

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: 14-0010	Period: From 10/01/2018 To 09/30/2019	Worksheet S Parts I-III Date/Time Prepared: 2/25/2020 7:47 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically filed cost report 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

PART II - CERTIFICATION
 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 NORTHSHORE UNIVERSITY HEALTHSYSTEM (14-0010) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 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)

 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-909,849	-560,929	0	0	1.00
2.00	Subprovider - IPF	0	59,799	1		0	2.00
3.00	Subprovider - IRF	0	-16,746	1		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-866,796	-560,927	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: 14-0010		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/25/2020 7:47 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2650 RIDGE AVENUE			PO Box:				1.00			
2.00	City: EVANSTON			State: IL		Zip Code: 60201		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		NORTHSHORE UNIVERSITY HEALTHSYSTEM		140010	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		PSYCHIATRY UNIT		14S010	16974	4	10/01/1983	N	P	O
5.00	Subprovider - IRF		REHABILITATION UNIT		14T010	16974	5	10/01/1983	N	P	O
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF		TRANSITIONAL CARE CENTER		145855	16974		11/27/1995	N	P	N
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		HOME HEALTH		147001	16974		01/01/1966	N	P	N
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		HOSPICE		141522	16974		07/01/1979			
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
18.01	Renal Dialysis										
18.02	Renal Dialysis										
19.00	Other										
							From:		To:		
							1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2018		09/30/2019		
21.00	Type of Control (see instructions)						2				
							1.00		2.00		
							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				
22.01	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	Y				
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				
22.03	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			
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				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part I
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		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.	6,958	5,931	0	0	11,034	0	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.	138	61	0	0	170		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
	Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
	Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
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		
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		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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		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
61.01	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
62.01	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
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)	Y	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)	Y	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.	N	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.	N	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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

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		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.		N	N	N		109.00	
						1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N	110.00	
						1.00		
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	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.					N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.					Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.					1		118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	2,173,197		26,327,271		-26,634,615		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)					N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0010		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/25/2020 7:47 am		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00		
142.00	Street:	PO Box:						142.00		
143.00	City:	State:		Zip Code:				143.00		
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N		N		N		N		155.00
156.00	Subprovider - IPF	N		N		N		N		156.00
157.00	Subprovider - IRF	N		N		N		N		157.00
158.00	SUBPROVIDER									158.00
159.00	SNF	N		N		N		N		159.00
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00
161.00	CMHC			N		N		N		161.00
								1.00		
165.00	Multicampus Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							Y	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)	EVANSTON HOSPITAL	COOK	IL	60201	16974	2,191.00			166.00
166.01		GLENBROOK HOSPITAL	COOK	IL	60026	16974	936.00			166.01
166.02		HIGHLAND PARK HOSPITAL	LAKE	IL	60035	29404	840.00			166.02
166.03		SKOKIE HOSPITAL	COOK	IL	60076	16974	812.00			166.03
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00	
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0010		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part II Date/Time Prepared: 2/25/2020 7:47 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	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.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					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.	Y					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.	Y					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/06/2020	Y	01/06/2020		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0010

Period:
From 10/01/2018
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2/25/2020 7:47 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been 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.	MARIA MONET	ABERIN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHSHORE UNIVERSITY HEALTHSYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 570-5128	MABERIN@NORTHSHORE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0010

Period:
From 10/01/2018
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		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.	SR. REIMBURSEMENT ANALYST	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: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/25/2020 7:47 am

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	582	212,284	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)		582	212,284	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	71	25,915	0.00	0	8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	31.01	44	16,060	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	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)		697	254,259	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	33	12,045		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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)		750				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)		10	3,650			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: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/25/2020 7:47 am

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)	68,970	9,889	134,678			1.00
2.00	HMO and other (see instructions)	15,669	11,034				2.00
3.00	HMO IPF Subprovider	342	500				3.00
4.00	HMO IRF Subprovider	601	170				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)	68,970	9,889	134,678			7.00
8.00	INTENSIVE CARE UNIT	7,533	1,230	16,748			8.00
8.01	INFANT SPECIAL CARE UNIT (ISCU)	0	714	9,721			8.01
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		714	9,723			13.00
14.00	Total (see instructions)	76,503	12,547	170,870	205.58	6,235.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,726	162	9,331	4.63	63.00	16.00
17.00	SUBPROVIDER - IRF	2,692	199	5,102	0.98	27.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	34,072	2,150	61,096	0.00	91.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	47.00	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)				211.19	6,463.00	27.00
28.00	Observation Bed Days		2,537	23,392			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	343	1,428			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			277			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: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/25/2020 7:47 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	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	17,556	2,618	39,091	1.00
2.00 HMO and other (see instructions)			3,181	2,522		2.00
3.00 HMO IPF Subprovider				86		3.00
4.00 HMO IRF Subprovider				13		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
8.01 INFANT SPECIAL CARE UNIT (ISCU)						8.01
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	17,556	2,618	39,091	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	181	27	1,539	16.00
17.00 SUBPROVIDER - IRF	0.00	0	215	17	409	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/25/2020 7:47 am

	Wkst. A Line Number	Amount Reported	Reclassificati 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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	595,081,630	0	595,081,630	13,444,487.00	44.26
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		16,964,127	0	16,964,127	73,900.00	229.56
4.01	Physicians - Part A - Teaching		5,369,249	0	5,369,249	26,503.00	202.59
5.00	Physician and Non Physician-Part B		41,614,520	0	41,614,520	438,252.00	94.96
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		17,051,267	0	17,051,267	442,550.00	38.53
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		30,203,522	1,199,455	31,402,977	804,332.00	39.04
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		22,027,261	0	22,027,261	667,091.00	33.02
12.00	Contract labor: Top level management and other management and administrative services		3,843,538	0	3,843,538	87,371.00	43.99
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		577,888	0	577,888	6,300.00	91.73
15.00	Home office: Physician Part A - Administrative		3,050,703	0	3,050,703	18,459.00	165.27
16.00	Home office and Contract Physicians Part A - Teaching		1,752,135	0	1,752,135	10,602.00	165.26
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		128,881,941	0	128,881,941		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		8,379,692	0	8,379,692		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		1,406,107	0	1,406,107		
22.01	Physician Part A - Teaching		478,020	0	478,020		
23.00	Physician Part B		6,099,696	0	6,099,696		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	13,150,620	30,000	13,180,620	228,110.00	57.78
27.00	Administrative & General	5.00	148,602,331	-26,769,356	121,832,975	1,900,857.00	64.09

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/25/2020 7:47 am

		Wkst. A Line Number	Amount Reported	Reclassificati 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.)		19,306,699	0	19,306,699	219,200.00	88.08	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	517,616	0	517,616	9,048.00	57.21	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		11,158,829	0	11,158,829	558,397.00	19.98	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		2,783,923	0	2,783,923	123,779.00	22.49	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	6,548,789	0	6,548,789	137,728.00	47.55	38.00
39.00	Central Services and Supply	14.00	4,914,115	0	4,914,115	226,558.00	21.69	39.00
40.00	Pharmacy	15.00	16,757,140	0	16,757,140	360,673.00	46.46	40.00
41.00	Medical Records & Medical Records Library	16.00	4,195,519	0	4,195,519	138,102.00	30.38	41.00
42.00	Social Service	17.00	3,268,549	0	3,268,549	76,632.00	42.65	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part III
Date/Time Prepared:
2/25/2020 7:47 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	564,296,045	0	564,296,045	13,438,558.00	41.99	1.00
2.00	Excluded area salaries (see instructions)	30,203,522	1,199,455	31,402,977	804,332.00	39.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	534,092,523	-1,199,455	532,893,068	12,634,226.00	42.18	3.00
4.00	Subtotal other wages & related costs (see inst.)	29,499,390	0	29,499,390	779,221.00	37.86	4.00
5.00	Subtotal wage-related costs (see inst.)	130,288,048	0	130,288,048	0.00	24.45	5.00
6.00	Total (sum of lines 3 thru 5)	693,879,961	-1,199,455	692,680,506	13,413,447.00	51.64	6.00
7.00	Total overhead cost (see instructions)	231,204,130	-26,739,356	204,464,774	3,979,084.00	51.38	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
2/25/2020 7:47 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	58,568,855	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	9,999,996	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	2,186,646	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)	72,570,445	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	88,285	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,106,134	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)	5,698,031	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,535,151	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	37,346,709	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	577,015	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))	-49,468,600	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	4,036,788	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	145,245,455	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0010

 Period:
 From 10/01/2018
 To 09/30/2019

 Worksheet S-3
 Part V
 Date/Time Prepared:
 2/25/2020 7:47 am

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	22,027,261	145,245,455	1.00
2.00	Hospital	22,027,261	128,881,941	2.00
3.00	Subprovider - IPF	0	1,369,443	3.00
4.00	Subprovider - IRF	0	593,713	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,975,939	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	1,019,141	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	11,405,278	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0010 Component CCN: 14-7001		Period: From 10/01/2018 To 09/30/2019		Worksheet S-4 Date/Time Prepared: 2/25/2020 7:47 am	
						Home Health Agency I		PPS	
						1.00			
0.00	County					COOK AND LAKE		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	2,261	0	1,691	3,952	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	2,702.00	22.00	2,072.00	4,796.00	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	0.80	0.00	0.80	3.00	
4.00	Director(s) and Assistant Director(s)				0.19	0.00	0.19	4.00	
5.00	Other Administrative Personnel				33.41	0.00	33.41	5.00	
6.00	Direct Nursing Service				35.43	0.00	35.43	6.00	
7.00	Nursing Supervisor				2.77	0.00	2.77	7.00	
8.00	Physical Therapy Service				22.28	0.00	22.28	8.00	
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service				3.32	0.00	3.32	10.00	
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service				0.54	0.00	0.54	12.00	
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00	
14.00	Medical Social Service				0.55	0.00	0.55	14.00	
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00	
16.00	Home Health Aide				1.90	0.00	1.90	16.00	
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00	
18.00	DME & MED REC TEACHS; CLINICAL PRAC				0.38	0.00	0.38	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.				2			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	
20.01				29404				20.01	
				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			13,447	382	645	528	15,002	21.00
22.00	Skilled Nursing Visit Charges			2,825,970	80,430	136,080	111,300	3,153,780	22.00
23.00	Physical Therapy Visits			13,825	121	302	617	14,865	23.00
24.00	Physical Therapy Visit Charges			2,903,670	25,410	62,580	129,570	3,121,230	24.00
25.00	Occupational Therapy Visits			2,235	43	10	138	2,426	25.00
26.00	Occupational Therapy Visit Charges			469,350	9,030	2,100	28,980	509,460	26.00
27.00	Speech Pathology Visits			363	10	7	15	395	27.00
28.00	Speech Pathology Visit Charges			80,223	2,210	1,536	3,315	87,284	28.00
29.00	Medical Social Service Visits			238	4	10	15	267	29.00
30.00	Medical Social Service Visit Charges			59,976	1,008	2,520	3,780	67,284	30.00
31.00	Home Health Aide Visits			943	96	1	77	1,117	31.00
32.00	Home Health Aide Visit Charges			124,476	12,672	132	10,164	147,444	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			31,051	656	975	1,390	34,072	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)			6,463,665	130,760	204,948	287,109	7,086,482	35.00
36.00	Total Number of Episodes (standard/non outlier)			2,694		380	110	3,184	36.00
37.00	Total Number of Outlier Episodes				22		13	35	37.00
38.00	Total Non-Routine Medical Supply Charges			44,476	4,935	3,016	2,025	54,452	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-7

Date/Time Prepared:
2/25/2020 7:47 am

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-7

Date/Time Prepared:
2/25/2020 7:47 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0010

Period:

Worksheet S-9

Hospice CCN: 14-1522

From 10/01/2018
To 09/30/2019PARTS I THROUGH IV
Date/Time Prepared:
2/25/2020 7:47 am

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	41,093	3,197	2,400	46,690	11.00
12.00	Hospice Inpatient Respite Care	103	1	6	110	12.00
13.00	Hospice General Inpatient Care	1,127	92	217	1,436	13.00
14.00	Total Hospice Days	42,323	3,290	2,623	48,236	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: 14-0010	Period: From 10/01/2018 To 09/30/2019	Worksheet S-10 Date/Time Prepared: 2/25/2020 7:47 am	
				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)		0.249706	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		70,738,395	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		391,858,596	6.00	
7.00	Medicaid cost (line 1 times line 6)		97,849,443	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)		27,111,048	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		118,479	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)		27,111,048	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)	61,559,079	7,797,969	69,357,048	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	15,371,671	7,797,969	23,169,640	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)	15,371,671	7,797,969	23,169,640	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)		30,294,222	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,744,424	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		4,222,190	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		26,072,032	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		7,988,109	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		31,157,749	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		58,268,797	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0010		Period: From 10/01/2018 To 09/30/2019		Worksheet A Date/Time Prepared: 2/25/2020 7:47 am	
		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
			1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		45,384,162	45,384,162	9,549,648	54,933,810	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		24,640,471	24,640,471	0	24,640,471	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,150,620	10,070,489	23,221,109	30,000	23,251,109	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	148,602,331	204,172,628	352,774,959	-48,270,656	304,504,303	5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	517,616	53,825,484	54,343,100	-16	54,343,084	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,397,202	3,397,202	0	3,397,202	8.00	
9.00	00900	HOUSEKEEPING	0	14,262,712	14,262,712	1,533	14,264,245	9.00	
10.00	01000	DIETARY	0	13,240,723	13,240,723	0	13,240,723	10.00	
11.00	01100	CAFETERIA	0	4,606,520	4,606,520	0	4,606,520	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	6,548,789	2,522,205	9,070,994	-1,140	9,069,854	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	4,914,115	10,773,997	15,688,112	-5,080,558	10,607,554	14.00	
15.00	01500	PHARMACY	16,757,140	140,365,579	157,122,719	-135,317,307	21,805,412	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	4,195,519	2,174,452	6,369,971	0	6,369,971	16.00	
17.00	01700	SOCIAL SERVICE	3,268,549	958,708	4,227,257	-132	4,227,125	17.00	
18.00	01800	SPECIFY SERVICE	0	0	0	0	0	18.00	
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	26,710,168	22,420,444	49,130,612	-10,702,398	38,428,214	22.00	
23.00	02300	PARAMED ED PRGM- PHARMACY	1,256,186	358,936	1,615,122	0	1,615,122	23.00	
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	26,618	26,618	232,786	259,404	23.01	
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	740,919	284,786	1,025,705	0	1,025,705	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	89,384,642	28,826,037	118,210,679	1,662,882	119,873,561	30.00	
31.00	03100	INTENSIVE CARE UNIT	20,112,454	6,908,710	27,021,164	-647,219	26,373,945	31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	7,255,135	2,305,773	9,560,908	-20,487	9,540,421	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	4,824,326	1,324,517	6,148,843	-3,917	6,144,926	40.00	
41.00	04100	SUBPROVIDER - IRF	1,867,082	588,642	2,455,724	-6,855	2,448,869	41.00	
43.00	04300	NURSERY	0	0	0	3,401,599	3,401,599	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	29,787,510	94,505,270	124,292,780	-77,824,411	46,468,369	50.00	
51.00	05100	RECOVERY ROOM	7,734,026	1,690,147	6,424,173	-144,389	6,279,784	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,954,457	3,504,739	11,459,196	-2,173,167	9,286,029	52.00	
53.00	05300	ANESTHESIOLOGY	1,614,358	5,852,604	7,466,962	-349,442	7,117,520	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,723,559	17,542,304	48,265,863	-6,834,243	41,431,620	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,093,504	1,825,146	5,918,650	-279	5,918,371	55.00	
56.00	05600	RADIOISOTOPE	3,233,258	3,446,844	6,680,102	-7,226	6,672,876	56.00	
57.00	05700	CT SCAN	4,019,002	2,308,432	6,327,434	-20,241	6,307,193	57.00	
58.00	05800	MRI	4,896,782	2,399,965	7,296,747	-602,021	6,694,726	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,947,016	27,724,252	32,671,268	-25,689,047	6,982,221	59.00	
60.00	06000	LABORATORY	24,806,393	32,268,512	57,074,905	-3,814,891	53,260,014	60.00	
60.01	06001	VASCULAR LAB	1,664,622	436,394	2,101,016	-10,975	2,090,041	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,335,085	2,145,871	3,480,956	-1,537,283	1,943,673	63.00	
64.00	06400	INTRAVENOUS THERAPY	2,187,961	1,382,032	3,569,993	-528,584	3,041,409	64.00	
65.00	06500	RESPIRATORY THERAPY	6,045,227	3,423,376	9,468,603	-83,584	9,385,019	65.00	
66.00	06600	PHYSICAL THERAPY	23,303,831	8,039,672	31,343,503	-295,789	31,047,714	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,724,634	719,473	3,444,107	-15,235	3,428,872	67.00	
68.00	06800	SPEECH PATHOLOGY	1,057,409	275,719	1,333,128	-2,936	1,330,192	68.00	
69.00	06900	ELECTROCARDIOLOGY	4,673,283	1,597,323	6,270,606	-15,314	6,255,292	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,855,791	831,446	2,687,237	-15,953	2,671,284	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	57,990,171	57,990,171	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	63,288,941	63,288,941	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	135,319,443	135,319,443	73.00	
74.00	07400	RENAL DIALYSIS	0	2,984,389	2,984,389	-5,604	2,978,785	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	8,329,191	3,143,532	11,472,723	-61,247	11,411,476	75.00	
76.00	03950	BLANK	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	659,468	257,664	917,132	-2,970	914,162	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	28,604,811	40,020,349	68,625,160	56,185,403	124,810,563	90.00	
91.00	09100	EMERGENCY	20,209,852	7,783,734	27,993,586	-407,579	27,586,007	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	7,974,235	5,105,856	13,080,091	0	13,080,091	101.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		9,549,648	9,549,648	-9,549,648	0	113.00
116.00	11600	HOSPICE	4,359,716	3,135,217	7,494,933	0	7,494,933	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	585,900,572	877,339,705	1,463,240,277	-2,380,337	1,460,859,940	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	9,181,058	101,109,150	110,290,208	2,380,337	112,670,545	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	595,081,630	978,448,855	1,573,530,485	0	1,573,530,485	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	54,933,810	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	24,640,471	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-37,593	23,213,516	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-56,288,463	248,215,840	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,543,884	52,799,200	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,397,202	8.00
9.00	00900	HOUSEKEEPING	0	14,264,245	9.00
10.00	01000	DIETARY	-109,316	13,131,407	10.00
11.00	01100	CAFETERIA	-4,054,912	551,608	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-89	9,069,765	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,607,554	14.00
15.00	01500	PHARMACY	0	21,805,412	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-300	6,369,671	16.00
17.00	01700	SOCIAL SERVICE	0	4,227,125	17.00
18.00	01080	SPECIFY SERVICE	0	0	18.00
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	-4,391,251	34,036,963	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	1,615,122	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	-95,954	163,450	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	-1,025,705	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-21,851,108	98,022,453	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,729,602	24,644,343	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,540,421	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	-35,903	6,109,023	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,448,869	41.00
43.00	04300	NURSERY	0	3,401,599	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,289,298	39,179,071	50.00
51.00	05100	RECOVERY ROOM	0	6,279,784	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,286,029	52.00
53.00	05300	ANESTHESIOLOGY	-235,897	6,881,623	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-886,323	40,545,297	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-121,414	5,796,957	55.00
56.00	05600	RADIOISOTOPE	-137,430	6,535,446	56.00
57.00	05700	CT SCAN	0	6,307,193	57.00
58.00	05800	MRI	0	6,694,726	58.00
59.00	05900	CARDIAC CATHETERIZATION	-802,216	6,180,005	59.00
60.00	06000	LABORATORY	-324,111	52,935,903	60.00
60.01	06001	VASCULAR LAB	-4,058	2,085,983	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,943,673	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,041,409	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,385,019	65.00
66.00	06600	PHYSICAL THERAPY	-122,522	30,925,192	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,428,872	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,330,192	68.00
69.00	06900	ELECTROCARDIOLOGY	-15,528	6,239,764	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,671,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	57,990,171	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	63,288,941	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	135,319,443	73.00
74.00	07400	RENAL DIALYSIS	0	2,978,785	74.00
75.00	07500	ASC (NON-DISTINCT PART)	384	11,411,860	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-79,599	834,563	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,668,409	123,142,154	90.00
91.00	09100	EMERGENCY	-3,169,819	24,416,188	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-210	13,079,881	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	47,507	7,542,440	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-105,973,023	1,354,886,917	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	25,599,801	25,599,801	191.00
193.01	19301	NON-ALLOWABLE COST	0	112,670,545	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-80,373,222	1,493,157,263	200.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/25/2020 7:47 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - NURSERY RECLASS					
1.00	NURSERY	43.00	2,391,255	1,010,344		1.00
2.00		0.00	0	0		2.00
			2,391,255	1,010,344		
	B - TRANSPORTATION RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	4,342,802		1.00
			0	4,342,802		
	C - LDRP ROOM CHARGES RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	744,306	315,920		1.00
			744,306	315,920		
	D - IMPLANT DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	63,288,941		1.00
			0	63,288,941		
	E - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,549,648		1.00
			0	9,549,648		
	F - PART A BONUS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	30,000	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	2,399	0		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,506,461	0		3.00
4.00	LABORATORY	60.00	135,000	0		4.00
5.00	PHYSICAL THERAPY	66.00	10,000	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	125,000	0		6.00
			1,808,860	0		
	G - PROVIDER BASED RECLASS					
1.00	CLINIC	90.00	35,698,677	23,231,962		1.00
			35,698,677	23,231,962		
	H - TEACHING PHYSICIAN RECLASS (I & R)					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	545,662	89,554		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
			545,662	89,554		
	I - ADMIN PHYSICIAN RECLASS (I & R)					
1.00	ADMINISTRATIVE & GENERAL	5.00	10,954,560	1,797,852		1.00
			10,954,560	1,797,852		
	J - GROUP STIPEND RECLASS					
1.00	NON-ALLOWABLE COST	193.01	121,663	0		1.00
2.00		0.00	0	0		2.00
			121,663	0		
	K - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	135,319,443		1.00
			0	135,319,443		
	L - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	121,279,112		1.00
2.00	HOUSEKEEPING	9.00	0	1,533		2.00
3.00	PHARMACY	15.00	0	2,136		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

