00	OTHER PATIENT CARE SERVICES (SPECIFY)**	4, 326	5	4, 331	0	4, 331	46. 00
NONREIMBURSABLE COST CENTERS							
60. 00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60. 00
61. 00	VOLUNTEER PROGRAM *	0	0	0	0	0	61. 00
62. 00	FUNDRAISING*	0	0	0	0	0	62. 00
63. 00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63. 00
64. 00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64. 00
65. 00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65. 00
66. 00	RESIDENTIAL CARE*	0	0	0	0	0	66. 00
67. 00	ADVERTISING*	0	0	0	0	0	67. 00
68. 00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68. 00
69. 00	THRIFT STORE*	0	0	0	0	0	69. 00
70. 00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70. 00
71. 00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71. 00
100. 00	TOTAL	1, 449, 944	987, 557	2, 437, 501	0	2, 437, 501	100. 00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 4:02 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	18,000		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	206,727		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	656,728		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	187,011		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	262,064		26.00
27.00	NURSE PRACTITIONER**	0	13,557		27.00
28.00	REGISTERED NURSE**	0	610,415		28.00
29.00	LPN/LVN**	0	148,202		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	65,583		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	9,859		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	226,019		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	28,732		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	273		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	4,331		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	2,437,501		100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

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

Provider CCN: 14-0191

Period:

Worksheet 0-2

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 4:02 pm

					Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED						25.00	
26.00	PHYSICIAN SERVICES	0	215,967	215,967	0	215,967	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	159,976	0	159,976	0	159,976	28.00	
29.00	LPN/LVN	107,348	0	107,348	0	107,348	29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	65,583	0	65,583	0	65,583	33.00	
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	79,484	0	79,484	0	79,484	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00	
39.00	PATIENT TRANSPORTATION	0	28,732	28,732	0	28,732	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5	5	0	5	46.00	
100.00	TOTAL *	412,391	244,704	657,095	0	657,095	100.00	

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	215,967	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	159,976	28.00
29.00	LPN/LVN	0	107,348	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	65,583	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	79,484	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	28,732	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5	46.00
100.00	TOTAL *	0	657,095	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

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

Provider CCN: 14-0191

Period:

Worksheet 0-3

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/25/2019 4:02 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	13,557	0	13,557	0	13,557	27.00
28.00	REGISTERED NURSE	1,190	0	1,190	0	1,190	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	14,747	0	14,747	0	14,747	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	13,557	27.00
28.00	REGISTERED NURSE	0	1,190	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	14,747	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE		Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet 0-4
		Hospice CCN: 14-1535		Date/Time Prepared: 11/25/2019 4:02 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	46,097	46,097	0	46,097	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	449,249	0	449,249	0	449,249	28.00
29.00	LPN/LVN	6,389	34,465	40,854	0	40,854	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	9,859	9,859	0	9,859	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	146,535	0	146,535	0	146,535	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	273	273	0	273	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	4,326	0	4,326	0	4,326	46.00
100.00	TOTAL *	606,499	90,694	697,193	0	697,193	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	46,097	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	449,249	28.00
29.00	LPN/LVN	0	40,854	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	9,859	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	146,535	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	273	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	4,326	46.00
100.00	TOTAL *	0	697,193	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

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

Provider CCN: 14-0191

Period:

Worksheet 0-5

Hospice CCN: 14-1535

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/25/2019 4:02 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	18,000	0	18,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	206,727	328,517	535,244	3.00
4.00	ADMINISTRATIVE & GENERAL	656,728	988,771	1,645,499	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	187,011	0	187,011	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	657,095	0	657,095	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	14,747	0	14,747	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	697,193	0	697,193	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,437,501	1,317,288	3,754,789	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	18,000	18,000				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	535,244	0	0	535,244		3.00
4.00	ADMINISTRATIVE & GENERAL	1,645,499	18,000	0	146,923	1,810,422	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	187,011	0	0	0	187,011	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	657,095			154,586	811,681	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	14,747	0	0	5,457	20,204	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	697,193	0	0	228,278	925,471	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	3,754,789	18,000	0	535,244	3,754,789	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOSPICE HOUSEKEEPING	DIETARY	
		4.00		5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,810,422						4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	174,128	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	755,765						51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	18,812	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	861,717	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	1,810,422	0	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 4:02 pm

