

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: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/31/2020 1:55 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 8/31/2020	Time: 1:55 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
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 KATHERINE SHAW BETHEA (14-0012) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 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) MICHAEL KITTOE

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	123,211	53,387	0	0	1.00
2.00	Subprovider - IPF	0	18	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	123,229	53,387	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: 14-0012		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/31/2020 1:55 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: KATHERINE SHAW BETHEA HOSPITAL			PO Box: 403 EAST				1.00	
2.00	City: DIXON			State: IL		Zip Code: 61021		County: LEE	
		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
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			KATHERINE SHAW BETHEA	140012	99914	1	07/01/1966	N
4.00	Subprovider - IPF			KSB PSYCH	14S012	99914	4	11/01/1983	N
5.00	Subprovider - IRF								P
6.00	Subprovider - (Other)								P
7.00	Swing Beds - SNF								O
8.00	Swing Beds - NF								O
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLT								
12.00	Hospital-Based HHA			KSB HOME HEALTH	147131	99914		07/07/1976	N
13.00	Separately Certified ASC								P
14.00	Hospital-Based Hospice								N
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019	
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)					Y	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		
				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.			1,111	0	0	0	0	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0012		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/31/2020 1:55 pm	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			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.					2			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.					2			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/31/2020 1:55 pm

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

Worksheet S-2
Part I
Date/Time Prepared:
8/31/2020 1:55 pm

MCRIF32 - 16.2.168.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/31/2020 1:55 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/31/2020 1:55 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
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		0115.00
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:	644,255	595,030	0118.01
		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	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0012		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/31/2020 1:55 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:		Zip Code:				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 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	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	N	161.00	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/31/2020 1:55 pm
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/25/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		
		Y/N 1.00	Legal Oper. 2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N 1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/17/2020	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/31/2020 1:55 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEVIN	WELLEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-925-4446	KEVIN.WELLEN@CLACONNECT.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/31/2020 1:55 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/31/2020 1:55 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	60	21,900	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)		60	21,900	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		66	24,090	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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)		80			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/31/2020 1:55 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,692	704	6,036			1.00
2.00	HMO and other (see instructions)	424	567				2.00
3.00	HMO IPF Subprovider	11	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	3,692	704	6,036			7.00
8.00	INTENSIVE CARE UNIT	465	109	670			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		129	304			13.00
14.00	Total (see instructions)	4,157	942	7,010	4.22	752.78	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	274	486	1,115	0.00	20.06	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	910	337	5,557	0.00	10.40	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						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)				4.22	783.24	27.00
28.00	Observation Bed Days		443	1,888			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	0	48			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/31/2020 1:55 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	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	1,142	452	2,825	1.00
2.00 HMO and other (see instructions)			116	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,142	452	2,825	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	59	246	591	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/31/2020 1:55 pm

	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	64,770,173	0	64,770,173	1,629,141.96	39.76
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		49,718	0	49,718	303.00	164.09
4.01	Physicians - Part A - Teaching		504,029	0	504,029	4,287.25	117.56
5.00	Physician and Non Physician-Part B		22,999,069	0	22,999,069	129,143.61	178.09
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	333,761	333,761	11,682.00	28.57
7.01	Contracted interns and residents (in an approved programs)		590,978	0	590,978	16,640.00	35.52
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)		2,648,688	12,018	2,660,706	72,010.52	36.95
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		156,283	0	156,283	2,667.03	58.60
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		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		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,661,771	0	17,661,771		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		900,913	0	900,913		
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		3,791	0	3,791		
22.01	Physician Part A - Teaching		53,637	0	53,637		
23.00	Physician Part B		1,615,697	0	1,615,697		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		146,152	0	146,152		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/31/2020 1:55 pm