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/25/2020 7:47 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
			0	121,282,781		
M - LAB EXPENSE TRANSFER						
1.00	NON-ALLOWABLE COST	193.01	894,142	1,364,532		1.00
2.00		0.00	0	0		2.00
			894,142	1,364,532		
N - PARAMED - MEDICAL TECH EXPENSE						
1.00	PARAMED ED PRGM-MEDICAL TECH	23.01	186,620	46,269		1.00
2.00		0.00	0	0		2.00
			186,620	46,269		
500.00	Grand Total: Increases		53,345,745	361,640,048		500.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet A-6
Date/Time Prepared:
2/25/2020 7:47 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - NURSERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,782,653	753,013	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	608,602	257,331	0		2.00
			2,391,255	1,010,344			
	B - TRANSPORTATION RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,342,802	0		1.00
			0	4,342,802			
	C - LDRP ROOM CHARGES RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	744,306	315,920	0		1.00
			744,306	315,920			
	D - IMPLANT DEVICE RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	63,288,941	0		1.00
			0	63,288,941			
	E - INTEREST EXPENSE RECLASS						
1.00	INTEREST EXPENSE	113.00	0	9,549,648	11		1.00
			0	9,549,648			
	F - PART A BONUS RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,808,860	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
			1,808,860	0			
	G - PROVIDER BASED RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	35,698,677	23,231,962	0		1.00
			35,698,677	23,231,962			
	H - TEACHING PHYSICIAN RECLASS (I & R)						
1.00	ADMINISTRATIVE & GENERAL	5.00	186,379	30,588	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	52,160	8,560	0		2.00
3.00	SUBPROVIDER - IPF	40.00	2,970	487	0		3.00
4.00	LABORATORY	60.00	248,441	40,775	0		4.00
5.00	VASCULAR LAB	60.01	9,398	1,542	0		5.00
6.00	PHYSICAL THERAPY	66.00	11,224	1,842	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	5,500	903	0		7.00
8.00	CLINIC	90.00	23,590	3,872	0		8.00
9.00	EMERGENCY	91.00	6,000	985	0		9.00
			545,662	89,554			
	I - ADMIN PHYSICIAN RECLASS (I & R)						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	10,954,560	1,797,852	0		1.00
			10,954,560	1,797,852			
	J - GROUP STIPEND RECLASS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	91,663	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	30,000	0	0		2.00
			121,663	0			
	K - PHARMACY RECLASS						
1.00	PHARMACY	15.00	0	135,319,443	0		1.00
			0	135,319,443			
	L - MEDICAL SUPPLIES RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	36,602	0		1.00
2.00	OPERATION OF PLANT	7.00	0	16	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,140	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	737,756	0		4.00
5.00	SOCIAL SERVICE	17.00	0	132	0		5.00
6.00	PARAMED ED PRGM-MEDICAL TECH	23.01	0	103	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	1,143,760	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	649,618	0		8.00
9.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	20,487	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	460	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	6,855	0		11.00
12.00	OPERATING ROOM	50.00	0	77,824,411	0		12.00
13.00	RECOVERY ROOM	51.00	0	144,389	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	247,008	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	349,442	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,959,243	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	279	0		17.00
18.00	RADIOISOTOPE	56.00	0	7,226	0		18.00
19.00	CT SCAN	57.00	0	20,241	0		19.00
20.00	MRI	58.00	0	602,021	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	25,689,047	0		21.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/25/2020 7:47 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00			
22.00	LABORATORY	60.00	0	1,571,341	0		22.00
23.00	VASCULAR LAB	60.01	0	35	0		23.00
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,135,054	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	0	528,584	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	83,584	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	292,723	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	15,235	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	2,936	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	8,911	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,953	0		31.00
32.00	RENAL DIALYSIS	74.00	0	5,604	0		32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0	61,247	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	2,970	0		34.00
35.00	CLINIC	90.00	0	2,717,774	0		35.00
36.00	EMERGENCY	91.00	0	400,594	0		36.00
			0	121,282,781			
M - LAB EXPENSE TRANSFER							
1.00	LABORATORY	60.00	754,613	1,140,269	0		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	139,529	224,263	0		2.00
			894,142	1,364,532			
N - PARAMED - MEDICAL TECH EXPENSE							
1.00	LABORATORY	60.00	155,836	38,616	0		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	30,784	7,653	0		2.00
			186,620	46,269			
500.00	Grand Total: Decreases		53,345,745	361,640,048			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part I
Date/Time Prepared:
2/25/2020 7:47 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	73,118,372	0	0	0	0	1.00	
2.00	Land Improvements	34,212,628	324,785	0	324,785	0	2.00	
3.00	Buildings and Fixtures	1,595,581,045	123,366,940	0	123,366,940	8,318	3.00	
4.00	Building Improvements	57,656,921	1,163	0	1,163	0	4.00	
5.00	Fixed Equipment	342,071,885	22,947,191	0	22,947,191	7,302,006	5.00	
6.00	Movable Equipment	0	0	0	0	0	6.00	
7.00	HIT designated Assets	71,765,192	15,495,873	0	15,495,873	113,275	7.00	
8.00	Subtotal (sum of lines 1-7)	2,174,406,043	162,135,952	0	162,135,952	7,423,599	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	2,174,406,043	162,135,952	0	162,135,952	7,423,599	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	73,118,372	0				1.00	
2.00	Land Improvements	34,537,413	2,483,272				2.00	
3.00	Buildings and Fixtures	1,718,939,667	9,887,641				3.00	
4.00	Building Improvements	57,658,084	446,440				4.00	
5.00	Fixed Equipment	357,717,070	4,297,596				5.00	
6.00	Movable Equipment	0	0				6.00	
7.00	HIT designated Assets	87,147,790	4,232,944				7.00	
8.00	Subtotal (sum of lines 1-7)	2,329,118,396	21,347,893				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	2,329,118,396	21,347,893				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part II
Date/Time Prepared:
2/25/2020 7:47 am

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	45,384,162	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	24,640,471	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	70,024,633	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	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	45,384,162				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	24,640,471				2.00
3.00	Total (sum of lines 1-2)	0	70,024,633				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part III
Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,884,253,536	0	1,884,253,536	0.808999	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	444,864,859	0	444,864,859	0.191001	0	2.00
3.00	Total (sum of lines 1-2)	2,329,118,395	0	2,329,118,395	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	45,384,162	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	24,640,471	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	70,024,633	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	9,549,648	0	0	0	54,933,810	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	24,640,471	2.00
3.00	Total (sum of lines 1-2)	9,549,648	0	0	0	79,574,281	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/25/2020 7:47 am

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)	A	-251,878	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-31,130,463			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		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	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN 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	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/25/2020 7:47 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00	
33.00	APNS.; CRNAS, AND PAS SALARY	A		-3,285,944	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 33.00
33.01	APNS.; CRNAS, AND PAS SALARY	A		0	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02		0 33.01
33.02	APNS.; CRNAS, AND PAS SALARY	A		0	ADULTS & PEDIATRICS	30.00		0 33.02
33.03	APNS.; CRNAS, AND PAS SALARY	A		-2,324	INTENSIVE CARE UNIT	31.00		0 33.03
33.04	APNS.; CRNAS, AND PAS SALARY	A		-7,287,704	OPERATING ROOM	50.00		0 33.04
33.05	APNS.; CRNAS, AND PAS SALARY	A		-38,563	ANESTHESIOLOGY	53.00		0 33.05
33.06	APNS.; CRNAS, AND PAS SALARY	A		-306,984	RADIOLOGY-DIAGNOSTIC	54.00		0 33.06
33.07	APNS.; CRNAS, AND PAS SALARY	A		-796,003	CARDIAC CATHETERIZATION	59.00		0 33.07
33.08	APNS.; CRNAS, AND PAS SALARY	A		0	VASCULAR LAB	60.01		0 33.08
33.09	APNS.; CRNAS, AND PAS SALARY	A		-432	PHYSICAL THERAPY	66.00		0 33.09
33.10	APNS.; CRNAS, AND PAS SALARY	A		0	ELECTROCARDIOLOGY	69.00		0 33.10
33.11	APNS.; CRNAS, AND PAS SALARY	A		-129,203	CLINIC	90.00		0 33.11
33.12	APNS.; CRNAS, AND PAS SALARY	A		-1,551,524	EMERGENCY	91.00		0 33.12
34.00	LOBBYING DUES	A		-192,533	ADMINISTRATIVE & GENERAL	5.00		0 34.00
35.00	MEDICAID TAX ASSESSMENT	A		-48,247,886	ADMINISTRATIVE & GENERAL	5.00		0 35.00
36.00	RESEARCH INSTITUTE EXPENSE	A		25,599,801	RESEARCH	191.00		0 36.00
36.01	MEDICAID TAX ASSESSMENT	A		0	ADMINISTRATIVE & GENERAL	5.00		0 36.01
37.00	OTHER REVENUE OFFSET_TUITION	B		-95,954	PARAMED ED PRGM-MEDICAL TECH	23.01		0 37.00
37.01	OTHER REVENUE OFFSET_TUITION	B		-1,025,099	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02		0 37.01
37.02	OTHER REVENUE OFFSET_TUITION	B		-61,454	EMERGENCY	91.00		0 37.02
37.03	OTHER REVENUE OFFSET_TUITION	B		0	LABORATORY	60.00		0 37.03
37.04	OTHER REVENUE OFFSET_TUITION	B		-27,600	CLINIC	90.00		0 37.04
37.05	OTHER REVENUE OFFSET_TUITION	B		-195,734	ANESTHESIOLOGY	53.00		0 37.05
38.00	NON-ALLOWABLE CORPORATE EXPENSES	A		-2,781	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 38.00
38.01	NON-ALLOWABLE CORPORATE EXPENSES	A		-5,169,206	ADMINISTRATIVE & GENERAL	5.00		0 38.01
38.02	NON-ALLOWABLE CORPORATE EXPENSES	A		-450	OPERATION OF PLANT	7.00		0 38.02
38.03	NON-ALLOWABLE CORPORATE EXPENSES	A		-89	NURSING ADMINISTRATION	13.00		0 38.03
38.04	NON-ALLOWABLE CORPORATE EXPENSES	A		-300	MEDICAL RECORDS & LIBRARY	16.00		0 38.04
38.05	NON-ALLOWABLE CORPORATE EXPENSES	A		-228,842	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 38.05
38.06	NON-ALLOWABLE CORPORATE EXPENSES	A		-606	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02		0 38.06
38.07	NON-ALLOWABLE CORPORATE EXPENSES	A		-675	ADULTS & PEDIATRICS	30.00		0 38.07
38.08	NON-ALLOWABLE CORPORATE EXPENSES	A		-1,594	OPERATING ROOM	50.00		0 38.08
38.09	NON-ALLOWABLE CORPORATE EXPENSES	A		-864	RADIOLOGY-THERAPEUTIC	55.00		0 38.09
38.10	NON-ALLOWABLE CORPORATE EXPENSES	A		-2,592	LABORATORY	60.00		0 38.10
38.11	NON-ALLOWABLE CORPORATE EXPENSES	A		-174	ELECTROCARDIOLOGY	69.00		0 38.11
38.12	NON-ALLOWABLE CORPORATE EXPENSES	A		-404,164	CLINIC	90.00		0 38.12
38.13	NON-ALLOWABLE CORPORATE EXPENSES	A		-210	HOME HEALTH AGENCY	101.00		0 38.13
39.00	INTEREST - RATE SWAP AGREEMENT	A		0	ADMINISTRATIVE & GENERAL	5.00		0 39.00
40.00	OTHER REVENUE OFFSET_CAFETERIA AND D	B		-4,054,912	CAFETERIA	11.00		0 40.00
40.01	OTHER REVENUE OFFSET_CAFETERIA AND D	B		-109,316	DIETARY	10.00		0 40.01
41.00	OTHER REVENUE OFFSET_OTHERS	B		-2,904,216	ADMINISTRATIVE & GENERAL	5.00		0 41.00
41.01	OTHER REVENUE OFFSET_OTHERS	B		-1,543,434	OPERATION OF PLANT	7.00		0 41.01
41.02	OTHER REVENUE OFFSET_OTHERS	B		-52,075	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 41.02
41.03	OTHER REVENUE OFFSET_OTHERS	B		-64,484	ADULTS & PEDIATRICS	30.00		0 41.03
41.04	OTHER REVENUE OFFSET_OTHERS	B		-129,855	LABORATORY	60.00		0 41.04
41.05	OTHER REVENUE OFFSET_OTHERS	B		-85,116	PHYSICAL THERAPY	66.00		0 41.05
41.06	OTHER REVENUE OFFSET_OTHERS	B		384	ASC (NON-DISTINCT PART)	75.00		0 41.06
41.07	OTHER REVENUE OFFSET_OTHERS	B		-78,399	CARDIAC REHABILITATION	76.97		0 41.07
41.08	OTHER REVENUE OFFSET_OTHERS	B		-968,291	CLINIC	90.00		0 41.08

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/25/2020 7:47 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.
		1.00	2.00	3.00	4.00	5.00
41.09	OTHER REVENUE OFFSET_OTHERS	B	-35,174	EMERGENCY	91.00	0 41.09
41.10	OTHER REVENUE OFFSET_OTHERS	B		0 LABORATORY	60.00	0 41.10
41.11	OTHER REVENUE OFFSET_OTHERS	B		0 PHYSICAL THERAPY	66.00	0 41.11
41.12	OTHER REVENUE OFFSET_OTHERS	B		0 CARDIAC REHABILITATION	76.97	0 41.12
41.13	OTHER REVENUE OFFSET_OTHERS	B		0 CLINIC	90.00	0 41.13
41.14	OTHER REVENUE OFFSET_OTHERS	B		0 EMERGENCY	91.00	0 41.14
42.00	CORPORATE INTEGRATION COSTS (LEGAL E	A	-757,002	ADMINISTRATIVE & GENERAL	5.00	0 42.00
43.00	HOSPICE ADJUSTMENT (ADDTL EXPENSE)	A	47,507	HOSPICE	116.00	0 43.00
44.00	ADDITIONAL NON-ALLOWABLE	A	-179,537	ADMINISTRATIVE & GENERAL	5.00	0 44.00
45.00	PATHOLOGY GROUP STIPEND CLINICAL OFF	A		0 I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 45.00
46.00	PATHOLOGY GROUP STIPEND_ADMIN AND TE	A	1,962,956	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 46.00
46.01	PATHOLOGY GROUP STIPEND_ADMIN AND TE	A	3,417,770	ADMINISTRATIVE & GENERAL	5.00	0 46.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-80,373,222			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:
2/25/2020 7:47 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	44,592	0	44,592	197,500	103	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	163,826	0	163,826	211,500	1,136	2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	103,733	0	103,733	179,000	839	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,636,045	0	2,636,045	197,500	13,605	4.00
5.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	258,948	0	258,948	246,400	1,242	5.00
6.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	5,500	0	5,500	169,700	84	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	19,118	0	19,118	237,100	66	7.00
8.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	7,500	0	7,500	271,900	78	8.00
9.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	31,709	0	31,709	181,300	268	9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	80,928	0	80,928	239,400	297	10.00
11.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	202,808	0	202,808	260,300	1,651	11.00
12.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	393,408	0	393,408	197,500	2,883	12.00
13.00	31.00	INTENSIVE CARE UNIT	18,645	0	18,645	197,500	101	13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - IPF	41,608	0	41,608	181,300	179	14.00
15.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,026,797	0	1,026,797	271,900	3,423	15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	204,996	0	204,996	271,900	646	16.00
17.00	56.00	AGGREGATE-RADIOISOTOPE	213,997	0	213,997	211,500	753	17.00
18.00	59.00	CARDIAC CATHETERIZATION	9,726	0	9,726	197,500	37	18.00
19.00	60.00	LABORATORY	200,497	0	200,497	211,500	1,031	19.00
20.00	60.00	LABORATORY	177,221	0	177,221	260,300	649	20.00
21.00	60.01	VASCULAR LAB	10,573	0	10,573	246,400	55	21.00
22.00	66.00	AGGREGATE-PHYSICAL THERAPY	70,428	0	70,428	211,500	329	22.00
23.00	69.00	ELECTROCARDIOLOGY	22,001	0	22,001	197,500	70	23.00
24.00	90.00	AGGREGATE-CLINIC	32,887	0	32,887	181,300	226	24.00
25.00	91.00	AGGREGATE-EMERGENCY	32,076	0	32,076	246,400	121	25.00
26.00	5.00	ADMINISTRATIVE & GENERAL	401,398	401,398	0	0	0	26.00
27.00	30.00	ADULTS & PEDIATRICS	21,666,287	21,666,287	0	0	0	27.00
28.00	53.00	ANESTHESIOLOGY	1,600	1,600	0	0	0	28.00
29.00	76.97	CARDIAC REHABILITATION	1,200	1,200	0	0	0	29.00
30.00	90.00	CLINIC	125,963	125,963	0	0	0	30.00
31.00	91.00	EMERGENCY	1,503,925	1,503,925	0	0	0	31.00
32.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	2,787,346	2,787,346	0	0	0	32.00
33.00	31.00	INTENSIVE CARE UNIT	1,718,223	1,718,223	0	0	0	33.00
34.00	40.00	SUBPROVIDER - IPF	9,897	9,897	0	0	0	34.00
200.00			34,225,406	28,215,839	6,009,567		29,872	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	9,780	489	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	115,512	5,776	0	0	0	2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	72,202	3,610	0	0	0	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,291,821	64,591	0	0	0	4.00
5.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	147,129	7,356	0	0	0	5.00
6.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	6,853	343	0	0	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	7,523	376	0	0	0	7.00
8.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	10,196	510	0	0	0	8.00
9.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	23,360	1,168	0	0	0	9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	34,183	1,709	0	0	0	10.00
11.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	206,613	10,331	0	0	0	11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:
2/25/2020 7:47 am

	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	
12.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	273,746	13,687	0	0	0	12.00
13.00	31.00	INTENSIVE CARE UNIT	9,590	480	0	0	0	13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - IPF	15,602	780	0	0	0	14.00
15.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	447,458	22,373	0	0	0	15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	84,446	4,222	0	0	0	16.00
17.00	56.00	AGGREGATE-RADIOISOTOPE	76,567	3,828	0	0	0	17.00
18.00	59.00	CARDIAC CATHETERIZATION	3,513	176	0	0	0	18.00
19.00	60.00	LABORATORY	104,835	5,242	0	0	0	19.00
20.00	60.00	LABORATORY	81,219	4,061	0	0	0	20.00
21.00	60.01	VASCULAR LAB	6,515	326	0	0	0	21.00
22.00	66.00	AGGREGATE-PHYSICAL THERAPY	33,454	1,673	0	0	0	22.00
23.00	69.00	ELECTROCARDIOLOGY	6,647	332	0	0	0	23.00
24.00	90.00	AGGREGATE-CLINIC	19,699	985	0	0	0	24.00
25.00	91.00	AGGREGATE-EMERGENCY	14,334	717	0	0	0	25.00
26.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	26.00
27.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	27.00
28.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	28.00
29.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	29.00
30.00	90.00	CLINIC	0	0	0	0	0	30.00
31.00	91.00	EMERGENCY	0	0	0	0	0	31.00
32.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	32.00
33.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	34.00
200.00			3,102,797	155,141	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	9,780	34,812	34,812		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	115,512	48,314	48,314		2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	72,202	31,531	31,531		3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	1,291,821	1,344,224	1,344,224		4.00
5.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	147,129	111,819	111,819		5.00
6.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	6,853	0	0		6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	7,523	11,595	11,595		7.00
8.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	10,196	0	0		8.00
9.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	23,360	8,349	8,349		9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	34,183	46,745	46,745		10.00
11.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	206,613	0	0		11.00
12.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	273,746	119,662	119,662		12.00
13.00	31.00	INTENSIVE CARE UNIT	0	9,590	9,055	9,055		13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	15,602	26,006	26,006		14.00
15.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	447,458	579,339	579,339		15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	84,446	120,550	120,550		16.00
17.00	56.00	AGGREGATE-RADIOISOTOPE	0	76,567	137,430	137,430		17.00
18.00	59.00	CARDIAC CATHETERIZATION	0	3,513	6,213	6,213		18.00
19.00	60.00	LABORATORY	0	104,835	95,662	95,662		19.00
20.00	60.00	LABORATORY	0	81,219	96,002	96,002		20.00
21.00	60.01	VASCULAR LAB	0	6,515	4,058	4,058		21.00
22.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	33,454	36,974	36,974		22.00
23.00	69.00	ELECTROCARDIOLOGY	0	6,647	15,354	15,354		23.00
24.00	90.00	AGGREGATE-CLINIC	0	19,699	13,188	13,188		24.00
25.00	91.00	AGGREGATE-EMERGENCY	0	14,334	17,742	17,742		25.00
26.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	401,398		26.00
27.00	30.00	ADULTS & PEDIATRICS	0	0	0	21,666,287		27.00
28.00	53.00	ANESTHESIOLOGY	0	0	0	1,600		28.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:
2/25/2020 7:47 am