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

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/25/2019 4:02 pm

Descriptions		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	HOSPICE I PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	361,139					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	358,950	0	0		1,926,396	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	2,189	0	0	0	41,205	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	1,787,188	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	361,139	0	0	0	3,754,789	100.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	100					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,449,944			3.00
4.00	ADMINISTRATIVE & GENERAL	100	100	398,005	-1,810,422	1,944,367	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	187,011	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			418,764	0	811,681	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	14,784	0	20,204	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	618,391	0	925,471	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	18,000	0	535,244		1,810,422	100.00
101.00	UNIT COST MULTIPLIER	180.000000	0.000000	0.369148		0.931111	101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Descriptions		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,221					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	82	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,139	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 4:02 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		13.00
14.00	PHARMACY			0	0	13,530	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	13,448	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	82	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	100	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	361,139	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	26.691722	101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/25/2019 4:02 pm

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

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

Provider CCN: 14-0191

Period:

Worksheet 0-7

Hospice CCN: 14-1535

From 07/01/2018
To 06/30/2019

Date/Time Prepared:
11/25/2019 4:02 pm

					Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
				HCHC	HRHC	HIRC		
				2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS	0	1.00	2.00	3.00	4.00		
1.00	PHYSICAL THERAPY	66.00	0.220037	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.291290	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.234076	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.161106	0	0	0	4.00	
4.01	INFUSION THERAPY	73.01	1.654528	0	0	0	4.01	
4.03	PHARMACY VACCINE	73.03	0.155463	0	0	0	4.03	
4.04	FCC INFUSION THERAPY	73.04	0.106362	0	0	0	4.04	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00	
6.00	LABORATORY	60.00	0.099665	0	0	0	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.722319	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00	
10.97	CARDIAC REHABILITATION	76.97	0.900599	0	0	0	10.97	
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.182701	0	0	0	10.98	
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99	
11.00	Totals (sum of lines 1-11)						11.00	
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC					
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)		
		5.00	6.00	7.00	8.00	9.00		
	ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00	
4.01	INFUSION THERAPY	0	0	0	0	0	4.01	
4.03	PHARMACY VACCINE	0	0	0	0	0	4.03	
4.04	FCC INFUSION THERAPY	0	0	0	0	0	4.04	
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00	
6.00	LABORATORY	0	0	0	0	0	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00	
9.00	RADIOLOGY-THERAPEUTIC						9.00	
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97	
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98	
10.99	LITHOTRIPSY	0	0	0	0	0	10.99	
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00	

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0191

Period:

Worksheet 0-8

Hospice CCN: 14-1535

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/25/2019 4:02 pm

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,926,396	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			14,346	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			134.28	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	12,754	995		9.00
10.00	Program cost (line 8 times line 9)	1,712,607	133,609		10.00
HOSPICE INPATIENT RESPIRE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			41,205	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			175	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			235.46	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	104	17		14.00
15.00	Program cost (line 13 times line 14)	24,488	4,003		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,787,188	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,355	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,318.96	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,048	199		19.00
20.00	Program cost (line 18 times line 19)	1,382,270	262,473		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,754,789	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			15,876	22.00
23.00	Average cost per diem (line 21 divided by line 22)			236.51	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/25/2019 4:02 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,922,004	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		48,669	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)		146.38	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)		6.87	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.87	8.00
9.00	Sum of lines 7 and 8		39.74	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.38	10.00
11.00	Disproportionate share adjustment (see instructions)		244,864	11.00
12.00	Total prospective capital payments (see instructions)		3,215,537	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00