		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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	746,106	-288,085	458,021	16,839.80	27.20	26.00
27.00	Administrative & General	5.00	8,449,464	75,828	8,525,292	294,299.80	28.97	27.00
28.00	Administrative & General under contract (see inst.)		92,165	0	92,165	477.65	192.96	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	807,855	18,293	826,148	35,315.45	23.39	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	727,932	-142,368	585,564	48,591.47	12.05	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,080,078	-827,070	253,008	14,781.84	17.12	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	839,482	839,482	51,563.96	16.28	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,431,914	-233,707	1,198,207	34,998.66	34.24	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	907,421	4,559	911,980	23,814.80	38.29	40.00
41.00	Medical Records & Medical Records Library	16.00	732,104	-97,747	634,357	29,646.91	21.40	41.00
42.00	Social Service	17.00	0	298,629	298,629	9,027.17	33.08	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/31/2020 1:55 pm

	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)	40,768,262	-333,761	40,434,501	1,467,866.75	27.55	1.00
2.00	Excluded area salaries (see instructions)	2,648,688	12,018	2,660,706	72,010.52	36.95	2.00
3.00	Subtotal salaries (line 1 minus line 2)	38,119,574	-345,779	37,773,795	1,395,856.23	27.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	156,283	0	156,283	2,667.03	58.60	4.00
5.00	Subtotal wage-related costs (see inst.)	17,665,562	0	17,665,562	0.00	46.77	5.00
6.00	Total (sum of lines 3 thru 5)	55,941,419	-345,779	55,595,640	1,398,523.26	39.75	6.00
7.00	Total overhead cost (see instructions)	14,975,039	-352,186	14,622,853	559,357.51	26.14	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 8/31/2020 1:55 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,379,985	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		10,601,013	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,280,568	9.00
10.00	Dental, Hearing and Vision Plan		721,646	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		247,530	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)		194,847	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		107,118	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		3,697,867	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		151,387	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		20,381,961	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: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	156,283	20,381,961	1.00
2.00	Hospital	156,283	19,684,779	2.00
3.00	Subprovider - IPF	0	458,330	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	238,852	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0012 Component CCN: 14-7131		Period: From 01/01/2019 To 12/31/2019		Worksheet S-4 Date/Time Prepared: 8/31/2020 1:55 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County			LEE				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	776	52	207	1,035	1.00		
2.00	Unduplicated Census Count (see instructions)	0.00	337.00	37.00	67.00	441.00	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		1.00	0.00	1.00	3.00		
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00		
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00		
6.00	Direct Nursing Service			5.00	0.00	5.00	6.00		
7.00	Nursing Supervisor			1.00	0.00	1.00	7.00		
8.00	Physical Therapy Service			0.00	0.00	0.00	8.00		
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00		
10.00	Occupational Therapy Service			0.40	0.00	0.40	10.00		
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00		
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00		
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00		
14.00	Medical Social Service			0.00	0.00	0.00	14.00		
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00		
16.00	Home Health Aide			1.00	0.00	1.00	16.00		
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00		
18.00	CLERK			2.00	0.00	2.00	18.00		
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00		
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00		
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)			
		Without Outliers	With Outliers	3.00	4.00	5.00			
		1.00	2.00	3.00	4.00	5.00			
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits	341	25	34	2	402	21.00		
22.00	Skilled Nursing Visit Charges	66,154	4,850	6,596	388	77,988	22.00		
23.00	Physical Therapy Visits	323	26	3	22	374	23.00		
24.00	Physical Therapy Visit Charges	62,662	5,044	582	4,268	72,556	24.00		
25.00	Occupational Therapy Visits	30	11	0	1	42	25.00		
26.00	Occupational Therapy Visit Charges	5,820	2,134	0	194	8,148	26.00		
27.00	Speech Pathology Visits	19	0	0	5	24	27.00		
28.00	Speech Pathology Visit Charges	3,686	0	0	970	4,656	28.00		
29.00	Medical Social Service Visits	1	0	0	0	1	29.00		
30.00	Medical Social Service Visit Charges	194	0	0	0	194	30.00		
31.00	Home Health Aide Visits	59	8	0	0	67	31.00		
32.00	Home Health Aide Visit Charges	4,130	560	0	0	4,690	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	773	70	37	30	910	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)	142,646	12,588	7,178	5,820	168,232	35.00		
36.00	Total Number of Episodes (standard/non outlier)	67		14	2	83	36.00		
37.00	Total Number of Outlier Episodes		2		0	2	37.00		
38.00	Total Non-Routine Medical Supply Charges	3,161	106	251	0	3,518	38.00		