	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		
29.00	76.97	CARDIAC REHABILITATION	0	0	0	1,200		29.00
30.00	90.00	CLINIC	0	0	0	125,963		30.00
31.00	91.00	EMERGENCY	0	0	0	1,503,925		31.00
32.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,787,346		32.00
33.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,718,223		33.00
34.00	40.00	SUBPROVIDER - IPF	0	0	0	9,897		34.00
200.00			0	3,102,797	2,914,624	31,130,463		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	54,933,810	54,933,810			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	24,640,471	24,640,471			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,213,516	458,397	1,296	23,673,209	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	248,215,840	16,868,811	11,183,787	4,956,265	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	52,799,200	13,033,537	124,748	21,058	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,397,202	88,341	0	0	8.00
9.00	00900	HOUSEKEEPING	14,264,245	379,711	201,388	0	9.00
10.00	01000	DIETARY	13,131,407	502,581	135,687	0	10.00
11.00	01100	CAFETERIA	551,608	421,481	12,923	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,069,765	118,351	409,926	266,424	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,607,554	0	0	199,921	14.00
15.00	01500	PHARMACY	21,805,412	0	0	681,731	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,369,671	186,872	0	170,686	16.00
17.00	01700	SOCIAL SERVICE	4,227,125	78,176	0	132,974	17.00
18.00	01800	SPECIFY SERVICE	0	0	0	0	18.00
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	34,036,963	626,510	10,039	720,743	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,615,122	5,364	0	51,105	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	163,450	19,980	0	7,592	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,073	0	30,143	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	98,022,453	3,429,685	376,566	3,592,070	30.00
31.00	03100	INTENSIVE CARE UNIT	24,644,343	605,993	196,306	818,333	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	9,540,421	131,840	22,275	295,161	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	6,109,023	231,606	366	196,147	40.00
41.00	04100	SUBPROVIDER - IRF	2,448,869	113,925	12,412	75,958	41.00
43.00	04300	NURSERY	3,401,599	28,186	0	97,283	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,179,071	1,548,896	3,792,391	1,211,845	50.00
51.00	05100	RECOVERY ROOM	6,279,784	245,632	38,518	192,594	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,286,029	582,286	84,108	268,571	52.00
53.00	05300	ANESTHESIOLOGY	6,881,623	63,359	367,719	65,677	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,545,297	1,600,025	1,919,094	1,255,012	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,796,957	292,511	431,929	166,536	55.00
56.00	05600	RADIOISOTOPE	6,535,446	262,755	191,487	131,539	56.00
57.00	05700	CT SCAN	6,307,193	132,390	125,224	163,505	57.00
58.00	05800	MRI	6,694,726	295,125	525,448	199,216	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,180,005	312,692	533,522	201,259	59.00
60.00	06000	LABORATORY	52,935,903	776,654	1,012,639	967,544	60.00
60.01	06001	VASCULAR LAB	2,085,983	55,461	12,134	67,339	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,943,673	40,979	53,263	47,386	63.00
64.00	06400	INTRAVENOUS THERAPY	3,041,409	7,911	31,538	89,013	64.00
65.00	06500	RESPIRATORY THERAPY	9,385,019	61,187	236,596	245,938	65.00
66.00	06600	PHYSICAL THERAPY	30,925,192	974,508	50,989	948,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,428,872	52,122	0	110,846	67.00
68.00	06800	SPEECH PATHOLOGY	1,330,192	29,071	1,517	43,019	68.00
69.00	06900	ELECTROCARDIOLOGY	6,239,764	295,890	228,766	189,899	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,671,284	57,258	106,284	75,499	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,990,171	217,405	53,715	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,288,941	346,309	85,568	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	135,319,443	235,065	14,561	0	73.00
74.00	07400	RENAL DIALYSIS	2,978,785	41,207	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	11,411,860	679,503	17,909	338,856	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	834,563	68,133	13,714	26,829	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	123,142,154	4,849,355	1,304,299	2,615,099	90.00
91.00	09100	EMERGENCY	24,416,188	727,240	100,948	821,953	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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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
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	13,079,881	121,542	529	324,416	13,526,368 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	7,542,440	53,838	0	177,366	7,773,644 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,354,886,917	52,356,729	24,022,128	23,258,370	1,351,276,654 118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	25,599,801	386,738	336,083	0	26,322,622 191.00
193.01	19301	NON-ALLOWABLE COST	112,670,545	2,190,343	282,260	414,839	115,557,987 193.01
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)	1,493,157,263	54,933,810	24,640,471	23,673,209	1,493,157,263 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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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	281,224,703					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	15,310,453	0	81,288,996			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	808,827	0	292,235	4,586,605		8.00
9.00	00900	HOUSEKEEPING	3,444,892	0	1,256,105	37,321	19,583,662	9.00
10.00	01000	DIETARY	3,195,281	0	1,662,564	7,430	408,312	10.00
11.00	01100	CAFETERIA	228,806	0	1,394,283	0	342,425	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,289,069	0	391,510	0	96,152	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,507,896	0	0	0	0	14.00
15.00	01500	PHARMACY	5,218,187	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,561,067	0	618,183	0	151,821	16.00
17.00	01700	SOCIAL SERVICE	1,029,911	0	258,611	0	63,513	17.00
18.00	01800	SPECIFY SERVICE	0	0	0	0	0	18.00
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	8,213,308	0	2,072,527	0	508,996	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	387,896	0	17,743	0	4,358	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	44,327	0	66,094	0	16,232	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	3,549	0	872	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,463,101	0	11,345,579	1,594,041	2,786,383	30.00
31.00	03100	INTENSIVE CARE UNIT	6,094,840	0	2,004,658	191,528	492,328	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,318,129	0	436,135	43,604	107,111	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,516,957	0	766,163	84,958	188,164	40.00
41.00	04100	SUBPROVIDER - IRF	615,208	0	376,871	32,947	92,557	41.00
43.00	04300	NURSERY	818,463	0	93,242	0	22,899	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,612,249	0	5,123,829	237,467	1,258,371	50.00
51.00	05100	RECOVERY ROOM	1,567,866	0	812,563	141,640	199,559	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,371,802	0	1,926,232	133,955	473,067	52.00
53.00	05300	ANESTHESIOLOGY	1,712,167	0	209,595	0	51,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,516,464	0	5,292,968	284,086	1,299,910	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,551,948	0	967,641	103,343	237,645	55.00
56.00	05600	RADIOISOTOPE	1,652,495	0	869,209	140,281	213,471	56.00
57.00	05700	CT SCAN	1,561,318	0	437,953	12,101	107,558	57.00
58.00	05800	MRI	1,790,169	0	976,291	73,452	239,769	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,677,151	0	1,034,400	124,614	254,040	59.00
60.00	06000	LABORATORY	12,923,612	0	2,569,211	32,693	630,978	60.00
60.01	06001	VASCULAR LAB	515,368	0	183,468	56,469	45,058	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	483,898	0	135,560	16,346	33,292	63.00
64.00	06400	INTRAVENOUS THERAPY	735,575	0	26,172	1,826	6,428	64.00
65.00	06500	RESPIRATORY THERAPY	2,303,984	0	202,409	0	49,710	65.00
66.00	06600	PHYSICAL THERAPY	7,634,211	0	3,223,724	67,041	791,721	66.00
67.00	06700	OCCUPATIONAL THERAPY	833,494	0	172,422	51,374	42,346	67.00
68.00	06800	SPEECH PATHOLOGY	325,754	0	96,170	0	23,618	68.00
69.00	06900	ELECTROCARDIOLOGY	1,613,764	0	978,819	114,849	240,390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	675,347	0	189,412	46,449	46,518	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,519,649	0	719,188	0	176,627	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,786,543	0	1,145,608	0	281,352	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,459,645	0	777,608	0	190,974	73.00
74.00	07400	RENAL DIALYSIS	700,795	0	136,314	85,383	33,478	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,888,613	0	2,247,833	192,504	552,050	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	218,880	0	225,387	33,839	55,353	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,610,190	0	16,041,921	389,552	3,939,763	90.00
91.00	09100	EMERGENCY	6,048,744	0	2,405,750	255,512	590,833	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,138,821	0	402,067	0	98,744	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,803,890	0	178,100	0	43,740	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	248,301,024	0	72,763,876	4,586,605	17,489,961	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	6,108,217	0	1,279,349	0	314,198	191.00
193.01	19301	NON-ALLOWABLE COST	26,815,462	0	7,245,771	0	1,779,503	193.01
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)	281,224,703	0	81,288,996	4,586,605	19,583,662	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2018
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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	19,043,262					10.00
11.00	01100	CAFETERIA	0	2,951,526				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	36,618	0	12,677,815		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	13,315,371	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36,718	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	20,375	0	0	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
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	71,114	0	78,306	73	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	10,562	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	1,272	0	0	72	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	2,536	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,846,256	602,162	0	4,244,208	323,785	30.00
31.00	03100	INTENSIVE CARE UNIT	1,060,541	120,137	0	1,284,226	103,626	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	31,670	44,799	0	555,976	39,266	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,157,286	34,952	0	203,597	2,908	40.00
41.00	04100	SUBPROVIDER - IRF	578,826	15,152	0	109,629	5,855	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,512	172,686	0	1,025,815	586,385	50.00
51.00	05100	RECOVERY ROOM	6,760	26,225	0	328,887	21,093	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	525,383	57,145	0	587,298	82,649	52.00
53.00	05300	ANESTHESIOLOGY	0	17,053	0	23,492	147,774	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	146,747	224,935	0	266,242	90,275	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,141	19,069	0	23,492	648	55.00
56.00	05600	RADIOISOTOPE	17,875	18,572	0	0	3,971	56.00
57.00	05700	CT SCAN	37,456	25,087	0	0	63,055	57.00
58.00	05800	MRI	18,545	29,522	0	23,492	18,985	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,571	26,060	0	227,089	27,456	59.00
60.00	06000	LABORATORY	18,027	210,659	0	15,661	271,013	60.00
60.01	06001	VASCULAR LAB	0	8,975	0	0	701	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,466	0	0	8,722	63.00
64.00	06400	INTRAVENOUS THERAPY	0	12,425	0	172,274	23,246	64.00
65.00	06500	RESPIRATORY THERAPY	883	44,788	0	0	48,672	65.00
66.00	06600	PHYSICAL THERAPY	0	164,672	0	7,831	35,770	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,549	0	0	255	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,427	0	0	57	68.00
69.00	06900	ELECTROCARDIOLOGY	19,245	33,895	0	117,460	13,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,995	0	0	1,572	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,231	0	0	5,128,260	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,006	0	0	5,624,337	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	95,894	0	0	15,639	73.00
74.00	07400	RENAL DIALYSIS	5,542	0	0	0	6,321	74.00
75.00	07500	ASC (NON-DISTINCT PART)	371,176	55,518	0	516,823	55,541	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,431	4,923	0	23,492	539	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	460,034	234,683	0	1,041,476	254,529	90.00
91.00	09100	EMERGENCY	631,355	134,860	0	1,284,226	201,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	50,426	0	321,056	12,545	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	26,009	0	164,444	12,377	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,043,262	2,796,152	0	12,646,492	13,233,277	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	90,341	0	0	31,136	191.00
193.01	19301	NON-ALLOWABLE COST	0	65,033	0	31,323	50,958	193.01
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)	19,043,262	2,951,526	0	12,677,815	13,315,371	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
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	27,705,330					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,095,018				16.00
17.00	01700	SOCIAL SERVICE	0	0	5,810,693			17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0		18.00
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	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	253	673,790	3,118,373	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	119	162,347	497,478	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	276	89,298	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	39,425	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	17,326	121,165	0	0	41.00
43.00	04300	NURSERY	0	23,344	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,771	832,027	0	0	0	50.00
51.00	05100	RECOVERY ROOM	744	183,202	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	96	101,747	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	374,311	146,164	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,152	559,239	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67	172,576	0	0	0	55.00
56.00	05600	RADIOISOTOPE	325	154,938	0	0	0	56.00
57.00	05700	CT SCAN	17,449	543,196	0	0	0	57.00
58.00	05800	MRI	17,070	352,474	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,671	282,886	0	0	0	59.00
60.00	06000	LABORATORY	1,811	805,299	0	0	0	60.00
60.01	06001	VASCULAR LAB	0	56,362	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,640	21,315	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,115	20,559	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,978	102,909	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	197	200,320	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,040	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,503	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4	256,331	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	25,286	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44	313,247	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	70	498,994	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,440,437	1,150,127	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	12,818	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	11	49,266	8,868	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6	5,233	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	132,539	567,931	892,106	0	0	90.00
91.00	09100	EMERGENCY	787	590,363	29,881	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,848	28,233	96,392	0	0	101.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	66,848	21,903	1,046,430	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,093,639	9,095,018	5,810,693	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	7,389	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	8,604,302	0	0	0	0	193.01
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)	27,705,330	9,095,018	5,810,693	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
			NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
				Y & FRINGES APPRV	PRGM COSTS APPRV				
			20.00	21.00	22.00		23.00	23.01	
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	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
18.00	01080	SPECIFY SERVICE							18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS							19.00
20.00	02000	NURSING SCHOOL	0						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			46,338,579				22.00
23.00	02300	PARAMED ED PRGM- PHARMACY					2,092,150		23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH						319,019	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI							23.02
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	25,863,444		0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	217,797		0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0		0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	0	1,008,402		0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	213,441		0	0	41.00
43.00	04300	NURSERY	0	0	0		0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	6,627,575		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	2,861,858		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,110,457		0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	433,417		0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0		0	0	56.00
57.00	05700	CT SCAN	0	0	0		0	0	57.00
58.00	05800	MRI	0	0	0		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		0	0	59.00
60.00	06000	LABORATORY	0	0	2,624,459		0	319,019	60.00
60.01	06001	VASCULAR LAB	0	0	0		0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,215,310		0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		2,092,150	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0		0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		0	0	75.00
76.00	03950	BLANK	0	0	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	435,595		0	0	90.00
91.00	09100	EMERGENCY	0	0	2,726,824		0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0		0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	0		0	0	101.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
			NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER		
				Y & FRINGES APPRV	PRGM COSTS APPRV		
			20.00	21.00	22.00	23.00	23.01
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	46,338,579	2,092,150	319,019 118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0 191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	0 193.01
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	46,338,579	2,092,150	319,019 202.00

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Cost Center Description			PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	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
18.00	01080	SPECIFY SERVICE					18.00
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-MEDICAL TECH					23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	38,173				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	194,282,149	-25,863,444	168,418,705	30.00
31.00	03100	INTENSIVE CARE UNIT	0	38,276,803	0	38,276,803	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	13,873,758	-217,797	13,655,961	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	11,539,954	-1,008,402	10,531,552	40.00
41.00	04100	SUBPROVIDER - IRF	0	4,830,141	-213,441	4,616,700	41.00
43.00	04300	NURSERY	0	4,485,016	0	4,485,016	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	72,275,890	-6,627,575	65,648,315	50.00
51.00	05100	RECOVERY ROOM	0	10,045,067	0	10,045,067	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,480,368	0	16,480,368	52.00
53.00	05300	ANESTHESIOLOGY	38,173	12,960,440	-2,861,858	10,098,582	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,130,903	-2,110,457	64,020,446	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,201,920	-433,417	9,768,503	55.00
56.00	05600	RADIOISOTOPE	0	10,192,364	0	10,192,364	56.00
57.00	05700	CT SCAN	0	9,533,485	0	9,533,485	57.00
58.00	05800	MRI	0	11,254,284	0	11,254,284	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,926,416	0	10,926,416	59.00
60.00	06000	LABORATORY	0	76,115,182	-2,624,459	73,490,723	60.00
60.01	06001	VASCULAR LAB	0	3,087,318	0	3,087,318	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,798,540	0	2,798,540	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,169,491	0	4,169,491	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,684,073	0	12,684,073	65.00
66.00	06600	PHYSICAL THERAPY	0	45,024,196	0	45,024,196	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,733,320	0	4,733,320	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,866,328	0	1,866,328	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,558,048	-1,215,310	10,342,738	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,906,904	0	3,906,904	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	78,141,537	0	78,141,537	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	86,094,728	0	86,094,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	189,791,543	0	189,791,543	73.00
74.00	07400	RENAL DIALYSIS	0	4,000,643	0	4,000,643	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	19,386,331	0	19,386,331	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,512,322	0	1,512,322	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	186,911,226	-435,595	186,475,631	90.00
91.00	09100	EMERGENCY	0	40,967,099	-2,726,824	38,240,275	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	17,678,500	0	17,678,500	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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Cost Center Description			PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	11,137,385	0	11,137,385		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,173	1,298,853,672	-46,338,579	1,252,515,093		118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	34,153,252	0	34,153,252		191.00
193.01	19301	NON-ALLOWABLE COST	0	160,150,339	0	160,150,339		193.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	38,173	1,493,157,263	-46,338,579	1,446,818,684		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
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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
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	458,397	1,296	459,693	459,693
5.00	00500	ADMINISTRATIVE & GENERAL	0	16,868,811	11,183,787	28,052,598	96,242
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	13,033,537	124,748	13,158,285	409
8.00	00800	LAUNDRY & LINEN SERVICE	0	88,341	0	88,341	0
9.00	00900	HOUSEKEEPING	0	379,711	201,388	581,099	0
10.00	01000	DIETARY	0	502,581	135,687	638,268	0
11.00	01100	CAFETERIA	0	421,481	12,923	434,404	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	118,351	409,926	528,277	5,174
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,882
15.00	01500	PHARMACY	0	0	0	0	13,238
16.00	01600	MEDICAL RECORDS & LIBRARY	0	186,872	0	186,872	3,314
17.00	01700	SOCIAL SERVICE	0	78,176	0	78,176	2,582
18.00	01800	SPECIFY SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	626,510	10,039	636,549	13,996
23.00	02300	PARAMED ED PRGM- PHARMACY	0	5,364	0	5,364	992
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	19,980	0	19,980	147
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,073	0	1,073	585
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,429,685	376,566	3,806,251	69,752
31.00	03100	INTENSIVE CARE UNIT	0	605,993	196,306	802,299	15,891
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	131,840	22,275	154,115	5,732
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	231,606	366	231,972	3,809
41.00	04100	SUBPROVIDER - IRF	0	113,925	12,412	126,337	1,475
43.00	04300	NURSERY	0	28,186	0	28,186	1,889
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,548,896	3,792,391	5,341,287	23,532
51.00	05100	RECOVERY ROOM	0	245,632	38,518	284,150	3,740
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	582,286	84,108	666,394	5,215
53.00	05300	ANESTHESIOLOGY	0	63,359	367,719	431,078	1,275
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,600,025	1,919,094	3,519,119	24,370
55.00	05500	RADIOLOGY-THERAPEUTIC	0	292,511	431,929	724,440	3,234
56.00	05600	RADIOISOTOPE	0	262,755	191,487	454,242	2,554
57.00	05700	CT SCAN	0	132,390	125,224	257,614	3,175
58.00	05800	MRI	0	295,125	525,448	820,573	3,868
59.00	05900	CARDIAC CATHETERIZATION	0	312,692	533,522	846,214	3,908
60.00	06000	LABORATORY	0	776,654	1,012,639	1,789,293	18,788
60.01	06001	VASCULAR LAB	0	55,461	12,134	67,595	1,308
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	40,979	53,263	94,242	920
64.00	06400	INTRAVENOUS THERAPY	0	7,911	31,538	39,449	1,728
65.00	06500	RESPIRATORY THERAPY	0	61,187	236,596	297,783	4,776
66.00	06600	PHYSICAL THERAPY	0	974,508	50,989	1,025,497	18,409
67.00	06700	OCCUPATIONAL THERAPY	0	52,122	0	52,122	2,152
68.00	06800	SPEECH PATHOLOGY	0	29,071	1,517	30,588	835
69.00	06900	ELECTROCARDIOLOGY	0	295,890	228,766	524,656	3,688
70.00	07000	ELECTROENCEPHALOGRAPHY	0	57,258	106,284	163,542	1,466
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	217,405	53,715	271,120	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	346,309	85,568	431,877	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	235,065	14,561	249,626	0
74.00	07400	RENAL DIALYSIS	0	41,207	0	41,207	0
75.00	07500	ASC (NON-DISTINCT PART)	0	679,503	17,909	697,412	6,580
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	68,133	13,714	81,847	521
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	4,849,355	1,304,299	6,153,654	50,781
91.00	09100	EMERGENCY	0	727,240	100,948	828,188	15,961
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	121,542	529	122,071	6,300

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	53,838	0	53,838	3,444	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	52,356,729	24,022,128	76,378,857	451,637	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	386,738	336,083	722,821	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	2,190,343	282,260	2,472,603	8,056	193.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	54,933,810	24,640,471	79,574,281	459,693	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

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	
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	28,148,840					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,532,484	0	14,691,178			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	80,959	0	52,815	222,115		8.00
9.00	00900	HOUSEKEEPING	344,813	0	227,013	1,807	1,154,732	9.00
10.00	01000	DIETARY	319,828	0	300,471	360	24,076	10.00
11.00	01100	CAFETERIA	22,902	0	251,986	0	20,191	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	229,122	0	70,757	0	5,669	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	251,025	0	0	0	0	14.00
15.00	01500	PHARMACY	522,309	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	156,253	0	111,723	0	8,952	16.00
17.00	01700	SOCIAL SERVICE	103,088	0	46,738	0	3,745	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
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	822,102	0	374,563	0	30,012	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	38,826	0	3,207	0	257	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	4,437	0	11,945	0	957	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	641	0	51	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,448,608	0	2,050,461	77,193	164,296	30.00
31.00	03100	INTENSIVE CARE UNIT	610,057	0	362,297	9,275	29,030	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	232,031	0	78,822	2,112	6,316	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	151,838	0	138,467	4,114	11,095	40.00
41.00	04100	SUBPROVIDER - IRF	61,579	0	68,111	1,596	5,458	41.00
43.00	04300	NURSERY	81,923	0	16,851	0	1,350	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,062,222	0	926,018	11,500	74,199	50.00
51.00	05100	RECOVERY ROOM	156,934	0	146,853	6,859	11,767	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	237,403	0	348,124	6,487	27,894	52.00
53.00	05300	ANESTHESIOLOGY	171,378	0	37,880	0	3,035	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,052,634	0	956,586	13,757	76,648	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	155,341	0	174,880	5,005	14,012	55.00
56.00	05600	RADIOISOTOPE	165,405	0	157,090	6,793	12,587	56.00
57.00	05700	CT SCAN	156,279	0	79,150	586	6,342	57.00
58.00	05800	MRI	179,185	0	176,443	3,557	14,138	58.00
59.00	05900	CARDIAC CATHETERIZATION	167,873	0	186,945	6,035	14,979	59.00
60.00	06000	LABORATORY	1,293,575	0	464,328	1,583	37,205	60.00
60.01	06001	VASCULAR LAB	51,585	0	33,158	2,735	2,657	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	48,435	0	24,499	792	1,963	63.00
64.00	06400	INTRAVENOUS THERAPY	73,627	0	4,730	88	379	64.00
65.00	06500	RESPIRATORY THERAPY	230,615	0	36,581	0	2,931	65.00
66.00	06600	PHYSICAL THERAPY	764,138	0	582,616	3,247	46,683	66.00
67.00	06700	OCCUPATIONAL THERAPY	83,428	0	31,161	2,488	2,497	67.00
68.00	06800	SPEECH PATHOLOGY	32,606	0	17,381	0	1,393	68.00
69.00	06900	ELECTROCARDIOLOGY	161,528	0	176,900	5,562	14,174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	67,598	0	34,232	2,249	2,743	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,353,235	0	129,977	0	10,415	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,480,043	0	207,043	0	16,590	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,148,868	0	140,535	0	11,261	73.00
74.00	07400	RENAL DIALYSIS	70,145	0	24,636	4,135	1,974	74.00
75.00	07500	ASC (NON-DISTINCT PART)	289,133	0	406,246	9,322	32,551	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	21,909	0	40,734	1,639	3,264	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,063,895	0	2,899,219	18,865	232,304	90.00
91.00	09100	EMERGENCY	605,443	0	434,786	12,374	34,838	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	314,177	0	72,665	0	5,822	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	180,558	0	32,188	0	2,579	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,853,379	0	13,150,452	222,115	1,031,279	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