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-10

Date/Time Prepared:
8/31/2020 1:55 pm

			1.00	
	Uncompensated and indigent care cost computation			
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.250346	1.00
	Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid		1,726,627	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		1,584,522	5.00
6.00	Medicaid charges		48,858,463	6.00
7.00	Medicaid cost (line 1 times line 6)		12,231,521	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)		8,920,372	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)			
9.00	Net revenue from stand-alone CHIP		37,324	9.00
10.00	Stand-alone CHIP charges		767,092	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		192,038	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		154,714	12.00
	Other state or local government indigent care program (see instructions for each line)			
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)			
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,075,086	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)	3,232,855	0	3,232,855
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	809,332	0	809,332
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	809,332	0	809,332
				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)		20,393,484	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		188,903	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		290,621	27.01
28.00	Non-Medicare bad debt expense (see instructions)		20,102,863	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,134,389	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,943,721	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,018,807	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		6,645,809	6,645,809	-1,060,182	5,585,627	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,968,319	1,968,319	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	746,106	16,953,401	17,699,507	-181,443	17,518,064	4.00
5.01	00540	NONPATIENT TELEPHONES	312,248	126,706	438,954	352,827	791,781	5.01
5.02	00590	DATA PROCESSING	993,644	3,117,645	4,111,289	-343,238	3,768,051	5.02
5.03	00591	PURCAHSING RECEIVING AND STORES	356,203	790,327	1,146,530	3,224	1,149,754	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,666,574	9,034,560	11,701,134	32,103	11,733,237	5.04
5.05	00592	OTHER ADMIN & GENERAL	4,120,795	9,756,055	13,876,850	-306,987	13,569,863	5.05
7.00	00700	OPERATION OF PLANT	807,855	3,445,680	4,253,535	-203,443	4,050,092	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	411,600	411,600	8.00
9.00	00900	HOUSEKEEPING	727,932	608,541	1,336,473	-565,588	770,885	9.00
10.00	01000	DIETARY	1,080,078	731,571	1,811,649	-1,396,153	415,496	10.00
11.00	01100	CAFETERIA	0	0	0	1,408,090	1,408,090	11.00
13.00	01300	NURSING ADMINISTRATION	1,431,914	711,737	2,143,651	-249,558	1,894,093	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,089,624	3,089,624	-3,084,057	5,567	14.00
15.00	01500	PHARMACY	907,421	2,908,413	3,815,834	-1,913,246	1,902,588	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	732,104	1,378,584	2,110,688	-109,065	2,001,623	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	84,503	84,503	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	233,968	233,968	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	949,602	949,602	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	581,962	581,962	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,038,645	775,727	4,814,372	-147,953	4,666,419	30.00
31.00	03100	INTENSIVE CARE UNIT	1,006,130	381,507	1,387,637	6,603	1,394,240	31.00
40.00	04000	SUBPROVIDER - IPF	1,456,491	293,955	1,750,446	7,098	1,757,544	40.00
43.00	04300	NURSERY	453,382	72,683	526,065	8,473	534,538	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,117,469	1,870,902	3,988,371	-597,174	3,391,197	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,226	1,226	147,637	148,863	52.00
53.00	05300	ANESTHESIOLOGY	0	825,371	825,371	-17,036	808,335	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,350,013	688,381	2,038,394	-319,473	1,718,921	54.00
54.01	05401	ULTRASOUND	375,932	198,920	574,852	3,000	577,852	54.01
57.00	05700	CT SCAN	139,401	218,292	357,693	-32,473	325,220	57.00
58.00	05800	MRI	180,691	153,990	334,681	-81	334,600	58.00