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	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	611,396	0	231,214	0	18,526	191.00
193.01	19301	NON-ALLOWABLE COST	2,684,065	0	1,309,512	0	104,927	193.01
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)	28,148,840	0	14,691,178	222,115	1,154,732	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2018
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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	1,283,003					10.00
11.00	01100	CAFETERIA	0	729,483				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	9,050	0	848,049		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	254,907	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,075	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,036	0	0	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
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	17,576	0	5,238	1	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	2,610	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	314	0	0	1	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	627	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	932,867	148,831	0	283,906	6,199	30.00
31.00	03100	INTENSIVE CARE UNIT	71,452	29,692	0	85,905	1,984	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,134	11,072	0	37,191	752	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	77,970	8,638	0	13,619	56	40.00
41.00	04100	SUBPROVIDER - IRF	38,997	3,745	0	7,333	112	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,144	42,680	0	68,619	11,227	50.00
51.00	05100	RECOVERY ROOM	455	6,482	0	22,000	404	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,397	14,124	0	39,286	1,582	52.00
53.00	05300	ANESTHESIOLOGY	0	4,215	0	1,571	2,829	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,887	55,593	0	17,810	1,728	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	279	4,713	0	1,571	12	55.00
56.00	05600	RADIOISOTOPE	1,204	4,590	0	0	76	56.00
57.00	05700	CT SCAN	2,523	6,200	0	0	1,207	57.00
58.00	05800	MRI	1,249	7,297	0	1,571	363	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,868	6,441	0	15,191	526	59.00
60.00	06000	LABORATORY	1,215	52,065	0	1,048	5,189	60.00
60.01	06001	VASCULAR LAB	0	2,218	0	0	13	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,340	0	0	167	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,071	0	11,524	445	64.00
65.00	06500	RESPIRATORY THERAPY	59	11,069	0	0	932	65.00
66.00	06600	PHYSICAL THERAPY	0	40,699	0	524	685	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,337	0	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,588	0	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	1,297	8,377	0	7,857	262	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,965	0	0	30	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,742	0	0	98,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,146	0	0	107,659	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,701	0	0	299	73.00
74.00	07400	RENAL DIALYSIS	373	0	0	0	121	74.00
75.00	07500	ASC (NON-DISTINCT PART)	25,007	13,721	0	34,571	1,063	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	96	1,217	0	1,571	10	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,994	58,003	0	69,667	4,873	90.00
91.00	09100	EMERGENCY	42,536	33,331	0	85,905	3,860	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	12,463	0	21,476	240	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	6,428	0	11,000	237	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

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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	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,283,003	691,082	0	845,954	253,335	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	22,328	0	0	596	191.00
193.01	19301	NON-ALLOWABLE COST	0	16,073	0	2,095	976	193.01
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)	1,283,003	729,483	0	848,049	254,907	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
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	535,547					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	476,189				16.00
17.00	01700	SOCIAL SERVICE	0	0	239,365			17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0		18.00
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	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5	35,306	128,458	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2	8,507	20,493	0		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	5	4,679	0	0		31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
40.00	04000	SUBPROVIDER - IPF	0	2,066	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	908	4,991	0		41.00
43.00	04300	NURSERY	0	1,223	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	112	43,598	0	0		50.00
51.00	05100	RECOVERY ROOM	14	9,600	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2	5,331	0	0		52.00
53.00	05300	ANESTHESIOLOGY	7,235	7,659	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	390	29,304	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1	9,043	0	0		55.00
56.00	05600	RADIOISOTOPE	6	8,119	0	0		56.00
57.00	05700	CT SCAN	337	28,463	0	0		57.00
58.00	05800	MRI	330	18,469	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	52	14,823	0	0		59.00
60.00	06000	LABORATORY	35	42,197	0	0		60.00
60.01	06001	VASCULAR LAB	0	2,953	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	90	1,117	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	22	1,077	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	38	5,392	0	0		65.00
66.00	06600	PHYSICAL THERAPY	4	10,497	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,260	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	550	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,432	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,325	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1	16,414	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1	26,147	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	356,469	59,881	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	672	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	2,582	365	0		75.00
76.00	03950	BLANK	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	274	0	0		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,562	29,759	36,749	0		90.00
91.00	09100	EMERGENCY	15	30,935	1,231	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	74	1,479	3,971	0		101.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,292	1,148	43,107	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	369,094	476,189	239,365	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	143	0	0	0		191.00
193.01	19301	NON-ALLOWABLE COST	166,310	0	0	0		193.01
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	535,547	476,189	239,365	0		0 202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
			20.00	21.00	22.00	23.00	23.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	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
18.00	01080	SPECIFY SERVICE					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			1,900,037		22.00
23.00	02300	PARAMED ED PRGM- PHARMACY				51,256	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH					23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI				37,781	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)					31.01
32.00	03200	CORONARY CARE UNIT					32.00
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
40.00	04000	SUBPROVIDER - IPF					40.00
41.00	04100	SUBPROVIDER - IRF					41.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
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
60.01	06001	VASCULAR LAB					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00	06400	INTRAVENOUS THERAPY					64.00
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
74.00	07400	RENAL DIALYSIS					74.00
75.00	07500	ASC (NON-DISTINCT PART)					75.00
76.00	03950	BLANK					76.00
76.97	07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC					90.00
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)					92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY					101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
			NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
				Y & FRINGES APPRV	PRGM COSTS APPRV				
			20.00	21.00	22.00		23.00	23.01	
		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							
191.00	19100	RESEARCH							191.00
193.01	19301	NON-ALLOWABLE COST							193.01
200.00		Cross Foot Adjustments	0	0	1,900,037		51,256	37,781	200.00
201.00		Negative Cost Centers	0	0	0		0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	1,900,037		51,256	37,781	202.00

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Cost Center Description			PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	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
18.00	01080	SPECIFY SERVICE					18.00
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-MEDICAL TECH					23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	2,977				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		10,152,133	0	10,152,133	30.00
31.00	03100	INTENSIVE CARE UNIT		2,046,884	0	2,046,884	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		534,961	0	534,961	31.01
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF		643,644	0	643,644	40.00
41.00	04100	SUBPROVIDER - IRF		320,642	0	320,642	41.00
43.00	04300	NURSERY		131,422	0	131,422	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		7,609,138	0	7,609,138	50.00
51.00	05100	RECOVERY ROOM		649,258	0	649,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,387,239	0	1,387,239	52.00
53.00	05300	ANESTHESIOLOGY		668,155	0	668,155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,757,826	0	5,757,826	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		1,092,531	0	1,092,531	55.00
56.00	05600	RADIOISOTOPE		812,666	0	812,666	56.00
57.00	05700	CT SCAN		541,876	0	541,876	57.00
58.00	05800	MRI		1,227,043	0	1,227,043	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,265,855	0	1,265,855	59.00
60.00	06000	LABORATORY		3,706,521	0	3,706,521	60.00
60.01	06001	VASCULAR LAB		164,222	0	164,222	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		174,565	0	174,565	63.00
64.00	06400	INTRAVENOUS THERAPY		136,140	0	136,140	64.00
65.00	06500	RESPIRATORY THERAPY		590,176	0	590,176	65.00
66.00	06600	PHYSICAL THERAPY		2,492,999	0	2,492,999	66.00
67.00	06700	OCCUPATIONAL THERAPY		179,450	0	179,450	67.00
68.00	06800	SPEECH PATHOLOGY		84,942	0	84,942	68.00
69.00	06900	ELECTROCARDIOLOGY		917,733	0	917,733	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		276,150	0	276,150	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,885,089	0	1,885,089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		2,278,506	0	2,278,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		3,990,640	0	3,990,640	73.00
74.00	07400	RENAL DIALYSIS		143,263	0	143,263	74.00
75.00	07500	ASC (NON-DISTINCT PART)		1,518,553	0	1,518,553	75.00
76.00	03950	BLANK		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		153,082	0	153,082	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		12,651,325	0	12,651,325	90.00
91.00	09100	EMERGENCY		2,129,403	0	2,129,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		560,738	0	560,738	101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	335,819	0	335,819		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	69,210,589	0	69,210,589	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	1,607,024	0	1,607,024		191.00
193.01	19301	NON-ALLOWABLE COST	6,764,617	0	6,764,617		193.01
200.00		Cross Foot Adjustments	2,977	1,992,051	0	1,992,051	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,977	79,574,281	0	79,574,281	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPE NSE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,096,693				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		24,981,202			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	34,185	1,314	581,901,010		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,257,993	11,338,442	121,832,975	-281,224,703	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	971,977	126,473	517,616	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,588	0	0	0	8.00
9.00	00900	HOUSEKEEPING	28,317	204,173	0	0	9.00
10.00	01000	DIETARY	37,480	137,563	0	0	10.00
11.00	01100	CAFETERIA	31,432	13,102	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,826	415,594	6,548,789	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,914,115	0	14.00
15.00	01500	PHARMACY	0	0	16,757,140	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,936	0	4,195,519	0	16.00
17.00	01700	SOCIAL SERVICE	5,830	0	3,268,549	0	17.00
18.00	01800	SPECIFY SERVICE	0	0	0	0	18.00
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	46,722	10,178	17,716,068	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	400	0	1,256,186	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	1,490	0	186,620	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	80	0	740,919	-31,216	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	255,769	381,773	88,294,135	0	30.00
31.00	03100	INTENSIVE CARE UNIT	45,192	199,020	20,114,853	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	9,832	22,583	7,255,135	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	17,272	371	4,821,356	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,496	12,584	1,867,082	0	41.00
43.00	04300	NURSERY	2,102	0	2,391,255	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	115,509	3,844,831	29,787,510	0	50.00
51.00	05100	RECOVERY ROOM	18,318	39,051	4,734,026	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,424	85,271	6,601,549	0	52.00
53.00	05300	ANESTHESIOLOGY	4,725	372,804	1,614,358	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,322	1,945,630	30,848,559	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,814	437,902	4,093,504	0	55.00
56.00	05600	RADIOISOTOPE	19,595	194,135	3,233,258	0	56.00
57.00	05700	CT SCAN	9,873	126,956	4,019,002	0	57.00
58.00	05800	MRI	22,009	532,714	4,896,782	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,319	540,899	4,947,016	0	59.00
60.00	06000	LABORATORY	57,919	1,026,641	23,782,503	0	60.00
60.01	06001	VASCULAR LAB	4,136	12,302	1,655,224	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,056	54,000	1,164,772	0	63.00
64.00	06400	INTRAVENOUS THERAPY	590	31,974	2,187,961	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,563	239,868	6,045,227	0	65.00
66.00	06600	PHYSICAL THERAPY	72,674	51,694	23,302,607	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,887	0	2,724,634	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,168	1,538	1,057,409	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,066	231,929	4,667,783	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,270	107,754	1,855,791	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,213	54,458	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,826	86,751	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,530	14,762	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,073	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	50,674	18,157	8,329,191	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,081	13,904	659,468	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	361,641	1,322,334	64,279,898	0	90.00
91.00	09100	EMERGENCY	54,234	102,344	20,203,852	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPE NSE)				
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	9,064	536	7,974,235	0	13,526,368	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	4,015	0	4,359,716	0	7,773,644	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,904,507	24,354,309	571,704,147	-281,255,919	1,070,020,735	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	28,841	340,730	0	0	26,322,622	191.00
193.01	19301 NON-ALLOWABLE COST	163,345	286,163	10,196,863	0	115,557,987	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	54,933,810	24,640,471	23,673,209		281,224,703	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.409306	0.986361	0.040683		0.232052	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			459,693		28,148,840	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000790		0.023227	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: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	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	0					6.00
7.00	00700	OPERATION OF PLANT	0	1,832,538				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,588	108,027			8.00
9.00	00900	HOUSEKEEPING	0	28,317	879	1,797,633		9.00
10.00	01000	DIETARY	0	37,480	175	37,480	625,360	10.00
11.00	01100	CAFETERIA	0	31,432	0	31,432	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,826	0	8,826	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,936	0	13,936	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,830	0	5,830	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
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	46,722	0	46,722	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	400	0	400	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	1,490	0	1,490	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	80	0	80	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	255,769	37,544	255,769	454,696	30.00
31.00	03100	INTENSIVE CARE UNIT	0	45,192	4,511	45,192	34,827	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,832	1,027	9,832	1,040	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	17,272	2,001	17,272	38,004	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,496	776	8,496	19,008	41.00
43.00	04300	NURSERY	0	2,102	0	2,102	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	115,509	5,593	115,509	2,020	50.00
51.00	05100	RECOVERY ROOM	0	18,318	3,336	18,318	222	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,424	3,155	43,424	17,253	52.00
53.00	05300	ANESTHESIOLOGY	0	4,725	0	4,725	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	119,322	6,691	119,322	4,819	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,814	2,434	21,814	136	55.00
56.00	05600	RADIOISOTOPE	0	19,595	3,304	19,595	587	56.00
57.00	05700	CT SCAN	0	9,873	285	9,873	1,230	57.00
58.00	05800	MRI	0	22,009	1,730	22,009	609	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,319	2,935	23,319	1,398	59.00
60.00	06000	LABORATORY	0	57,919	770	57,919	592	60.00
60.01	06001	VASCULAR LAB	0	4,136	1,330	4,136	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,056	385	3,056	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	590	43	590	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,563	0	4,563	29	65.00
66.00	06600	PHYSICAL THERAPY	0	72,674	1,579	72,674	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,887	1,210	3,887	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,168	0	2,168	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,066	2,705	22,066	632	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,270	1,094	4,270	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,213	0	16,213	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,826	0	25,826	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,530	0	17,530	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,073	2,011	3,073	182	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	50,674	4,534	50,674	12,189	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,081	797	5,081	47	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	361,641	9,175	361,641	15,107	90.00
91.00	09100	EMERGENCY	0	54,234	6,018	54,234	20,733	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	9,064	0	9,064	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

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Worksheet B-1

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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
116.00	11600	HOSPICE	0	4,015	0	4,015	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,640,352	108,027	1,605,447	625,360	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	28,841	0	28,841	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	163,345	0	163,345	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	81,288,996	4,586,605	19,583,662	19,043,262	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	44.358696	42.457950	10.894138	30.451679	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	14,691,178	222,115	1,154,732	1,283,003	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	8.016848	2.056106	0.642362	2.051623	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: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

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Cost Center Description			CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	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	11,101,169					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	137,728	0	1,619			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	152,200,775		14.00
15.00	01500	PHARMACY	0	0	0	0	203,306,674	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	138,102	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	76,632	0	0	90	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
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	267,471	0	10	833	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	39,725	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	4,784	0	0	819	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	9,539	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,264,824	0	542	3,700,989	1,853	30.00
31.00	03100	INTENSIVE CARE UNIT	451,857	0	164	1,184,491	876	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	168,496	0	71	448,829	2,026	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	131,460	0	26	33,239	0	40.00
41.00	04100	SUBPROVIDER - IRF	56,988	0	14	66,920	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	649,501	0	131	6,702,615	42,347	50.00
51.00	05100	RECOVERY ROOM	98,635	0	42	241,103	5,457	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	214,931	0	75	944,714	701	52.00
53.00	05300	ANESTHESIOLOGY	64,139	0	3	1,689,118	2,746,752	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	846,017	0	34	1,031,882	147,876	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	71,722	0	3	7,409	492	55.00
56.00	05600	RADIOISOTOPE	69,854	0	0	45,389	2,388	56.00
57.00	05700	CT SCAN	94,356	0	0	720,744	128,040	57.00
58.00	05800	MRI	111,039	0	3	217,005	125,266	58.00
59.00	05900	CARDIAC CATHETERIZATION	98,017	0	29	313,836	19,598	59.00
60.00	06000	LABORATORY	792,325	0	2	3,097,789	13,292	60.00
60.01	06001	VASCULAR LAB	33,755	0	0	8,008	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	35,604	0	0	99,697	34,047	63.00
64.00	06400	INTRAVENOUS THERAPY	46,733	0	22	265,711	8,185	64.00
65.00	06500	RESPIRATORY THERAPY	168,454	0	0	556,346	14,515	65.00
66.00	06600	PHYSICAL THERAPY	619,357	0	1	408,870	1,448	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,005	0	0	2,914	0	67.00
68.00	06800	SPEECH PATHOLOGY	24,173	0	0	646	0	68.00
69.00	06900	ELECTROCARDIOLOGY	127,484	0	15	156,158	28	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,117	0	0	17,969	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	87,374	0	0	58,618,064	322	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	139,184	0	0	64,289,161	512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	360,673	0	0	178,763	135,319,443	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	72,252	3	74.00
75.00	07500	ASC (NON-DISTINCT PART)	208,811	0	66	634,860	84	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18,516	0	3	6,163	42	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	882,681	0	133	2,909,373	972,591	90.00
91.00	09100	EMERGENCY	507,232	0	164	2,304,771	5,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	189,662	0	41	143,396	28,234	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description			CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	97,823	0	21	141,473	490,538	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,516,780	0	1,615	151,262,409	140,112,729	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	339,789	0	0	355,893	54,224	191.00
193.01	19301	NON-ALLOWABLE COST	244,600	0	4	582,473	63,139,721	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,951,526	0	12,677,815	13,315,371	27,705,330	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.265875	0.000000	7,830.645460	0.087486	0.136274	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	729,483	0	848,049	254,907	535,547	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.065712	0.000000	523.810377	0.001675	0.002634	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: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	18.00	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						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,015,967,519					16.00
17.00	01700	SOCIAL SERVICE	0	60,282				17.00
18.00	01800	SPECIFY SERVICE	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	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		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	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0	0		23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	371,643,822	32,351	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	89,545,960	5,161	0	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	49,254,530	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	21,745,604	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,556,650	1,257	0	0	0	41.00
43.00	04300	NURSERY	12,876,019	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	458,922,964	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	101,049,311	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,120,627	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	80,619,751	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	308,460,754	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	95,187,835	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	85,459,538	0	0	0	0	56.00
57.00	05700	CT SCAN	299,611,507	0	0	0	0	57.00
58.00	05800	MRI	194,414,560	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	156,032,206	0	0	0	0	59.00
60.00	06000	LABORATORY	444,180,274	0	0	0	0	60.00
60.01	06001	VASCULAR LAB	31,087,800	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,756,925	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,339,661	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	56,761,952	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	110,490,998	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,259,798	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,792,950	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	141,385,073	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,946,800	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	172,778,294	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	275,230,970	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	633,788,270	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,070,136	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	27,173,972	92	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,886,572	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	313,254,588	9,255	0	0	0	90.00
91.00	09100	EMERGENCY	325,627,556	310	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	18.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	15,572,351	1,000	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	12,080,941	10,856	0			0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,015,967,519	60,282	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	0 191.00
193.01	19301 NON-ALLOWABLE COST	0	0	0	0	0	0 193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,095,018	5,810,693	0	0	0	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001813	96.391842	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	476,189	239,365	0	0	0	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000095	3.970754	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	0 207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED ED PRGM-SCHOOL OF ANESTHESI (ASSIGNED TIME)	
			SERVICES-SALAR	SERVICES-OTHER				
			Y & FRINGES	PRGM COSTS				
			APPRV	APPRV				
(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED				
TIME)	TIME)	TIME)	TIME)	TIME)	TIME)	TIME)	TIME)	
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
18.00	01080	SPECIFY SERVICE						18.00
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		21,276				22.00
23.00	02300	PARAMED ED PRGM- PHARMACY			100			23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH				100		23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI					100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	11,875	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	100	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	463	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	98	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,043	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	1,314	0	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	969	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	199	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	1,205	0	100	0	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	558	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	200	0	0	0	90.00
91.00	09100	EMERGENCY	0	1,252	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED ED PRGM-SCHOOL OF ANESTHESI (ASSIGNED TIME)	
		SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		21.00	22.00				
		23.00	23.01				
OTHER REIMBURSABLE COST CENTERS							
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	21,276	100	100	100	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
193.01	19301 NON-ALLOWABLE COST	0	0	0	0	0	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	46,338,579	2,092,150	319,019	38,173	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2,177.974196	20,921.500000	3,190.190000	381.730000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,900,037	51,256	37,781	2,977	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	89.304240	512.560000	377.810000	29.770000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/25/2020 7:47 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	168,418,705		168,418,705	119,662	168,538,367	30.00	
31.00	03100	INTENSIVE CARE UNIT	38,276,803		38,276,803	9,055	38,285,858	31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	13,655,961		13,655,961	0	13,655,961	31.01	
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	10,531,552		10,531,552	26,006	10,557,558	40.00	
41.00	04100	SUBPROVIDER - IRF	4,616,700		4,616,700	0	4,616,700	41.00	
43.00	04300	NURSERY	4,485,016		4,485,016	0	4,485,016	43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	65,648,315		65,648,315	0	65,648,315	50.00	
51.00	05100	RECOVERY ROOM	10,045,067		10,045,067	0	10,045,067	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,480,368		16,480,368	0	16,480,368	52.00	
53.00	05300	ANESTHESIOLOGY	10,098,582		10,098,582	0	10,098,582	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,020,446		64,020,446	579,339	64,599,785	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	9,768,503		9,768,503	120,550	9,889,053	55.00	
56.00	05600	RADIOISOTOPE	10,192,364		10,192,364	137,430	10,329,794	56.00	
57.00	05700	CT SCAN	9,533,485		9,533,485	0	9,533,485	57.00	
58.00	05800	MRI	11,254,284		11,254,284	0	11,254,284	58.00	
59.00	05900	CARDIAC CATHETERIZATION	10,926,416		10,926,416	6,213	10,932,629	59.00	
60.00	06000	LABORATORY	73,490,723		73,490,723	191,664	73,682,387	60.00	
60.01	06001	VASCULAR LAB	3,087,318		3,087,318	4,058	3,091,376	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,798,540		2,798,540	0	2,798,540	63.00	
64.00	06400	INTRAVENOUS THERAPY	4,169,491		4,169,491	0	4,169,491	64.00	
65.00	06500	RESPIRATORY THERAPY	12,684,073	0	12,684,073	0	12,684,073	65.00	
66.00	06600	PHYSICAL THERAPY	45,024,196	0	45,024,196	36,974	45,061,170	66.00	
67.00	06700	OCCUPATIONAL THERAPY	4,733,320	0	4,733,320	0	4,733,320	67.00	
68.00	06800	SPEECH PATHOLOGY	1,866,328	0	1,866,328	0	1,866,328	68.00	
69.00	06900	ELECTROCARDIOLOGY	10,342,738		10,342,738	15,354	10,358,092	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,906,904		3,906,904	0	3,906,904	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,141,537		78,141,537	0	78,141,537	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	86,094,728		86,094,728	0	86,094,728	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	189,791,543		189,791,543	0	189,791,543	73.00	
74.00	07400	RENAL DIALYSIS	4,000,643		4,000,643	0	4,000,643	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	19,386,331		19,386,331	0	19,386,331	75.00	
76.00	03950	BLANK	0		0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	1,512,322		1,512,322	0	1,512,322	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	186,475,631		186,475,631	13,188	186,488,819	90.00	
91.00	09100	EMERGENCY	38,240,275		38,240,275	17,742	38,258,017	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	24,941,252		24,941,252	0	24,941,252	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	17,678,500		17,678,500		17,678,500	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	11,137,385		11,137,385		11,137,385	116.00	
200.00		Subtotal (see instructions)	1,277,456,345	0	1,277,456,345	1,277,235	1,278,733,580	200.00	
201.00		Less Observation Beds	24,941,252		24,941,252		24,941,252	201.00	
202.00		Total (see instructions)	1,252,515,093	0	1,252,515,093	1,277,235	1,253,792,328	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	303,286,941		303,286,941		30.00
31.00	03100	INTENSIVE CARE UNIT	89,545,960		89,545,960		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	49,254,530		49,254,530		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	21,745,604		21,745,604		40.00
41.00	04100	SUBPROVIDER - IRF	9,556,650		9,556,650		41.00
43.00	04300	NURSERY	12,876,019		12,876,019		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	201,534,028	257,388,936	458,922,964	0.143049	0.000000
51.00	05100	RECOVERY ROOM	43,375,799	57,673,512	101,049,311	0.099408	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,529,841	3,590,786	56,120,627	0.293660	0.000000
53.00	05300	ANESTHESIOLOGY	35,867,624	44,752,127	80,619,751	0.125262	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,854,734	254,606,020	308,460,754	0.207548	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,759,498	92,428,337	95,187,835	0.102623	0.000000
56.00	05600	RADIOISOTOPE	7,688,820	77,770,718	85,459,538	0.119265	0.000000
57.00	05700	CT SCAN	79,031,055	220,580,452	299,611,507	0.031819	0.000000
58.00	05800	MRI	22,566,438	171,848,122	194,414,560	0.057888	0.000000
59.00	05900	CARDIAC CATHETERIZATION	64,604,098	91,428,108	156,032,206	0.070027	0.000000
60.00	06000	LABORATORY	164,635,011	279,545,263	444,180,274	0.165452	0.000000
60.01	06001	VASCULAR LAB	9,300,075	21,787,725	31,087,800	0.099310	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,481,867	4,275,058	11,756,925	0.238033	0.000000
64.00	06400	INTRAVENOUS THERAPY	11,070,438	269,223	11,339,661	0.367691	0.000000
65.00	06500	RESPIRATORY THERAPY	51,049,863	5,712,089	56,761,952	0.223461	0.000000
66.00	06600	PHYSICAL THERAPY	20,263,378	90,227,620	110,490,998	0.407492	0.000000
67.00	06700	OCCUPATIONAL THERAPY	12,376,756	883,042	13,259,798	0.356968	0.000000
68.00	06800	SPEECH PATHOLOGY	5,269,321	523,629	5,792,950	0.322172	0.000000
69.00	06900	ELECTROCARDIOLOGY	44,084,570	97,300,503	141,385,073	0.073153	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	7,689,692	6,257,108	13,946,800	0.280129	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	83,060,938	89,717,356	172,778,294	0.452265	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,790,490	87,440,480	275,230,970	0.312809	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	142,862,025	490,926,245	633,788,270	0.299456	0.000000
74.00	07400	RENAL DIALYSIS	7,070,136	0	7,070,136	0.565851	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	142,153	27,031,819	27,173,972	0.713415	0.000000
76.00	03950	BLANK	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	2,266	2,884,306	2,886,572	0.523916	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,398,058	300,856,530	313,254,588	0.595285	0.000000
91.00	09100	EMERGENCY	115,928,874	209,698,682	325,627,556	0.117436	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	21,759,714	46,597,167	68,356,881	0.364868	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	15,572,351	15,572,351		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	12,080,941	12,080,941		116.00
200.00		Subtotal (see instructions)	1,954,313,264	3,061,654,255	5,015,967,519		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,954,313,264	3,061,654,255	5,015,967,519		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