59.00	05900	CARDIAC CATHETERIZATION	471,540	3,050,832	3,522,372	-2,474,888	1,047,484	59.00
60.00	06000	LABORATORY	2,438,461	3,221,922	5,660,383	-106,235	5,554,148	60.00
64.00	06400	INTRAVENOUS THERAPY	0	211,199	211,199	-152,384	58,815	64.00
65.00	06500	RESPIRATORY THERAPY	675,564	259,420	934,984	-168,026	766,958	65.00
66.00	06600	PHYSICAL THERAPY	1,368,879	364,786	1,733,665	-82,186	1,651,479	66.00
67.00	06700	OCCUPATIONAL THERAPY	300,304	39,910	340,214	45,544	385,758	67.00
68.00	06800	SPEECH PATHOLOGY	287,525	147,472	434,997	-114,612	320,385	68.00
69.00	06900	ELECTROCARDIOLOGY	86,761	266,074	352,835	131,572	484,407	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	-1,536	-1,536	4,373	2,837	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	6,940,844	6,940,844	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,083,601	3,083,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,932,998	1,932,998	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	790,291	80,888	871,179	2,269	873,448	76.00
76.97	07697	CARDIAC REHABILITATION	722,022	275,032	997,054	8,883	1,005,937	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	24,950,733	6,719,341	31,670,074	-4,002,055	27,668,019	90.00
91.00	09100	EMERGENCY	5,484,868	820,462	6,305,330	-25,847	6,279,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	759,029	231,228	990,257	-6,683	983,574	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		690,422	690,422	-690,422	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,337,005	81,157,059	145,494,064	-1,395	145,492,669	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	433,168	82,555	515,723	1,395	517,118	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	64,770,173	81,239,614	146,009,787	0	146,009,787	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-260,968	5,324,659	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,968,319	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	17,518,064	4.00
5.01	00540	NONPATIENT TELEPHONES	-12,164	779,617	5.01
5.02	00590	DATA PROCESSING	0	3,768,051	5.02
5.03	00591	PURCAHSING RECEIVING AND STORES	-96,360	1,053,394	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	11,733,237	5.04
5.05	00592	OTHER ADMIN & GENERAL	-4,562,980	9,006,883	5.05
7.00	00700	OPERATION OF PLANT	-473,485	3,576,607	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	411,600	8.00
9.00	00900	HOUSEKEEPING	0	770,885	9.00
10.00	01000	DIETARY	0	415,496	10.00
11.00	01100	CAFETERIA	-474,705	933,385	11.00
13.00	01300	NURSING ADMINISTRATION	1,269	1,895,362	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,567	14.00
15.00	01500	PHARMACY	-533,073	1,369,515	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-44,079	1,957,544	16.00
17.00	01700	SOCIAL SERVICE	0	84,503	17.00
17.01	01701	UTILIZATION REVIEW	-886	233,082	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	949,602	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	581,962	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	4,666,419	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,394,240	31.00
40.00	04000	SUBPROVIDER - IPF	-316,800	1,440,744	40.00
43.00	04300	NURSERY	0	534,538	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,391,197	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	148,863	52.00
53.00	05300	ANESTHESIOLOGY	-716,856	91,479	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,995	1,714,926	54.00
54.01	05401	ULTRASOUND	0	577,852	54.01
57.00	05700	CT SCAN	0	325,220	57.00
58.00	05800	MRI	0	334,600	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,047,484	59.00
60.00	06000	LABORATORY	-377,561	5,176,587	60.00
64.00	06400	INTRAVENOUS THERAPY	0	58,815	64.00
65.00	06500	RESPIRATORY THERAPY	-450,731	316,227	65.00
66.00	06600	PHYSICAL THERAPY	0	1,651,479	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	385,758	67.00
68.00	06800	SPEECH PATHOLOGY	0	320,385	68.00
69.00	06900	ELECTROCARDIOLOGY	0	484,407	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,837	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	6,940,844	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,083,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,932,998	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-565,927	307,521	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,005,937	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-19,190,807	8,477,212	90.00