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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
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.143049		50.00
51.00	05100	RECOVERY ROOM	0.099408		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.293660		52.00
53.00	05300	ANESTHESIOLOGY	0.125262		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.209426		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103890		55.00
56.00	05600	RADIOISOTOPE	0.120874		56.00
57.00	05700	CT SCAN	0.031819		57.00
58.00	05800	MRI	0.057888		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070066		59.00
60.00	06000	LABORATORY	0.165884		60.00
60.01	06001	VASCULAR LAB	0.099440		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.238033		63.00
64.00	06400	INTRAVENOUS THERAPY	0.367691		64.00
65.00	06500	RESPIRATORY THERAPY	0.223461		65.00
66.00	06600	PHYSICAL THERAPY	0.407827		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356968		67.00
68.00	06800	SPEECH PATHOLOGY	0.322172		68.00
69.00	06900	ELECTROCARDIOLOGY	0.073262		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.280129		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.452265		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.312809		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299456		73.00
74.00	07400	RENAL DIALYSIS	0.565851		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.713415		75.00
76.00	03950	BLANK	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.523916		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.595327		90.00
91.00	09100	EMERGENCY	0.117490		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.364868		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
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: 14-0010

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			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	168,418,705		168,418,705	119,662
31.00	03100	INTENSIVE CARE UNIT	38,276,803		38,276,803	9,055
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	13,655,961		13,655,961	0
32.00	03200	CORONARY CARE UNIT	0		0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0
40.00	04000	SUBPROVIDER - IPF	10,531,552		10,531,552	26,006
41.00	04100	SUBPROVIDER - IRF	4,616,700		4,616,700	0
43.00	04300	NURSERY	4,485,016		4,485,016	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	65,648,315		65,648,315	0
51.00	05100	RECOVERY ROOM	10,045,067		10,045,067	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,480,368		16,480,368	0
53.00	05300	ANESTHESIOLOGY	10,098,582		10,098,582	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,020,446		64,020,446	579,339
55.00	05500	RADIOLOGY-THERAPEUTIC	9,768,503		9,768,503	120,550
56.00	05600	RADIOISOTOPE	10,192,364		10,192,364	137,430
57.00	05700	CT SCAN	9,533,485		9,533,485	0
58.00	05800	MRI	11,254,284		11,254,284	0
59.00	05900	CARDIAC CATHETERIZATION	10,926,416		10,926,416	6,213
60.00	06000	LABORATORY	73,490,723		73,490,723	191,664
60.01	06001	VASCULAR LAB	3,087,318		3,087,318	4,058
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,798,540		2,798,540	0
64.00	06400	INTRAVENOUS THERAPY	4,169,491		4,169,491	0
65.00	06500	RESPIRATORY THERAPY	12,684,073	0	12,684,073	0
66.00	06600	PHYSICAL THERAPY	45,024,196	0	45,024,196	36,974
67.00	06700	OCCUPATIONAL THERAPY	4,733,320	0	4,733,320	0
68.00	06800	SPEECH PATHOLOGY	1,866,328	0	1,866,328	0
69.00	06900	ELECTROCARDIOLOGY	10,342,738		10,342,738	15,354
70.00	07000	ELECTROENCEPHALOGRAPHY	3,906,904		3,906,904	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,141,537		78,141,537	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	86,094,728		86,094,728	0
73.00	07300	DRUGS CHARGED TO PATIENTS	189,791,543		189,791,543	0
74.00	07400	RENAL DIALYSIS	4,000,643		4,000,643	0
75.00	07500	ASC (NON-DISTINCT PART)	19,386,331		19,386,331	0
76.00	03950	BLANK	0		0	0
76.97	07697	CARDIAC REHABILITATION	1,512,322		1,512,322	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	186,475,631		186,475,631	13,188
91.00	09100	EMERGENCY	38,240,275		38,240,275	17,742
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	24,941,252		24,941,252	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0		0	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	17,678,500		17,678,500	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	11,137,385		11,137,385	11,137,385
200.00		Subtotal (see instructions)	1,277,456,345	0	1,277,456,345	1,277,235
201.00		Less Observation Beds	24,941,252		24,941,252	0
202.00		Total (see instructions)	1,252,515,093	0	1,252,515,093	1,253,792,328

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2018
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			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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	303,286,941		303,286,941		30.00
31.00	03100	INTENSIVE CARE UNIT	89,545,960		89,545,960		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	49,254,530		49,254,530		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	21,745,604		21,745,604		40.00
41.00	04100	SUBPROVIDER - IRF	9,556,650		9,556,650		41.00
43.00	04300	NURSERY	12,876,019		12,876,019		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	201,534,028	257,388,936	458,922,964	0.143049	0.000000
51.00	05100	RECOVERY ROOM	43,375,799	57,673,512	101,049,311	0.099408	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,529,841	3,590,786	56,120,627	0.293660	0.000000
53.00	05300	ANESTHESIOLOGY	35,867,624	44,752,127	80,619,751	0.125262	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,854,734	254,606,020	308,460,754	0.207548	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,759,498	92,428,337	95,187,835	0.102623	0.000000
56.00	05600	RADIOISOTOPE	7,688,820	77,770,718	85,459,538	0.119265	0.000000
57.00	05700	CT SCAN	79,031,055	220,580,452	299,611,507	0.031819	0.000000
58.00	05800	MRI	22,566,438	171,848,122	194,414,560	0.057888	0.000000
59.00	05900	CARDIAC CATHETERIZATION	64,604,098	91,428,108	156,032,206	0.070027	0.000000
60.00	06000	LABORATORY	164,635,011	279,545,263	444,180,274	0.165452	0.000000
60.01	06001	VASCULAR LAB	9,300,075	21,787,725	31,087,800	0.099310	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,481,867	4,275,058	11,756,925	0.238033	0.000000
64.00	06400	INTRAVENOUS THERAPY	11,070,438	269,223	11,339,661	0.367691	0.000000
65.00	06500	RESPIRATORY THERAPY	51,049,863	5,712,089	56,761,952	0.223461	0.000000
66.00	06600	PHYSICAL THERAPY	20,263,378	90,227,620	110,490,998	0.407492	0.000000
67.00	06700	OCCUPATIONAL THERAPY	12,376,756	883,042	13,259,798	0.356968	0.000000
68.00	06800	SPEECH PATHOLOGY	5,269,321	523,629	5,792,950	0.322172	0.000000
69.00	06900	ELECTROCARDIOLOGY	44,084,570	97,300,503	141,385,073	0.073153	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	7,689,692	6,257,108	13,946,800	0.280129	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	83,060,938	89,717,356	172,778,294	0.452265	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,790,490	87,440,480	275,230,970	0.312809	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	142,862,025	490,926,245	633,788,270	0.299456	0.000000
74.00	07400	RENAL DIALYSIS	7,070,136	0	7,070,136	0.565851	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	142,153	27,031,819	27,173,972	0.713415	0.000000
76.00	03950	BLANK	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	2,266	2,884,306	2,886,572	0.523916	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,398,058	300,856,530	313,254,588	0.595285	0.000000
91.00	09100	EMERGENCY	115,928,874	209,698,682	325,627,556	0.117436	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	21,759,714	46,597,167	68,356,881	0.364868	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	15,572,351	15,572,351		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	12,080,941	12,080,941		116.00
200.00		Subtotal (see instructions)	1,954,313,264	3,061,654,255	5,015,967,519		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,954,313,264	3,061,654,255	5,015,967,519		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

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To 09/30/2019Worksheet C
Part I
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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
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
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
60.01	06001	VASCULAR LAB	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	BLANK	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
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: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part I
Date/Time Prepared:
2/25/2020 7:47 am

			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	10,152,133	0	10,152,133	158,070	64.23	30.00	
31.00	INTENSIVE CARE UNIT	2,046,884		2,046,884	16,748	122.22	31.00	
31.01	INFANT SPECIAL CARE UNIT (ISCU)	534,961		534,961	9,721	55.03	31.01	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
40.00	SUBPROVIDER - IPF	643,644	0	643,644	9,331	68.98	40.00	
41.00	SUBPROVIDER - IRF	320,642	0	320,642	5,102	62.85	41.00	
43.00	NURSERY	131,422		131,422	9,723	13.52	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	13,829,686		13,829,686	208,695		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	68,970	4,429,943					30.00
31.00	INTENSIVE CARE UNIT	7,533	920,683					31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0					31.01
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
40.00	SUBPROVIDER - IPF	1,726	119,059					40.00
41.00	SUBPROVIDER - IRF	2,692	169,192					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	80,921	5,638,877					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part II
Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,609,138	458,922,964	0.016580	92,374,886	1,531,576	50.00
51.00	05100	RECOVERY ROOM	649,258	101,049,311	0.006425	20,529,620	131,903	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,387,239	56,120,627	0.024719	84,622	2,092	52.00
53.00	05300	ANESTHESIOLOGY	668,155	80,619,751	0.008288	13,339,611	110,559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,757,826	308,460,754	0.018666	27,367,319	510,838	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,092,531	95,187,835	0.011478	997,518	11,450	55.00
56.00	05600	RADIOISOTOPE	812,666	85,459,538	0.009509	4,087,832	38,871	56.00
57.00	05700	CT SCAN	541,876	299,611,507	0.001809	43,093,661	77,956	57.00
58.00	05800	MRI	1,227,043	194,414,560	0.006311	10,652,162	67,226	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,265,855	156,032,206	0.008113	31,681,819	257,035	59.00
60.00	06000	LABORATORY	3,706,521	444,180,274	0.008345	82,549,696	688,877	60.00
60.01	06001	VASCULAR LAB	164,222	31,087,800	0.005283	4,945,226	26,126	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	174,565	11,756,925	0.014848	2,602,620	38,644	63.00
64.00	06400	INTRAVENOUS THERAPY	136,140	11,339,661	0.012006	6,184,193	74,247	64.00
65.00	06500	RESPIRATORY THERAPY	590,176	56,761,952	0.010397	24,405,985	253,749	65.00
66.00	06600	PHYSICAL THERAPY	2,492,999	110,490,998	0.022563	6,695,631	151,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	179,450	13,259,798	0.013533	3,513,659	47,550	67.00
68.00	06800	SPEECH PATHOLOGY	84,942	5,792,950	0.014663	1,497,997	21,965	68.00
69.00	06900	ELECTROCARDIOLOGY	917,733	141,385,073	0.006491	25,645,710	166,466	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	276,150	13,946,800	0.019800	3,183,118	63,026	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,885,089	172,778,294	0.010910	39,861,470	434,889	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,278,506	275,230,970	0.008279	98,118,970	812,327	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,990,640	633,788,270	0.006296	68,808,177	433,216	73.00
74.00	07400	RENAL DIALYSIS	143,263	7,070,136	0.020263	3,996,015	80,971	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,518,553	27,173,972	0.055883	111,414	6,226	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	153,082	2,886,572	0.053032	340	18	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,651,325	313,254,588	0.040387	6,234,266	251,783	90.00
91.00	09100	EMERGENCY	2,129,403	325,627,556	0.006539	66,107,749	432,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,502,361	68,356,881	0.021978	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	55,986,707	4,502,048,523		688,671,286	6,722,939	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0010		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part III Date/Time Prepared: 2/25/2020 7:47 am		
					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	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0	0	0	0	31.01		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	158,070	0.00	68,970	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	16,748	0.00	7,533	31.00			
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	9,721	0.00	0	31.01			
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00			
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00			
40.00	04000	SUBPROVIDER - IPF	0	0	9,331	0.00	1,726	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	5,102	0.00	2,692	41.00			
43.00	04300	NURSERY	0	0	9,723	0.00	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00			
200.00		Total (lines 30 through 199)	0	0	208,695		80,921	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0								31.01
32.00	03200	CORONARY CARE UNIT	0								32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0								33.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/25/2020 7:47 am	
				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	38,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	319,019	60.00
60.01	06001	VASCULAR LAB		0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	2,092,150	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	BLANK		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	2,449,342	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0010		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/25/2020 7:47 am	
			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	458,922,964	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	101,049,311	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	56,120,627	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	38,173	38,173	80,619,751	0.000473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	308,460,754	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	95,187,835	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	85,459,538	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	299,611,507	0.000000	57.00
58.00	05800	MRI	0	0	0	194,414,560	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	156,032,206	0.000000	59.00
60.00	06000	LABORATORY	0	319,019	319,019	444,180,274	0.000718	60.00
60.01	06001	VASCULAR LAB	0	0	0	31,087,800	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,756,925	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	11,339,661	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	56,761,952	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	110,490,998	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,259,798	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,792,950	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	141,385,073	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13,946,800	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	172,778,294	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	275,230,970	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,092,150	2,092,150	633,788,270	0.003301	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,070,136	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	27,173,972	0.000000	75.00
76.00	03950	BLANK	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,886,572	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	313,254,588	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	325,627,556	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	68,356,881	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	2,449,342	2,449,342	4,502,048,523		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010		Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/25/2020 7:47 am	
				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	12.00	13.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000		92,374,886	0	70,746,545	0
51.00	05100	RECOVERY ROOM	0.000000		20,529,620	0	16,247,650	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		84,622	0	15,355	0
53.00	05300	ANESTHESIOLOGY	0.000473		13,339,611	6,310	13,087,548	6,190
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		27,367,319	0	61,352,768	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		997,518	0	40,681,876	0
56.00	05600	RADIOISOTOPE	0.000000		4,087,832	0	32,256,119	0
57.00	05700	CT SCAN	0.000000		43,093,661	0	89,030,762	0
58.00	05800	MRI	0.000000		10,652,162	0	52,315,255	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000		31,681,819	0	44,537,697	0
60.00	06000	LABORATORY	0.000718		82,549,696	59,271	72,675,562	52,181
60.01	06001	VASCULAR LAB	0.000000		4,945,226	0	10,099,686	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		2,602,620	0	2,024,239	0
64.00	06400	INTRAVENOUS THERAPY	0.000000		6,184,193	0	72,651	0
65.00	06500	RESPIRATORY THERAPY	0.000000		24,405,985	0	2,519,874	0
66.00	06600	PHYSICAL THERAPY	0.000000		6,695,631	0	1,229,329	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000		3,513,659	0	10,432	0
68.00	06800	SPEECH PATHOLOGY	0.000000		1,497,997	0	2,398	0
69.00	06900	ELECTROCARDIOLOGY	0.000000		25,645,710	0	50,773,443	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		3,183,118	0	2,306,741	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		39,861,470	0	33,947,523	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		98,118,970	0	41,566,785	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003301		68,808,177	227,136	229,303,362	756,930
74.00	07400	RENAL DIALYSIS	0.000000		3,996,015	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		111,414	0	9,585,349	0
76.00	03950	BLANK	0.000000		0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.000000		340	0	1,459,870	0
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000		6,234,266	0	135,556,207	0
91.00	09100	EMERGENCY	0.000000		66,107,749	0	56,429,576	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	9,901,896	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		0	0	0	0
200.00		Total (lines 50 through 199)			688,671,286	292,717	1,079,736,498	815,301