91.00	09100	EMERGENCY	-3,429,873	2,849,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	983,574	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-31,509,981	113,982,688	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-12,000	505,118	192.00
194.00	07950	MEALS ON WHEELS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-31,521,981	114,487,806	200.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
8/31/2020 1:55 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DIETARY TO CAFETERIA					
1.00	CAFETERIA	11.00	839,482	568,608		1.00
	0		839,482	568,608		
	B - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	85,859	77,830		1.00
	0		85,859	77,830		
	C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		690,422		1.00
	0		0	690,422		
	D - COMMUNICATIONS EXPENSE					
1.00	NONPATIENT TELEPHONES	5.01	235,818	113,676		1.00
	0		235,818	113,676		
	E - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	6,930,741		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,083,601		2.00
3.00	NURSERY	43.00	0	3,602		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	10,017,944		
	F - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,932,998		1.00
	0		0	1,932,998		
	G - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	217,715		1.00
	0		0	217,715		
	H - PT DIRECTOR SALARY					
1.00	OCCUPATIONAL THERAPY	67.00	47,496	0		1.00
2.00	SPEECH PATHOLOGY	68.00	15,649	0		2.00
	0		63,145	0		
	I - BIO-MED COSTS					
1.00	OTHER ADMIN & GENERAL	5.05	0	360		1.00
2.00	PHARMACY	15.00	0	15,193		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,970		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	4,568		4.00
5.00	SUBPROVIDER - IPF	40.00	0	237		5.00
6.00	NURSERY	43.00	0	2,724		6.00
7.00	OPERATING ROOM	50.00	0	63,342		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,686		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	311		9.00
10.00	LABORATORY	60.00	0	3,236		10.00
11.00	RESPIRATORY THERAPY	65.00	0	11,852		11.00
12.00	PHYSICAL THERAPY	66.00	0	2,479		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	4,119		13.00
14.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	10,103		14.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
8/31/2020 1:55 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
15.00	CARDIAC REHABILITATION	76.97	0	1,182	15.00
16.00	CLINIC	90.00	0	28,128	16.00
17.00	EMERGENCY	91.00	0	5,192	17.00
0			0	159,682	
J - HOUSEKEEPING					
1.00	DATA PROCESSING	5.02	858	66	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	12,467	954	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	4,153	318	3.00
4.00	OTHER ADMIN & GENERAL	5.05	7,234	553	4.00
5.00	OPERATION OF PLANT	7.00	12,456	953	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	3,024	231	6.00
7.00	ULTRASOUND	54.01	1,343	103	7.00
8.00	LABORATORY	60.00	1,388	106	8.00
9.00	PHYSICAL THERAPY	66.00	5,886	450	9.00
10.00	OCCUPATIONAL THERAPY	67.00	5,885	450	10.00
11.00	SPEECH PATHOLOGY	68.00	751	57	11.00
12.00	CARDIAC REHABILITATION	76.97	4,599	352	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	2,152	165	13.00
14.00	CLINIC	90.00	89,234	6,826	14.00
0			151,430	11,584	
K - UTILIZATION REVIEW					
1.00	UTILIZATION REVIEW	17.01	216,703	13,837	1.00
2.00		0.00	0	0	2.00
0			216,703	13,837	
L - MEDICAL DIRECTOR					
1.00	UTILIZATION REVIEW	17.01	3,428	0	1.00
0			3,428	0	
M - MEDICAL DIRECTOR TIME					
1.00	MEDICAL RECORDS & LIBRARY	16.00	46,290	0	1.00
2.00		0.00	0	0	2.00
0			46,290	0	
O - RESIDENCY COSTS					
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	504,029	77,933	1.00
2.00	I&R SERVICES-SALARY & FRINGES A	21.00	333,761	615,841	2.00
0			837,790	693,774	
P - CODER SALARIES					
1.00	CLINIC	90.00	95,578	7,312	1.00
0			95,578	7,312	
R - EKG SALARIES					
1.00	ELECTROCARDIOLOGY	69.00	86,376	45,295	1.00
0			86,376	45,295	
S - PATIENT ADVOCATE SALARIES					
1.00	SOCIAL SERVICE	17.00	78,498	6,005	1.00
0			78,498	6,005	
T - MOVABLE EQUIPMENT					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,904,866	1.00
0			0	1,904,866	
U - WORKERS COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	106,642	1.00
0			0	106,642	
V - BONUS PAY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	8,094	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	3,341	0	2.00