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0010		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/25/2020 7:47 am	
				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		0.143049	70,746,545	935,816	0	10,120,223	50.00
51.00	05100	RECOVERY ROOM		0.099408	16,247,650	0	0	1,615,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.293660	15,355	0	0	4,509	52.00
53.00	05300	ANESTHESIOLOGY		0.125262	13,087,548	0	0	1,639,372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.207548	61,352,768	0	0	12,733,644	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.102623	40,681,876	0	0	4,174,896	55.00
56.00	05600	RADIOISOTOPE		0.119265	32,256,119	0	0	3,847,026	56.00
57.00	05700	CT SCAN		0.031819	89,030,762	0	0	2,832,870	57.00
58.00	05800	MRI		0.057888	52,315,255	0	0	3,028,425	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.070027	44,537,697	0	0	3,118,841	59.00
60.00	06000	LABORATORY		0.165452	72,675,562	0	0	12,024,317	60.00
60.01	06001	VASCULAR LAB		0.099310	10,099,686	0	0	1,003,000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.238033	2,024,239	0	0	481,836	63.00
64.00	06400	INTRAVENOUS THERAPY		0.367691	72,651	0	0	26,713	64.00
65.00	06500	RESPIRATORY THERAPY		0.223461	2,519,874	0	0	563,094	65.00
66.00	06600	PHYSICAL THERAPY		0.407492	1,229,329	0	0	500,942	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.356968	10,432	0	0	3,724	67.00
68.00	06800	SPEECH PATHOLOGY		0.322172	2,398	0	0	773	68.00
69.00	06900	ELECTROCARDIOLOGY		0.073153	50,773,443	0	0	3,714,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.280129	2,306,741	0	0	646,185	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.452265	33,947,523	0	0	15,353,276	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.312809	41,566,785	0	0	13,002,464	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.299456	229,303,362	13,564	3,668,752	68,666,268	73.00
74.00	07400	RENAL DIALYSIS		0.565851	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.713415	9,585,349	0	0	6,838,332	75.00
76.00	03950	BLANK		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.523916	1,459,870	0	0	764,849	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.595285	135,556,207	0	208	80,694,577	90.00
91.00	09100	EMERGENCY		0.117436	56,429,576	0	0	6,626,864	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.364868	9,901,896	0	0	3,612,885	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)			1,079,736,498	949,380	3,668,960	257,639,281	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
		Only Charges							
202.00		Net Charges (line 200 - line 201)			1,079,736,498	949,380	3,668,960	257,639,281	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part V
Date/Time Prepared:
2/25/2020 7:47 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	133,868	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	VASCULAR LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,062	1,098,630		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	BLANK	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	124		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	137,930	1,098,754		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	137,930	1,098,754		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part II Date/Time Prepared: 2/25/2020 7:47 am	
				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	7,609,138	458,922,964	0.016580	0	0	50.00	
51.00	05100	RECOVERY ROOM	649,258	101,049,311	0.006425	2,694	17	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,387,239	56,120,627	0.024719	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	668,155	80,619,751	0.008288	117,019	970	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,757,826	308,460,754	0.018666	12,767	238	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,092,531	95,187,835	0.011478	0	0	55.00	
56.00	05600	RADIOISOTOPE	812,666	85,459,538	0.009509	0	0	56.00	
57.00	05700	CT SCAN	541,876	299,611,507	0.001809	87,997	159	57.00	
58.00	05800	MRI	1,227,043	194,414,560	0.006311	11,945	75	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,265,855	156,032,206	0.008113	0	0	59.00	
60.00	06000	LABORATORY	3,706,521	444,180,274	0.008345	348,647	2,909	60.00	
60.01	06001	VASCULAR LAB	164,222	31,087,800	0.005283	11,658	62	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	174,565	11,756,925	0.014848	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	136,140	11,339,661	0.012006	56	1	64.00	
65.00	06500	RESPIRATORY THERAPY	590,176	56,761,952	0.010397	9,196	96	65.00	
66.00	06600	PHYSICAL THERAPY	2,492,999	110,490,998	0.022563	5,505	124	66.00	
67.00	06700	OCCUPATIONAL THERAPY	179,450	13,259,798	0.013533	138	2	67.00	
68.00	06800	SPEECH PATHOLOGY	84,942	5,792,950	0.014663	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	917,733	141,385,073	0.006491	51,130	332	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	276,150	13,946,800	0.019800	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,885,089	172,778,294	0.010910	2,674	29	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,278,506	275,230,970	0.008279	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	3,990,640	633,788,270	0.006296	319,324	2,010	73.00	
74.00	07400	RENAL DIALYSIS	143,263	7,070,136	0.020263	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,518,553	27,173,972	0.055883	0	0	75.00	
76.00	03950	BLANK	0	0	0.000000	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	153,082	2,886,572	0.053032	0	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,651,325	313,254,588	0.040387	65,476	2,644	90.00	
91.00	09100	EMERGENCY	2,129,403	325,627,556	0.006539	609,905	3,988	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	68,356,881	0.000000	0	0	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01	
200.00		Total (lines 50 through 199)	54,484,346	4,502,048,523		1,656,131	13,656	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0010
Component CCN: 14-S010

Period:
From 10/01/2018
To 09/30/2019

Worksheet D
Part IV
Date/Time Prepared:
2/25/2020 7:47 am

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	38,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	319,019	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	2,092,150	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,449,342	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/25/2020 7:47 am	
			Title XVIII		Subprovider - IPF		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	458,922,964	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	101,049,311	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	56,120,627	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	38,173	38,173	80,619,751	0.000473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	308,460,754	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	95,187,835	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	85,459,538	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	299,611,507	0.000000	57.00
58.00	05800	MRI	0	0	0	194,414,560	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	156,032,206	0.000000	59.00
60.00	06000	LABORATORY	0	319,019	319,019	444,180,274	0.000718	60.00
60.01	06001	VASCULAR LAB	0	0	0	31,087,800	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,756,925	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	11,339,661	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	56,761,952	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	110,490,998	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,259,798	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,792,950	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	141,385,073	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13,946,800	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	172,778,294	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	275,230,970	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,092,150	2,092,150	633,788,270	0.003301	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,070,136	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	27,173,972	0.000000	75.00
76.00	03950	BLANK	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,886,572	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	313,254,588	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	325,627,556	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	68,356,881	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	2,449,342	2,449,342	4,502,048,523		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/25/2020 7:47 am	
				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	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	2,694	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000473	117,019	55	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	12,767	0	699	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	87,997	0	0	0	57.00
58.00	05800	MRI		0.000000	11,945	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000718	348,647	250	1,326	1	60.00
60.01	06001	VASCULAR LAB		0.000000	11,658	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	56	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	9,196	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	5,505	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	138	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	51,130	0	295	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	2,674	0	34	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		0.003301	319,324	1,054	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	BLANK		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	65,476	0	338	0	90.00
91.00	09100	EMERGENCY		0.000000	609,905	0	6,300	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			1,656,131	1,359	8,992	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-S010

From 10/01/2018

Part V

To 09/30/2019

Date/Time Prepared:

2/25/2020 7:47 am

Title XVIII

Subprovider -

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	0.143049	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.099408	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.293660	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.125262	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.207548	699	0	0	145	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102623	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.119265	0	0	0	0	56.00
57.00	05700	CT SCAN	0.031819	0	0	0	0	57.00
58.00	05800	MRI	0.057888	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070027	0	0	0	0	59.00
60.00	06000	LABORATORY	0.165452	1,326	0	0	219	60.00
60.01	06001	VASCULAR LAB	0.099310	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.238033	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.367691	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.223461	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.407492	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356968	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.322172	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073153	295	0	0	22	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.280129	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.452265	34	0	0	15	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.312809	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299456	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.565851	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.713415	0	0	0	0	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.523916	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.595285	338	0	0	201	90.00
91.00	09100	EMERGENCY	0.117436	6,300	0	0	740	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.364868	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		8,992	0	0	1,342	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		8,992	0	0	1,342	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/25/2020 7:47 am		
			Title XVIII		Subprovider - IPF		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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	VASCULAR LAB	0	0					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03950	BLANK	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0					92.01
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-T010

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/25/2020 7:47 am

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	7,609,138	458,922,964	0.016580	12,210	202	50.00
51.00	05100 RECOVERY ROOM	649,258	101,049,311	0.006425	4,375	28	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,387,239	56,120,627	0.024719	0	0	52.00
53.00	05300 ANESTHESIOLOGY	668,155	80,619,751	0.008288	1,170	10	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,757,826	308,460,754	0.018666	88,999	1,661	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,092,531	95,187,835	0.011478	61,256	703	55.00
56.00	05600 RADIOISOTOPE	812,666	85,459,538	0.009509	2,386	23	56.00
57.00	05700 CT SCAN	541,876	299,611,507	0.001809	187,535	339	57.00
58.00	05800 MRI	1,227,043	194,414,560	0.006311	44,592	281	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,265,855	156,032,206	0.008113	63,441	515	59.00
60.00	06000 LABORATORY	3,706,521	444,180,274	0.008345	515,649	4,303	60.00
60.01	06001 VASCULAR LAB	164,222	31,087,800	0.005283	138,983	734	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	174,565	11,756,925	0.014848	1,267	19	63.00
64.00	06400 INTRAVENOUS THERAPY	136,140	11,339,661	0.012006	471,287	5,658	64.00
65.00	06500 RESPIRATORY THERAPY	590,176	56,761,952	0.010397	217,927	2,266	65.00
66.00	06600 PHYSICAL THERAPY	2,492,999	110,490,998	0.022563	818,097	18,459	66.00
67.00	06700 OCCUPATIONAL THERAPY	179,450	13,259,798	0.013533	892,909	12,084	67.00
68.00	06800 SPEECH PATHOLOGY	84,942	5,792,950	0.014663	473,628	6,945	68.00
69.00	06900 ELECTROCARDIOLOGY	917,733	141,385,073	0.006491	60,476	393	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	276,150	13,946,800	0.019800	7,348	145	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,885,089	172,778,294	0.010910	65,064	710	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,278,506	275,230,970	0.008279	20,395	169	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,990,640	633,788,270	0.006296	981,606	6,180	73.00
74.00	07400 RENAL DIALYSIS	143,263	7,070,136	0.020263	270,864	5,489	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,518,553	27,173,972	0.055883	0	0	75.00
76.00	03950 BLANK	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	153,082	2,886,572	0.053032	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	12,651,325	313,254,588	0.040387	6,791	274	90.00
91.00	09100 EMERGENCY	2,129,403	325,627,556	0.006539	12,070	79	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	68,356,881	0.000000	9,113	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)	54,484,346	4,502,048,523		5,429,438	67,669	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/25/2020 7:47 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	38,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	319,019	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	2,092,150	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,449,342	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/25/2020 7:47 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	458,922,964	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	101,049,311	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	56,120,627	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	38,173	38,173	80,619,751	0.000473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	308,460,754	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	95,187,835	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	85,459,538	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	299,611,507	0.000000	57.00
58.00	05800	MRI		0	0	0	194,414,560	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	156,032,206	0.000000	59.00
60.00	06000	LABORATORY		0	319,019	319,019	444,180,274	0.000718	60.00
60.01	06001	VASCULAR LAB		0	0	0	31,087,800	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	11,756,925	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	11,339,661	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	56,761,952	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	110,490,998	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	13,259,798	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	5,792,950	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	141,385,073	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	13,946,800	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	172,778,294	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	275,230,970	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	2,092,150	2,092,150	633,788,270	0.003301	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	7,070,136	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	27,173,972	0.000000	75.00
76.00	03950	BLANK		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	2,886,572	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	313,254,588	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	325,627,556	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	68,356,881	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)		0	2,449,342	2,449,342	4,502,048,523		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/25/2020 7:47 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	12,210	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	4,375	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000473	1,170	1	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	88,999	0	3,624	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	61,256	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	2,386	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	187,535	0	0	0	57.00
58.00	05800	MRI		0.000000	44,592	0	3,284	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	63,441	0	0	0	59.00
60.00	06000	LABORATORY		0.000718	515,649	370	0	0	60.00
60.01	06001	VASCULAR LAB		0.000000	138,983	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	1,267	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	471,287	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	217,927	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	818,097	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	892,909	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	473,628	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	60,476	0	2,105	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	7,348	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	65,064	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	20,395	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.003301	981,606	3,240	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	270,864	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	BLANK		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	6,791	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	12,070	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	9,113	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			5,429,438	3,611	9,013	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-T010

From 10/01/2018

Part V

To 09/30/2019

Date/Time Prepared:

2/25/2020 7:47 am

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	0.143049	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.099408	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.293660	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.125262	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.207548	3,624	0	752	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102623	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.119265	0	0	0	56.00
57.00	05700	CT SCAN	0.031819	0	0	0	57.00
58.00	05800	MRI	0.057888	3,284	0	190	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070027	0	0	0	59.00
60.00	06000	LABORATORY	0.165452	0	0	0	60.00
60.01	06001	VASCULAR LAB	0.099310	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.238033	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.367691	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.223461	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.407492	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356968	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.322172	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073153	2,105	0	154	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.280129	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.452265	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.312809	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299456	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.565851	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.713415	0	0	0	75.00
76.00	03950	BLANK	0.000000	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.523916	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.595285	0	0	0	90.00
91.00	09100	EMERGENCY	0.117436	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.364868	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
200.00		Subtotal (see instructions)		9,013	0	1,096	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		9,013	0	1,096	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-T010

From 10/01/2018
To 09/30/2019Part V
Date/Time Prepared:
2/25/2020 7:47 am

Title XVIII

Subprovider -
IRF

PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	VASCULAR LAB	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
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/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0010 Component CCN: 14-5855		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/25/2020 7:47 am	
			Title XVIII		Skilled Nursing Facility		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	38,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	319,019	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	2,092,150	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,449,342	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0010 Component CCN: 14-5855		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/25/2020 7:47 am	
			Title XVIII		Skilled Nursing Facility		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	458,922,964	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	101,049,311	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	56,120,627	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	38,173	38,173	80,619,751	0.000473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	308,460,754	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	95,187,835	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	85,459,538	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	299,611,507	0.000000	57.00
58.00	05800	MRI	0	0	0	194,414,560	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	156,032,206	0.000000	59.00
60.00	06000	LABORATORY	0	319,019	319,019	444,180,274	0.000718	60.00
60.01	06001	VASCULAR LAB	0	0	0	31,087,800	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,756,925	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	11,339,661	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	56,761,952	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	110,490,998	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,259,798	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,792,950	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	141,385,073	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13,946,800	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	172,778,294	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	275,230,970	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,092,150	2,092,150	633,788,270	0.003301	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,070,136	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	27,173,972	0.000000	75.00
76.00	03950	BLANK	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,886,572	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	313,254,588	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	325,627,556	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	68,356,881	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	2,449,342	2,449,342	4,502,048,523		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010 Component CCN: 14-5855		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/25/2020 7:47 am	
				Title XVIII		Skilled Nursing Facility		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	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		0.000473	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000718	0	0	0	0	60.00
60.01	06001	VASCULAR LAB		0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	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
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		0.003301	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	BLANK		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/25/2020 7:47 am
		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)		158,070	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		158,070	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)		134,678	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)		68,970	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)		168,538,367	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)		168,538,367	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)		168,538,367	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)		1,066.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		73,537,883	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)		73,537,883	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
2/25/2020 7:47 am

		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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	38,285,858	16,748	2,286.00	7,533	17,220,438
43.01	INFANT SPECIAL CARE UNIT (ISCU)	13,655,961	9,721	1,404.79	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					140,402,932
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					231,161,253
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,350,626
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,015,656
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,366,282
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					218,794,971
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					23,392
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,066.23
89.00	Observation bed cost (line 87 x line 88) (see instructions)					24,941,252

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
2/25/2020 7:47 am

		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	10,152,133	168,538,367	0.060236	24,941,252	1,502,361	90.00
91.00 Nursing School cost	0	168,538,367	0.000000	24,941,252	0	91.00
92.00 Allied health cost	0	168,538,367	0.000000	24,941,252	0	92.00
93.00 All other Medical Education	0	168,538,367	0.000000	24,941,252	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/25/2020 7:47 am
		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)		9,331	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,331	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)		9,331	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)		1,726	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)		10,557,558	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)		10,557,558	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)		10,557,558	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)		1,131.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,952,883	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)		1,952,883	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/25/2020 7:47 am	
				Title XVIII	Subprovider - IPF	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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					295,671	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,248,554	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					119,059	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,015	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					134,074	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,114,480	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: 14-0010 Component CCN: 14-S010		Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/25/2020 7:47 am	
		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	643,644	10,557,558	0.060965	0	0 90.00
91.00	Nursing School cost	0	10,557,558	0.000000	0	0 91.00
92.00	Allied health cost	0	10,557,558	0.000000	0	0 92.00
93.00	All other Medical Education	0	10,557,558	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/25/2020 7:47 am
		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)		5,102	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,102	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)		5,102	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)		2,692	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,616,700	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,616,700	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,616,700	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)		904.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,435,937	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)		2,435,937	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/25/2020 7:47 am	
				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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,665,529	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,101,466	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)					169,192	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					71,280	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					240,472	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,860,994	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: 14-0010 Component CCN: 14-T010		Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/25/2020 7:47 am	
		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	320,642	4,616,700	0.069453	0	0 90.00
91.00	Nursing School cost	0	4,616,700	0.000000	0	0 91.00
92.00	Allied health cost	0	4,616,700	0.000000	0	0 92.00
93.00	All other Medical Education	0	4,616,700	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/25/2020 7:47 am
		Title XVIII	Skilled Nursing Facility	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)		0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		0	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)		0	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)		0	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)		0	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)		0	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)	0		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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/25/2020 7:47 am	
				Title XVIII	Skilled Nursing Facility	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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)						43.01
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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					0	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0.00	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	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: 14-0010 Component CCN: 14-5855		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/25/2020 7:47 am	
				Title XVIII		Skilled Nursing Facility		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			0	0	0.000000	0	0	90.00
91.00	Nursing School cost			0	0	0.000000	0	0	91.00
92.00	Allied health cost			0	0	0.000000	0	0	92.00
93.00	All other Medical Education			0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/25/2020 7:47 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		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	168,617,110		30.00
31.00	03100	INTENSIVE CARE UNIT	44,326,090		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0		31.01
32.00	03200	CORONARY CARE UNIT	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		33.00
40.00	04000	SUBPROVIDER - IPF	0		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	92,374,886	13,214,135	50.00
51.00	05100	RECOVERY ROOM	20,529,620	2,040,808	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	84,622	24,850	52.00
53.00	05300	ANESTHESIOLOGY	13,339,611	1,670,946	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,367,319	5,731,428	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	997,518	103,632	55.00
56.00	05600	RADIOISOTOPE	4,087,832	494,113	56.00
57.00	05700	CT SCAN	43,093,661	1,371,197	57.00
58.00	05800	MRI	10,652,162	616,632	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,681,819	2,219,818	59.00
60.00	06000	LABORATORY	82,549,696	13,693,674	60.00
60.01	06001	VASCULAR LAB	4,945,226	491,753	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,602,620	619,509	63.00
64.00	06400	INTRAVENOUS THERAPY	6,184,193	2,273,872	64.00
65.00	06500	RESPIRATORY THERAPY	24,405,985	5,453,786	65.00
66.00	06600	PHYSICAL THERAPY	6,695,631	2,730,659	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,513,659	1,254,264	67.00
68.00	06800	SPEECH PATHOLOGY	1,497,997	482,613	68.00
69.00	06900	ELECTROCARDIOLOGY	25,645,710	1,878,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,183,118	891,684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,861,470	18,027,948	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	98,118,970	30,692,497	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,808,177	20,605,021	73.00
74.00	07400	RENAL DIALYSIS	3,996,015	2,261,149	74.00
75.00	07500	ASC (NON-DISTINCT PART)	111,414	79,484	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	340	178	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	6,234,266	3,711,427	90.00
91.00	09100	EMERGENCY	66,107,749	7,766,999	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)	688,671,286	140,402,932	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)	688,671,286		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/25/2020 7:47 am	
		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
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		4,075,894		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	0.143049	0	0	50.00
51.00	05100 RECOVERY ROOM	0.099408	2,694	268	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.293660	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.125262	117,019	14,658	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.209426	12,767	2,674	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.103890	0	0	55.00
56.00	05600 RADIOISOTOPE	0.120874	0	0	56.00
57.00	05700 CT SCAN	0.031819	87,997	2,800	57.00
58.00	05800 MRI	0.057888	11,945	691	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070066	0	0	59.00
60.00	06000 LABORATORY	0.165884	348,647	57,835	60.00
60.01	06001 VASCULAR LAB	0.099440	11,658	1,159	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.238033	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.367691	56	21	64.00
65.00	06500 RESPIRATORY THERAPY	0.223461	9,196	2,055	65.00
66.00	06600 PHYSICAL THERAPY	0.407827	5,505	2,245	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.356968	138	49	67.00
68.00	06800 SPEECH PATHOLOGY	0.322172	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073262	51,130	3,746	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.280129	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.452265	2,674	1,209	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.312809	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299456	319,324	95,623	73.00
74.00	07400 RENAL DIALYSIS	0.565851	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.713415	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.523916	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.595327	65,476	38,980	90.00
91.00	09100 EMERGENCY	0.117490	609,905	71,658	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.364868	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,656,131	295,671	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)		1,656,131		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/25/2020 7:47 am	
		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
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		5,686,631		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.143049	12,210	1,747	50.00
51.00	05100 RECOVERY ROOM	0.099408	4,375	435	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.293660	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.125262	1,170	147	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.209426	88,999	18,639	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.103890	61,256	6,364	55.00
56.00	05600 RADIOISOTOPE	0.120874	2,386	288	56.00
57.00	05700 CT SCAN	0.031819	187,535	5,967	57.00
58.00	05800 MRI	0.057888	44,592	2,581	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070066	63,441	4,445	59.00
60.00	06000 LABORATORY	0.165884	515,649	85,538	60.00
60.01	06001 VASCULAR LAB	0.099440	138,983	13,820	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.238033	1,267	302	63.00
64.00	06400 INTRAVENOUS THERAPY	0.367691	471,287	173,288	64.00
65.00	06500 RESPIRATORY THERAPY	0.223461	217,927	48,698	65.00
66.00	06600 PHYSICAL THERAPY	0.407827	818,097	333,642	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.356968	892,909	318,740	67.00
68.00	06800 SPEECH PATHOLOGY	0.322172	473,628	152,590	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073262	60,476	4,431	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.280129	7,348	2,058	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.452265	65,064	29,426	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.312809	20,395	6,380	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299456	981,606	293,948	73.00
74.00	07400 RENAL DIALYSIS	0.565851	270,864	153,269	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.713415	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.523916	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.595327	6,791	4,043	90.00
91.00	09100 EMERGENCY	0.117490	12,070	1,418	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.364868	9,113	3,325	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,429,438	1,665,529	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		5,429,438		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/25/2020 7:47 am
		Title XVIII	Hospital	PPS
				1.00
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		175,436,046	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		3,393,059	2.04
3.00	Managed Care Simulated Payments		34,347,353	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		641.75	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)		170.74	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)		170.74	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		200.25	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.33	11.00
12.00	Current year allowable FTE (see instructions)		176.07	12.00
13.00	Total allowable FTE count for the prior year.		175.73	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.		175.98	14.00
15.00	Sum of lines 12 through 14 divided by 3.		175.93	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		175.93	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.274141	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.275202	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.274141	21.00
22.00	IME payment adjustment (see instructions)		24,416,838	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		4,780,396	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)		29.51	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)		24,416,838	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		4,780,396	29.01
	Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.58	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.88	31.00
32.00	Sum of lines 30 and 31		16.46	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.45	33.00
34.00	Disproportionate share adjustment (see instructions)		1,513,136	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/25/2020 7:47 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	8,486,153	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	8,486,153	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		8,486,153		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)	213,245,232			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)			218,025,628	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			16,620,664	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).			5,775,975	52.00
53.00	Nursing and Allied Health Managed Care payment			213,588	53.00
54.00	Special add-on payments for new technologies			344,190	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			292,717	58.00
59.00	Total (sum of amounts on lines 49 through 58)			241,272,762	59.00
60.00	Primary payer payments			39,878	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			241,232,884	61.00
62.00	Deductibles billed to program beneficiaries			17,360,776	62.00
63.00	Coinsurance billed to program beneficiaries			464,729	63.00
64.00	Allowable bad debts (see instructions)			1,799,040	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,169,376	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,286,315	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			224,576,755	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			2,809	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			484,157	70.93
70.94	HRR adjustment amount (see instructions)			-843,751	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A
Date/Time Prepared:
2/25/2020 7:47 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		224,214,352	71.00	
71.01	Sequestration adjustment (see instructions)		4,484,287	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		220,639,914	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)		-909,849	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,644,553	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	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2020 7:47 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	175,436,046	0	0	175,436,046	175,436,046
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	3,393,059	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,393,059	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	34,347,353	0	0	34,347,353	34,347,353
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.274141	0.274141	0.274141	0.274141	0.274141
6.00	IME payment adjustment (see instructions)	22.00	24,416,838	0	0	24,416,838	24,416,838
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,780,396	0	0	4,780,396	4,780,396
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	0.000000
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	24,416,838	0	0	24,416,838	24,416,838
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,780,396	0	0	4,780,396	4,780,396
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0345	0.0345	0.0345	0.0345	0.0345
11.00	Disproportionate share adjustment (see instructions)	34.00	1,513,136	0	0	1,513,136	1,513,136
11.01	Uncompensated care payments	36.00	8,486,153	0	0	8,486,153	8,486,153
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	213,245,232	0	3,393,059	209,852,173	213,245,232
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	218,025,628	0	3,393,059	214,632,569	218,025,628
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	16,620,664	0	0	16,620,664	16,620,664

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2020 7:47 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	344,190	0	0	344,190	344,190	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	2,809	0	0	2,809	2,809	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	3,393,059	231,600,232	234,993,291	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	14,272,512	0	0	14,272,512	14,272,512	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	180,158	0	0	180,158	180,158	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1180	0.1180	0.1180	0.1180		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,684,156	0	0	1,684,156	1,684,156	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0339	0.0339	0.0339	0.0339		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	483,838	0	0	483,838	483,838	25.00
26.00	Total prospective capital payments (see instructions)	12.00	16,620,664	0	0	16,620,664	16,620,664	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2020 7:47 am

		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 (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	175,436,046		175,436,046	175,436,046	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	3,393,059		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,393,059		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	34,347,353	0	34,347,353	34,347,353	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.274141	0.274141	0.274141		5.00
6.00	IME payment adjustment (see instructions)	22.00	24,416,838	0	24,416,838	24,416,838	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,780,396	0	4,780,396	4,780,396	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	24,416,838	0	24,416,838	24,416,838	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,780,396	0	4,780,396	4,780,396	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0345	0.0345	0.0345		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,513,136	0	1,513,136	1,513,136	11.00
11.01	Uncompensated care payments	36.00	8,486,153	0	8,486,153	8,486,153	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	213,245,232	3,393,059	209,852,173	213,245,232	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	218,025,628	3,393,059	214,632,569	218,025,628	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	16,620,664	0	16,620,664	16,620,664	16.00
17.00	Special add-on payments for new technologies	54.00	344,190	0	344,190	344,190	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	2,809	0	2,809	2,809	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			3,393,059	231,600,232	234,993,291	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2020 7:47 am

		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	14,272,512	0	14,272,512	14,272,512	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	180,158	0	180,158	180,158	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	0.1180	0.1180	0.1180		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,684,156	0	1,684,156	1,684,156	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0339	0.0339	0.0339		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	483,838	0	483,838	483,838	25.00
26.00	Total prospective capital payments (see instructions)	12.00	16,620,664	0	16,620,664	16,620,664	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	484,157	0	484,157	484,157	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	-843,751	0	-843,751	-843,751	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/25/2020 7:47 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,236,684	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		256,823,980	2.00
3.00	OPPS payments		222,079,105	3.00
4.00	Outlier payment (see instructions)		1,120,794	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		815,301	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,236,684	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,618,340	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)		4,618,340	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)		4,618,340	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,381,656	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)		1,236,684	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)		224,015,200	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		187,163	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		42,134,235	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)		182,930,486	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,296,265	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)		189,226,751	30.00
31.00	Primary payer payments		13,216	31.00
32.00	Subtotal (line 30 minus line 31)		189,213,535	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)		2,340,691	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,521,449	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,425,938	36.00
37.00	Subtotal (see instructions)		190,734,984	37.00
38.00	MSP-LCC reconciliation amount from PS&R		6,603	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)		190,728,381	40.00
40.01	Sequestration adjustment (see instructions)		3,814,568	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		187,474,742	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-560,929	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,923,300	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: 14-0010 Component CCN: 14-S010	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/25/2020 7:47 am
		Title XVIII	Subprovider - IPF	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)		1,341	2.00
3.00	OPPS payments		1,195	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		1	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)		1,196	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)		239	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)		957	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)		957	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		957	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)		957	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)		957	40.00
40.01	Sequestration adjustment (see instructions)		19	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		937	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/25/2020 7:47 am
		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)		1,096	2.00
3.00	OPPS payments		716	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 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)		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)		716	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)		143	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)		573	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)		573	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		573	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)		573	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)		573	40.00
40.01	Sequestration adjustment (see instructions)		11	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		561	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	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: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part I
Date/Time Prepared:
2/25/2020 7:47 am

		Title XVIII		Hospital	PPS
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		220,639,914		187,474,742
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		220,639,914		187,474,742
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		909,849		560,929
7.00	Total Medicare program liability (see instructions)		219,730,065		186,913,813
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0010
 Component CCN: 14-S010

 Period:
 From 10/01/2018
 To 09/30/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/25/2020 7:47 am

		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						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		1,596,245		937		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)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,596,245		937		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		59,799		1		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,656,044		938		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0010
 Component CCN: 14-T010

 Period:
 From 10/01/2018
 To 09/30/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/25/2020 7:47 am

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,352,388		561		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)		4,352,388		561		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		1		6.01
6.02	SETTLEMENT TO PROGRAM		16,746		0		6.02
7.00	Total Medicare program liability (see instructions)		4,335,642		562		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: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part II
Date/Time Prepared:
2/25/2020 7:47 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part II Date/Time Prepared: 2/25/2020 7:47 am
		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)			1,619,308 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			47,377 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)			9.86 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)			4.63 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)			4.63 8.00
9.00	Average Daily Census (see instructions)			25.564384 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.089506 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			144,938 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,811,623 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)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,811,623 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,811,623 18.00
19.00	Deductibles			166,932 19.00
20.00	Subtotal (line 18 minus line 19)			1,644,691 20.00
21.00	Coinurance			8,866 21.00
22.00	Subtotal (line 20 minus line 21)			1,635,825 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			81,010 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			52,657 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			52,539 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,688,482 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)			1,359 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)			1,689,841 31.00
31.01	Sequestration adjustment (see instructions)			33,797 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,596,245 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)			59,799 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			5,123 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 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: 14-0010 Component CCN: 14-T010	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part III Date/Time Prepared: 2/25/2020 7:47 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,012,990 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0191 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			113,166 3.00
4.00	Outlier Payments			39,951 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)			2.81 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)			0.98 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)			0.98 9.00
10.00	Average Daily Census (see instructions)			13.978082 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.071293 11.00
12.00	Teaching Adjustment (see instructions)			286,098 12.00
13.00	Total PPS Payment (see instructions)			4,452,205 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)			4,452,205 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,452,205 19.00
20.00	Deductibles			17,636 20.00
21.00	Subtotal (line 19 minus line 20)			4,434,569 21.00
22.00	Coinurance			14,998 22.00
23.00	Subtotal (line 21 minus line 22)			4,419,571 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,449 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			942 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,340 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,420,513 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)			3,611 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)			4,424,124 32.00
32.01	Sequestration adjustment (see instructions)			88,482 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,352,388 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)			-16,746 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			131 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			39,951 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: 14-0010 Component CCN: 14-5855	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 2/25/2020 7:47 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/25/2020 7:47 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			179.89	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.36	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			179.53	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			207.44	6.00
7.00	Enter the lesser of line 5 or line 6			179.53	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	96.23	92.60	188.83	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	83.28	80.14	163.42	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.33		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		5.33		10.01
11.00	Total weighted FTE count	83.28	85.47		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	85.09	83.80		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	85.88	84.41		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	84.75	84.56		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	84.75	84.56		17.00
18.00	Per resident amount	136,645.07	128,535.33		18.00
19.00	Approved amount for resident costs	11,580,670	10,868,948	22,449,618	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			27.91	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			22,449,618	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	80,921	16,612		26.00
27.00	Total Inpatient Days (see instructions)	177,008	177,008		27.00
28.00	Ratio of inpatient days to total inpatient days	0.457160	0.093849		28.00
29.00	Program direct GME amount	10,263,067	2,106,874		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		297,701		30.00
31.00	Net Program direct GME amount			12,072,240	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/25/2020 7:47 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			7,070,136	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			237,511,273	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			39,878	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			237,471,395	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			258,878,403	42.00
43.00	Primary payer payments (see instructions)			15,693	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			258,862,710	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			496,334,105	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.478451	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.521549	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			12,072,240	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			5,775,975	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			6,296,265	50.00

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

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet G

Date/Time Prepared:
2/25/2020 7:47 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	70,693,996	0	0	0	1.00
2.00	Temporary investments	65,885,708	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	337,675,147	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-105,501,895	0	0	0	6.00
7.00	Inventory	22,044,838	0	0	0	7.00
8.00	Prepaid expenses	43,286,546	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	434,084,340	0	0	0	11.00
FIXED ASSETS						
12.00	Land	73,118,372	0	0	0	12.00
13.00	Land improvements	34,537,412	0	0	0	13.00
14.00	Accumulated depreciation	-26,692,120	0	0	0	14.00
15.00	Buildings	1,718,915,327	0	0	0	15.00
16.00	Accumulated depreciation	-753,930,299	0	0	0	16.00
17.00	Leasehold improvements	57,658,085	0	0	0	17.00
18.00	Accumulated depreciation	-46,826,358	0	0	0	18.00
19.00	Fixed equipment	357,741,410	0	0	0	19.00
20.00	Accumulated depreciation	-238,454,143	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	87,147,790	0	0	0	27.00
28.00	Accumulated depreciation	-58,200,025	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)	1,205,015,451	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,120,578,194	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	132,294,178	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,252,872,372	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,891,972,163	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	113,210,594	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	666,906,073	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	780,116,667	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	662,096,819	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	662,096,819	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,442,213,486	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,449,758,677				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)	2,449,758,677	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,891,972,163	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-1

Date/Time Prepared:
2/25/2020 7:47 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		2,469,518,784		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		12,422,261				2.00
3.00	Total (sum of line 1 and line 2)		2,481,941,045		0		3.00
4.00	CONTRIBUTIONS TEMPORARILY RESTRICTED	17,453,437		0		0	4.00
5.00	NET REALIZED GAINS ON INVESTMENTS	13,392,357		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)		30,845,794		0		10.00
11.00	Subtotal (line 3 plus line 10)		2,512,786,839		0		11.00
12.00	NET ASSETS RELEASED FROM RESTRICTION	18,642,735		0		0	12.00
13.00	UNREALIZED INCOME	9,552,491		0		0	13.00
14.00	PENSION & SERP EQUITY ADJUSTMENTS	34,777,214		0		0	14.00
15.00	CHANGE IN BOARD DESIGNATED	55,722		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)		63,028,162		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,449,758,677		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CONTRIBUTIONS TEMPORARILY RESTRICTED		0				4.00
5.00	NET REALIZED GAINS ON INVESTMENTS		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	NET ASSETS RELEASED FROM RESTRICTION		0				12.00
13.00	UNREALIZED INCOME		0				13.00
14.00	PENSION & SERP EQUITY ADJUSTMENTS		0				14.00
15.00	CHANGE IN BOARD DESIGNATED		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: 14-0010

Period:
From 10/01/2018
To 09/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
2/25/2020 7:47 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	316,162,960		316,162,960	1.00
2.00	SUBPROVIDER - IPF	21,745,604		21,745,604	2.00
3.00	SUBPROVIDER - IRF	9,556,650		9,556,650	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	347,465,214		347,465,214	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	89,545,960		89,545,960	11.00
11.01	INFANT SPECIAL CARE UNIT (ISCU)	49,254,530		49,254,530	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	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)	138,800,490		138,800,490	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	486,265,704		486,265,704	17.00
18.00	Ancillary services	1,317,191,501	2,573,323,238	3,890,514,739	18.00
19.00	Outpatient services	100,083,697	854,037,663	954,121,360	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		15,572,351	15,572,351	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	12,080,941	12,080,941	26.00
27.00	OTHER PHYSICIAN REVENUE	0	93,701,081	93,701,081	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,903,540,902	3,548,715,274	5,452,256,176	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,573,530,485		29.00
30.00	RESEARH DIRECT OPERATING EXPENSES	25,599,801			30.00
31.00	FOUNDATION DIRECT OPERATING EXPENSES	10,566,356			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)		36,166,157		36.00
37.00	INDIRECT OPERATING EXPENSES	18,545,582			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)		18,545,582		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,591,151,060		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-3

Date/Time Prepared:
2/25/2020 7:47 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,452,256,176	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,778,349,950	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,673,906,226	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,591,151,060	4.00
5.00	Net income from service to patients (line 3 minus line 4)	82,755,166	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	8,752,974	6.00
7.00	Income from investments	4,690,345	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	1,637,781	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	5,265,076	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	11,363	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,405,841	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	996,769	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	26,959,444	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB REF TEST GRANT INC EPIC INDE R	10,730,667	24.00
24.01	RESEARCH/FOUNDATION PGRM REVENUE	35,527,797	24.01
24.02	NON OPERATING INCOME	46,482,574	24.02
25.00	Total other income (sum of lines 6-24)	142,460,631	25.00
26.00	Total (line 5 plus line 25)	225,215,797	26.00
27.00	INTERCOMPANY TRANSFER	96,405,556	27.00
27.01	GOODWILL IMPAIRMENT	116,387,980	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	212,793,536	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,422,261	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0010

Period:

Worksheet H

HHA CCN: 14-7001

From 10/01/2018

Date/Time Prepared:

To 09/30/2019

2/25/2020 7:47 am

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	248,905	0	0	248,905	4.00
5.00	Administrative and General	2,900,350	716,240	0	355,541	3,972,131	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,311,573	575,885	0	0	2,887,458	6.00
7.00	Physical Therapy	2,267,659	564,945	0	0	2,832,604	7.00
8.00	Occupational Therapy	329,471	82,081	0	0	411,552	8.00
9.00	Speech Pathology	44,237	11,021	0	0	55,258	9.00
10.00	Medical Social Services	40,840	10,175	0	0	51,015	10.00
11.00	Home Health Aide	64,004	15,945	0	0	79,949	11.00
12.00	Supplies (see instructions)	0	0	0	202,818	202,818	12.00
13.00	Drugs	0	0	0	28,234	28,234	13.00
14.00	DME	16,101	4,011	0	2,290,055	2,310,167	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	7,974,235	1,980,303	248,905	2,876,648	13,080,091	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	248,905	0	248,905		4.00
5.00	Administrative and General	0	3,972,131	-210	3,971,921		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	2,887,458	0	2,887,458		6.00
7.00	Physical Therapy	0	2,832,604	0	2,832,604		7.00
8.00	Occupational Therapy	0	411,552	0	411,552		8.00
9.00	Speech Pathology	0	55,258	0	55,258		9.00
10.00	Medical Social Services	0	51,015	0	51,015		10.00
11.00	Home Health Aide	0	79,949	0	79,949		11.00
12.00	Supplies (see instructions)	0	202,818	0	202,818		12.00
13.00	Drugs	0	28,234	0	28,234		13.00
14.00	DME	0	2,310,167	0	2,310,167		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	13,080,091	-210	13,079,881		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0010

Period:

Worksheet H-1

HHA CCN: 14-7001

From 10/01/2018

Part I

To 09/30/2019

Date/Time Prepared:
2/25/2020 7:47 amHome Health
Agency I

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
			0	1.00	2.00	3.00	4.00	
	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	248,905	0	0	0	248,905		4.00
5.00	Administrative and General	3,971,921	0	0	0	0	3,971,921	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,887,458	0	0	0	109,592	2,997,050	6.00
7.00	Physical Therapy	2,832,604	0	0	0	108,593	2,941,197	7.00
8.00	Occupational Therapy	411,552	0	0	0	17,723	429,275	8.00
9.00	Speech Pathology	55,258	0	0	0	2,886	58,144	9.00
10.00	Medical Social Services	51,015	0	0	0	1,951	52,966	10.00
11.00	Home Health Aide	79,949	0	0	0	8,160	88,109	11.00
12.00	Supplies (see instructions)	202,818	0	0	0	0	202,818	12.00
13.00	Drugs	28,234	0	0	0	0	28,234	13.00
14.00	DME	2,310,167	0	0	0	0	2,310,167	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	13,079,881	0	0	0	248,905	13,079,881	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	3,971,921						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,306,995	4,304,045					6.00
7.00	Physical Therapy	1,282,635	4,223,832					7.00
8.00	Occupational Therapy	187,204	616,479					8.00
9.00	Speech Pathology	25,356	83,500					9.00
10.00	Medical Social Services	23,098	76,064					10.00
11.00	Home Health Aide	38,424	126,533					11.00
12.00	Supplies (see instructions)	88,448	291,266					12.00
13.00	Drugs	12,313	40,547					13.00
14.00	DME	1,007,448	3,317,615					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		13,079,881					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0010

Period:

Worksheet H-1

HHA CCN: 14-7001

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/25/2020 7:47 amHome 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	8,859,054	0		3.00
4.00	Transportation (see instructions)	0	0	0	34,072		4.00
5.00	Administrative and General	0	0	0	0	-3,971,921	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	2,887,458	15,002	0	6.00
7.00	Physical Therapy	0	0	2,832,604	14,865	0	7.00
8.00	Occupational Therapy	0	0	411,552	2,426	0	8.00
9.00	Speech Pathology	0	0	55,258	395	0	9.00
10.00	Medical Social Services	0	0	51,015	267	0	10.00
11.00	Home Health Aide	0	0	79,949	1,117	0	11.00
12.00	Supplies (see instructions)	0	0	202,818	0	0	12.00
13.00	Drugs	0	0	28,234	0	0	13.00
14.00	DME	0	0	2,310,166	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	8,859,054	34,072	-3,971,921	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	248,905		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	7.305265		26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/25/2020 7:47 amHome 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	44,478	192	117,995	162,665	37,747	1.00
2.00	Skilled Nursing Care	4,304,045	42,400	185	94,042	4,440,672	1,030,467	2.00
3.00	Physical Therapy	4,223,832	26,658	116	92,255	4,342,861	1,007,770	3.00
4.00	Occupational Therapy	616,479	3,969	18	13,404	633,870	147,091	4.00
5.00	Speech Pathology	83,500	644	3	1,800	85,947	19,944	5.00
6.00	Medical Social Services	76,064	657	3	1,661	78,385	18,189	6.00
7.00	Home Health Aide	126,533	2,280	10	2,604	131,427	30,498	7.00
8.00	Supplies (see instructions)	291,266	0	0	0	291,266	67,589	8.00
9.00	Drugs	40,547	0	0	0	40,547	9,409	9.00
10.00	DME	3,317,615	456	2	655	3,318,728	770,117	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)	13,079,881	121,542	529	324,416	13,526,368	3,138,821	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	0	147,138	0	36,136	0	18,452	1.00
2.00	Skilled Nursing Care	0	140,262	0	34,447	0	17,593	2.00
3.00	Physical Therapy	0	88,185	0	21,657	0	11,060	3.00
4.00	Occupational Therapy	0	13,130	0	3,225	0	1,648	4.00
5.00	Speech Pathology	0	2,129	0	523	0	268	5.00
6.00	Medical Social Services	0	2,174	0	534	0	273	6.00
7.00	Home Health Aide	0	7,541	0	1,852	0	943	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	1,508	0	370	0	189	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	402,067	0	98,744	0	50,426	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: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2018

Part I

To 09/30/2019

Date/Time Prepared:

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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	35,279	1.00
2.00	Skilled Nursing Care	0	321,056	0	0	10,570	33,641	2.00
3.00	Physical Therapy	0	0	0	0	10,317	21,110	3.00
4.00	Occupational Therapy	0	0	0	0	1,483	3,181	4.00
5.00	Speech Pathology	0	0	0	0	230	482	5.00
6.00	Medical Social Services	0	0	0	0	214	482	6.00
7.00	Home Health Aide	0	0	0	0	396	1,831	7.00
8.00	Supplies (see instructions)	0	0	12,545	0	0	0	8.00
9.00	Drugs	0	0	0	3,848	0	0	9.00
10.00	DME	0	0	0	0	5,023	386	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	321,056	12,545	3,848	28,233	96,392	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		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM- PHARMACY	
		18.00	19.00	20.00	21.00	22.00	23.00	
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

(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: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/25/2020 7:47 amHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.01	23.02	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	437,417	0	437,417		1.00
2.00	Skilled Nursing Care	0	0	6,028,708	0	6,028,708	152,947	2.00
3.00	Physical Therapy	0	0	5,502,960	0	5,502,960	139,616	3.00
4.00	Occupational Therapy	0	0	803,628	0	803,628	20,389	4.00
5.00	Speech Pathology	0	0	109,523	0	109,523	2,779	5.00
6.00	Medical Social Services	0	0	100,251	0	100,251	2,543	6.00
7.00	Home Health Aide	0	0	174,488	0	174,488	4,427	7.00
8.00	Supplies (see instructions)	0	0	371,400	0	371,400	9,423	8.00
9.00	Drugs	0	0	53,804	0	53,804	1,365	9.00
10.00	DME	0	0	4,096,321	0	4,096,321	103,928	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	17,678,500	0	17,678,500	437,417	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.						0.025371	21.00
Cost Center Description		Total HHA Costs 28.00						
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	6,181,655						2.00
3.00	Physical Therapy	5,642,576						3.00
4.00	Occupational Therapy	824,017						4.00
5.00	Speech Pathology	112,302						5.00
6.00	Medical Social Services	102,794						6.00
7.00	Home Health Aide	178,915						7.00
8.00	Supplies (see instructions)	380,823						8.00
9.00	Drugs	55,169						9.00
10.00	DME	4,200,249						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00	Respiratory Therapy	0						12.00
13.00	Private Duty Nursing	0						13.00
14.00	Clinic	0						14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
19.00	All Others (specify)	0						19.00
19.50	Telemedicine	0						19.50
20.00	Total (sum of lines 1-19) (2)	17,678,500						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 STATISTICAL BASIS

Provider CCN: 14-0010
HHA CCN: 14-7001Period:
From 10/01/2018
To 09/30/2019Worksheet H-2
Part II
Date/Time Prepared:
2/25/2020 7:47 am

						Home 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)	MVBLE EQUIP (DEPR. EXPE NSE)				
		1.00	2.00	4.00	5A	5.00	6.00
1.00	Administrative and General	3,317	195	2,900,351	0	162,665	0
2.00	Skilled Nursing Care	3,162	187	2,311,573	0	4,440,672	0
3.00	Physical Therapy	1,988	118	2,267,659	0	4,342,861	0
4.00	Occupational Therapy	296	18	329,471	0	633,870	0
5.00	Speech Pathology	48	3	44,237	0	85,947	0
6.00	Medical Social Services	49	3	40,840	0	78,385	0
7.00	Home Health Aide	170	10	64,004	0	131,427	0
8.00	Supplies (see instructions)	0	0	0	0	291,266	0
9.00	Drugs	0	0	0	0	40,547	0
10.00	DME	34	2	16,100	0	3,318,728	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	9,064	536	7,974,235		13,526,368	0
21.00	Total cost to be allocated	121,542	529	324,416		3,138,821	0
22.00	Unit cost multiplier	13.409312	0.986940	0.040683		0.232052	0.000000
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)
		7.00	8.00	9.00	10.00	11.00	12.00
1.00	Administrative and General	3,317	0	3,317	0	69,400	0
2.00	Skilled Nursing Care	3,162	0	3,162	0	66,171	0
3.00	Physical Therapy	1,988	0	1,988	0	41,599	0
4.00	Occupational Therapy	296	0	296	0	6,199	0
5.00	Speech Pathology	48	0	48	0	1,008	0
6.00	Medical Social Services	49	0	49	0	1,027	0
7.00	Home Health Aide	170	0	170	0	3,548	0
8.00	Supplies (see instructions)	0	0	0	0	0	0
9.00	Drugs	0	0	0	0	0	0
10.00	DME	34	0	34	0	710	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	9,064	0	9,064	0	189,662	0
21.00	Total cost to be allocated	402,067	0	98,744	0	50,426	0
22.00	Unit cost multiplier	44.358672	0.000000	10.894086	0.000000	0.265873	0.000000

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0010
HHA CCN: 14-7001Period:
From 10/01/2018
To 09/30/2019Worksheet H-2
Part II
Date/Time Prepared:
2/25/2020 7:47 amHome Health
Agency I

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Cost Center Description		NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	0	0	0	0	366	0	1.00
2.00	Skilled Nursing Care	41	0	0	5,829,719	349	0	2.00
3.00	Physical Therapy	0	0	0	5,690,724	219	0	3.00
4.00	Occupational Therapy	0	0	0	818,076	33	0	4.00
5.00	Speech Pathology	0	0	0	127,099	5	0	5.00
6.00	Medical Social Services	0	0	0	117,976	5	0	6.00
7.00	Home Health Aide	0	0	0	218,420	19	0	7.00
8.00	Supplies (see instructions)	0	143,396	0	0	0	0	8.00
9.00	Drugs	0	0	28,234	1	0	0	9.00
10.00	DME	0	0	0	2,770,336	4	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)	41	143,396	28,234	15,572,351	1,000	0	20.00
21.00	Total cost to be allocated	321,056	12,545	3,848	28,233	96,392	0	21.00
22.00	Unit cost multiplier	7,830.634146	0.087485	0.136290	0.001813	96.392000	0.000000	22.00
Cost Center Description		INTERNS & RESIDENTS					PARAMED ED PRGM-MEDICAL TECH (ASSIGNED TIME)	
		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)		
		19.00	20.00	21.00	22.00	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)	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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/25/2020 7:47 amHome Health
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Cost Center Description		PARAMED ED PRGM-SCHOOL OF ANESTHESI (ASSIGNED TIME)			
		23.02			
1.00	Administrative and General	0			1.00
2.00	Skilled Nursing Care	0			2.00
3.00	Physical Therapy	0			3.00
4.00	Occupational Therapy	0			4.00
5.00	Speech Pathology	0			5.00
6.00	Medical Social Services	0			6.00
7.00	Home Health Aide	0			7.00
8.00	Supplies (see instructions)	0			8.00
9.00	Drugs	0			9.00
10.00	DME	0			10.00
11.00	Home Dialysis Aide Services	0			11.00
12.00	Respiratory Therapy	0			12.00
13.00	Private Duty Nursing	0			13.00
14.00	Clinic	0			14.00
15.00	Health Promotion Activities	0			15.00
16.00	Day Care Program	0			16.00
17.00	Home Delivered Meals Program	0			17.00
18.00	Homemaker Service	0			18.00
19.00	All Others (specify)	0			19.00
19.50	Telemedicine	0			19.50
20.00	Total (sum of lines 1-19)	0			20.00
21.00	Total cost to be allocated	0			21.00
22.00	Unit cost multiplier	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet H-3

HHA CCN: 14-7001

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/25/2020 7:47 am

				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	6,181,655		6,181,655	27,592	224.04	1.00
2.00	Physical Therapy	3.00	5,642,576	0	5,642,576	26,948	209.39	2.00
3.00	Occupational Therapy	4.00	824,017	0	824,017	3,870	212.92	3.00
4.00	Speech Pathology	5.00	112,302	0	112,302	574	195.65	4.00
5.00	Medical Social Services	6.00	102,794		102,794	464	221.54	5.00
6.00	Home Health Aide	7.00	178,915		178,915	1,648	108.56	6.00
7.00	Total (sum of lines 1-6)		13,042,259	0	13,042,259	61,096		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	10,915			8.00
8.01	Skilled Nursing Care		29404	0	4,087			8.01
9.00	Physical Therapy		16974	0	10,495			9.00
9.01	Physical Therapy		29404	0	4,370			9.01
10.00	Occupational Therapy		16974	0	1,845			10.00
10.01	Occupational Therapy		29404	0	581			10.01
11.00	Speech Pathology		16974	0	310			11.00
11.01	Speech Pathology		29404	0	85			11.01
12.00	Medical Social Services		16974	0	213			12.00
12.01	Medical Social Services		29404	0	54			12.01
13.00	Home Health Aide		16974	0	806			13.00
13.01	Home Health Aide		29404	0	311			13.01
14.00	Total (sum of lines 8-13)			0	34,072			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	380,823	0	380,823	0	0.000000	15.00
16.00	Cost of Drugs	9.00	55,169	0	55,169	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part B						
		Part A	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
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	15,002		0	3,361,048		1.00
2.00	Physical Therapy	0	14,865		0	3,112,582		2.00
3.00	Occupational Therapy	0	2,426		0	516,544		3.00
4.00	Speech Pathology	0	395		0	77,282		4.00
5.00	Medical Social Services	0	267		0	59,151		5.00
6.00	Home Health Aide	0	1,117		0	121,262		6.00
7.00	Total (sum of lines 1-6)	0	34,072		0	7,247,869		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet H-3

HHA CCN: 14-7001

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/25/2020 7:47 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Agency 1		Agency 2		Agency 3		Agency 4	
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
14.00	Total (sum of lines 8-13)								14.00
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	10.00	11.00	
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	54,452	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	3,361,048							1.00
2.00	Physical Therapy	3,112,582							2.00
3.00	Occupational Therapy	516,544							3.00
4.00	Speech Pathology	77,282							4.00
5.00	Medical Social Services	59,151							5.00
6.00	Home Health Aide	121,262							6.00
7.00	Total (sum of lines 1-6)	7,247,869							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet H-3

HHA CCN: 14-7001

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/25/2020 7:47 am

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	0.407492	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.356968	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.322172	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.452265	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.299456	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2018 To 09/30/2019	Worksheet H-4 Part I-II Date/Time Prepared: 2/25/2020 7:47 am	
		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	1.00
2.00	Total charges	10,099,186	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	10,099,186	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	10,099,186	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	2,477	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	-2,477	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	7,927,328	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	71,325	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	186,424	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	145,226	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	16,419	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	3,871	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	8,348,116	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	8,348,116	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	8,348,116	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	8,348,116	29.00
30.00	OTHER ADJUSTMENT		0	1	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	8,348,117	31.00
31.01	Sequestration adjustment (see instructions)		0	166,963	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	8,181,154	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	0	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 BENEFICIARIESProvider CCN: 14-0010
HHA CCN: 14-7001Period:
From 10/01/2018
To 09/30/2019Worksheet H-5
Date/Time Prepared:
2/25/2020 7:47 am

				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		8,181,154
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
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)				
Program to Provider					
3.01			0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50			0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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		8,181,154
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)				
Program to Provider					
5.01			0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50			0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		0		8,181,154
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0

Hospice CCN: 14-1522

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/25/2020 7:47 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	69,704	69,704	0	69,704	3.00
4.00	ADMINISTRATIVE & GENERAL*	461,677	44,857	506,534	0	506,534	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	56,234	56,234	0	56,234	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	228	228	0	228	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	904	904	0	904	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	115,943	115,943	0	115,943	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	72,251	18,052	90,303	0	90,303	13.00
14.00	PHARMACY*	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	58,489	58,489	0	58,489	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		751,968	751,968	0	751,968	25.00
26.00	PHYSICIAN SERVICES**	299,330	53,147	352,477	0	352,477	26.00
27.00	NURSE PRACTITIONER**	30,778	7,478	38,256	0	38,256	27.00
28.00	REGISTERED NURSE**	1,299,533	322,465	1,621,998	0	1,621,998	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**	402,065	99,774	501,839	0	501,839	33.00
34.00	SPIRITUAL COUNSELING**	215,213	53,403	268,616	0	268,616	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	405,724	405,724	0	405,724	38.00
39.00	PATIENT TRANSPORTATION**	0	29,745	29,745	0	29,745	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	140,569	140,569	0	140,569	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	490,538	490,538	0	490,538	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)**	261,243	64,825	326,068	0	326,068	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	109,433	27,155	136,588	0	136,588	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*	1,208,194	248,649	1,456,843	0	1,456,843	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	75,366	75,366	0	75,366	71.00
100.00	TOTAL	4,359,717	3,135,217	7,494,934	0	7,494,934	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: 14-0010

Period:

Worksheet 0

Hospice CCN: 14-1522

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/25/2020 7:47 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	69,704	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	506,534	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	56,234	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	228	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	904	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	115,943	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	90,303	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	58,489	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	751,968	25.00
26.00	PHYSICIAN SERVICES**	0	352,477	26.00
27.00	NURSE PRACTITIONER**	0	38,256	27.00
28.00	REGISTERED NURSE**	0	1,621,998	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	501,839	33.00
34.00	SPIRITUAL COUNSELING**	0	268,616	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	405,724	38.00
39.00	PATIENT TRANSPORTATION**	0	29,745	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	140,569	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	490,538	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)**	1,444	327,512	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	136,588	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	1,456,843	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*	46,062	46,062	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	75,366	71.00
100.00	TOTAL	47,506	7,542,440	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: 14-0010

Period:

Worksheet 0-2

Hospice CCN: 14-1522

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/25/2020 7:47 am

						Hospice I		27.00 2020 7.147 km	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED								25.00
26.00	PHYSICIAN SERVICES	258,353	43,593	301,946	0		301,946		26.00
27.00	NURSE PRACTITIONER	0	0	0	0		0		27.00
28.00	REGISTERED NURSE	1,299,533	322,465	1,621,998	0		1,621,998		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	398,985	99,004	497,989	0		497,989		33.00
34.00	SPIRITUAL COUNSELING	215,213	53,403	268,616	0		268,616		34.00
35.00	DIETARY COUNSELING	0	0	0	0		0		35.00
36.00	COUNSELING - OTHER	0	0	0	0		0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0		0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	405,724	405,724	0		405,724		38.00
39.00	PATIENT TRANSPORTATION	0	29,745	29,745	0		29,745		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	140,569	140,569	0		140,569		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	490,538	490,538	0		490,538		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)	261,243	64,825	326,068	0		326,068		46.00
100.00	TOTAL *	2,433,327	1,649,866	4,083,193	0		4,083,193		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	301,946	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,621,998	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	497,989	33.00
34.00	SPIRITUAL COUNSELING	0	268,616	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	405,724	38.00
39.00	PATIENT TRANSPORTATION	0	29,745	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	140,569	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	490,538	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	326,068	46.00
100.00	TOTAL *	0	4,083,193	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: 14-0010

Period:

Worksheet 0-3

Hospice CCN: 14-1522

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/25/2020 7:47 am

		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	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & 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 *	0	0	0	0	0	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	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & 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)	1,444	1,444	46.00
100.00	TOTAL *	1,444	1,444	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: 14-0010 Hospice CCN: 14-1522	Period: From 10/01/2018 To 09/30/2019	Worksheet 0-4 Date/Time Prepared: 2/25/2020 7:47 am
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		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		751,968	751,968	0	751,968	25.00
26.00	PHYSICIAN SERVICES	40,977	9,554	50,531	0	50,531	26.00
27.00	NURSE PRACTITIONER	30,778	7,478	38,256	0	38,256	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	3,080	770	3,850	0	3,850	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 *	74,835	769,770	844,605	0	844,605	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	751,968	25.00
26.00	PHYSICIAN SERVICES	0	50,531	26.00
27.00	NURSE PRACTITIONER	0	38,256	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,850	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	844,605	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: 14-0010

Period:

Worksheet 0-5

Hospice CCN: 14-1522

From 10/01/2018

To 09/30/2019

Date/Time Prepared:
2/25/2020 7:47 am

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	0	53,838	53,838	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	69,704	177,366	247,070	3.00
4.00	ADMINISTRATIVE & GENERAL	506,534	1,829,899	2,336,433	4.00
5.00	PLANT OPERATION & MAINTENANCE	56,234	178,100	234,334	5.00
6.00	LAUNDRY & LINEN SERVICE	228	0	228	6.00
7.00	HOUSEKEEPING	0	43,740	43,740	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	164,444	164,444	9.00
10.00	ROUTINE MEDICAL SUPPLIES	904	12,377	13,281	10.00
11.00	MEDICAL RECORDS	0	21,903	21,903	11.00
12.00	STAFF TRANSPORTATION	115,943		115,943	12.00
13.00	VOLUNTEER SERVICE COORDINATION	90,303		90,303	13.00
14.00	PHARMACY	0	66,848	66,848	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	58,489	0	58,489	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		1,046,430	1,046,430	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	4,083,193		4,083,193	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,444		1,444	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	844,605		844,605	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	136,588		136,588	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	1,456,843		1,456,843	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	46,062		46,062	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	75,366		75,366	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	7,542,440	3,594,945	11,137,385	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/25/2020 7:47 am

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	53,838	53,838					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	247,070	0	0	247,070			3.00
4.00	ADMINISTRATIVE & GENERAL	2,336,433	33,385	0	26,164	2,395,982		4.00
5.00	PLANT OPERATION & MAINTENANCE	234,334	0	0	0	234,334		5.00
6.00	LAUNDRY & LINEN SERVICE	228	0	0	0	228		6.00
7.00	HOUSEKEEPING	43,740	0	0	0	43,740		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	164,444	0	0	0	164,444		9.00
10.00	ROUTINE MEDICAL SUPPLIES	13,281	0	0	0	13,281		10.00
11.00	MEDICAL RECORDS	21,903	0	0	0	21,903		11.00
12.00	STAFF TRANSPORTATION	115,943	0	0	0	115,943		12.00
13.00	VOLUNTEER SERVICE COORDINATION	90,303	6,870	0	4,095	101,268		13.00
14.00	PHARMACY	66,848	0	0	0	66,848		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	58,489	0	0	0	58,489		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		1,046,430		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	4,083,193			137,898	4,221,091		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,444	0	0	0	1,444		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	844,605	3,287	0	4,241	852,133		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	136,588	9,587	0	6,202	152,377		60.00
61.00	VOLUNTEER PROGRAM	0	709	0	68,470	69,179		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	1,456,843	0	0	0	1,456,843		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	46,062				46,062		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	75,366	0	0	0	75,366		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	11,137,385	53,838	0	247,070	11,137,385		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:

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Hospice CCN: 14-1522

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Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	2,395,982						4.00
5.00	PLANT OPERATION & MAINTENANCE	64,570	298,904					5.00
6.00	LAUNDRY & LINEN SERVICE	63	0		291			6.00
7.00	HOUSEKEEPING	12,052	0			55,792		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	45,312	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,660	0			0		10.00
11.00	MEDICAL RECORDS	6,035	0			0		11.00
12.00	STAFF TRANSPORTATION	31,948	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	27,904	100,402			18,741		13.00
14.00	PHARMACY	18,420	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	16,117	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	288,342	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,163,111						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	398	0		21	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	234,804	48,043		270	8,968	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	41,987	140,102			26,150		60.00
61.00	VOLUNTEER PROGRAM	19,062	10,357			1,933		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	401,430	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)	20,767	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	2,395,982	298,904		291	55,792	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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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	209,756				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	16,941			10.00
11.00	MEDICAL RECORDS	0		27,938		11.00
12.00	STAFF TRANSPORTATION	0			147,891	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	248,315 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	209,756	16,398	27,042	147,891	248,315 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	39	64	0	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	504	832	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	209,756	16,941	27,938	147,891	248,315 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		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	85,268					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		74,606			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				1,334,772		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	85,268	0	57,447		6,176,319	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	94,971	96,937	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	746	1,239,801	2,386,101	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		2,238		362,854	60.00
61.00	VOLUNTEER PROGRAM	0		14,175		114,706	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		1,858,273	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					46,062	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	96,133	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	85,268	0	74,606	1,334,772	11,137,385	100.00

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

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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I 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	2,735					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,359,717			3.00
4.00	ADMINISTRATIVE & GENERAL	1,696	0	461,677	-2,395,982	8,695,341	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	234,334	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	228	6.00
7.00	HOUSEKEEPING	0	0	0	0	43,740	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	164,444	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	13,281	10.00
11.00	MEDICAL RECORDS	0	0	0	0	21,903	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	115,943	12.00
13.00	VOLUNTEER SERVICE COORDINATION	349	0	72,251	0	101,268	13.00
14.00	PHARMACY	0	0	0	0	66,848	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	58,489	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	1,046,430	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			2,433,327	0	4,221,091	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	1,444	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	167	0	74,835	0	852,133	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	487	0	109,433	0	152,377	60.00
61.00	VOLUNTEER PROGRAM	36	0	1,208,194	0	69,179	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	1,456,843	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				-46,062		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	75,366	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	53,838	0	247,070		2,395,982	100.00
101.00	UNIT COST MULTIPLIER	19.684826	0.000000	0.056671		0.275548	101.00

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

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Cost Center Descriptions		Hospice I					
		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	1,039					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,546				6.00
7.00	HOUSEKEEPING	0		1,039			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		21	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	349		349		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					21	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	110	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	167	1,436	167	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	487		487		0	60.00
61.00	VOLUNTEER PROGRAM	36		36		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)	298,904	291	55,792	0	209,756	100.00
101.00	UNIT COST MULTIPLIER	287.684312	0.188228	53.697786	0.000000	9,988.380952	101.00

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

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Cost Center Descriptions		Hospice I				
		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	48,236				10.00
11.00	MEDICAL RECORDS		48,236			11.00
12.00	STAFF TRANSPORTATION			203,193		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2,080	13.00
14.00	PHARMACY			0	0	490,538 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 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	46,690	46,690	203,193	2,080	490,538 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	110	110	0	0	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,436	1,436	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			0	0	0 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)	16,941	27,938	147,891	248,315	85,268 100.00
101.00	UNIT COST MULTIPLIER	0.351211	0.579194	0.727835	119.382212	0.173825 101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
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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		100			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			1,546		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	77			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	110		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1	1,436		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		3			60.00
61.00	VOLUNTEER PROGRAM		19			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					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	74,606	1,334,772		100.00
101.00	UNIT COST MULTIPLIER	0.000000	746.060000	863.371281		101.00

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

Provider CCN: 14-0010

Period:

Worksheet 0-7

Hospice CCN: 14-1522

From 10/01/2018
To 09/30/2019

Date/Time Prepared:
2/25/2020 7:47 am

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	
		0	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.407492	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.356968	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.322172	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.299456	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.165452	0	0	0	6.00
6.01	VASCULAR LAB	60.01	0.099310	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.452265	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.102623	0	0	0	9.00
10.00	BLANK	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.523916	0	0	0	10.97
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
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	VASCULAR LAB	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	BLANK	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0010

Period:

Worksheet 0-8

Hospice CCN: 14-1522

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/25/2020 7:47 am

		Hospice I		
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	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)			6,176,319 6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			46,690 7.00
8.00	Total average cost per diem (line 6 divided by line 7)			132.28 8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	41,093	3,197	9.00
10.00	Program cost (line 8 times line 9)	5,435,782	422,899	10.00
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			96,937 11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			110 12.00
13.00	Total average cost per diem (line 11 divided by line 12)			881.25 13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	103	1	14.00
15.00	Program cost (line 13 times line 14)	90,769	881	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)			2,386,101 16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,436 17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,661.63 18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,127	92	19.00
20.00	Program cost (line 18 times line 19)	1,872,657	152,870	20.00
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			8,659,357 21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			48,236 22.00
23.00	Average cost per diem (line 21 divided by line 22)			179.52 23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0010	Period: From 10/01/2018 To 09/30/2019	Worksheet L Parts I-III Date/Time Prepared: 2/25/2020 7:47 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		14,272,512	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		180,158	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)		445.41	3.00
4.00	Number of interns & residents (see instructions)		175.93	4.00
5.00	Indirect medical education percentage (see instructions)		11.80	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)		1,684,156	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.88	8.00
9.00	Sum of lines 7 and 8		16.46	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.39	10.00
11.00	Disproportionate share adjustment (see instructions)		483,838	11.00
12.00	Total prospective capital payments (see instructions)		16,620,664	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