3.00	DATA PROCESSING	5.02	6,430	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	3,763	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	27,756	0	5.00
6.00	OTHER ADMIN & GENERAL	5.05	9,826	0	6.00
7.00	OPERATION OF PLANT	7.00	5,837	0	7.00
8.00	HOUSEKEEPING	9.00	9,062	0	8.00
9.00	DIETARY	10.00	12,412	0	9.00
10.00	NURSING ADMINISTRATION	13.00	9,130	0	10.00
11.00	PHARMACY	15.00	4,559	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	3,905	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	27,116	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	5,717	0	14.00
15.00	SUBPROVIDER - IPF	40.00	6,861	0	15.00
16.00	NURSERY	43.00	2,147	0	16.00
17.00	OPERATING ROOM	50.00	15,026	0	17.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/31/2020 1:55 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	8,745	0	18.00
19.00	ULTRASOUND	54.01	1,800	0	19.00
20.00	CT SCAN	57.00	698	0	20.00
21.00	MRI	58.00	1,170	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	2,732	0	22.00
23.00	LABORATORY	60.00	12,616	0	23.00
24.00	RESPIRATORY THERAPY	65.00	4,141	0	24.00
25.00	PHYSICAL THERAPY	66.00	8,192	0	25.00
26.00	OCCUPATIONAL THERAPY	67.00	1,349	0	26.00
27.00	SPEECH PATHOLOGY	68.00	1,467	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	353	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	2,056	0	29.00
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	2,444	0	30.00
31.00	CARDIAC REHABILITATION	76.97	2,750	0	31.00
32.00	CLINIC	90.00	64,128	0	32.00
33.00	EMERGENCY	91.00	15,399	0	33.00
34.00	HOME HEALTH AGENCY	101.00	3,726	0	34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,431	0	35.00
	0		296,179	0	
	W - LAUNDRY EXPENSES				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	411,600	1.00
	TOTALS		0	411,600	
500.00	Grand Total: Increases		3,036,576	16,979,790	500.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
8/31/2020 1:55 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00			
	A - DIETARY TO CAFETERIA						
1.00	DIETARY	10.00	839,482	568,608	0	1.00	
	0		839,482	568,608			
	B - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	85,859	77,830	0	1.00	
	0		85,859	77,830			
	C - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00		690,422	11	1.00	
	0		0	690,422			
	D - COMMUNICATIONS EXPENSE						
1.00	DATA PROCESSING	5.02	235,818	113,676	0	1.00	
	0		235,818	113,676			
	E - BILLABLE SUPPLIES						
1.00	NONPATIENT TELEPHONES	5.01	0	8	0	1.00	
2.00	DATA PROCESSING	5.02	0	1,098	0	2.00	
3.00	PURCAHSING RECEIVING AND STORES	5.03	0	13,960	0	3.00	
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	124	0	4.00	
5.00	OTHER ADMIN & GENERAL	5.05	0	603	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	63,007	0	6.00	
7.00	HOUSEKEEPING	9.00	0	36	0	7.00	
8.00	DIETARY	10.00	0	475	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	15	0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,084,057	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	14,350	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	3,682	0	12.00	
13.00	OPERATING ROOM	50.00	0	675,542	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,738	0	14.00	
15.00	ANESTHESIOLOGY	53.00	0	17,036	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	331,784	0	16.00	
17.00	ULTRASOUND	54.01	0	246	0	17.00	
18.00	CT SCAN	57.00	0	33,171	0	18.00	
19.00	MRI	58.00	0	1,251	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	2,481,739	0	20.00	
21.00	LABORATORY	60.00	0	123,581	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0	152,384	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	52,348	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	36,048	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	9,636	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0	132,536	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	452	0	27.00	
28.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	175	0	28.00	
29.00	CLINIC	90.00	0	2,719,111	0	29.00	
30.00	EMERGENCY	91.00	0	39,306	0	30.00	
31.00	HOME HEALTH AGENCY	101.00	0	10,409	0	31.00	
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	36	0	32.00	
	0			10,017,944			
	F - BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	1,932,998	0	1.00	
	0		0	1,932,998			
	G - PROPERTY INSURANCE						
1.00	OTHER ADMIN & GENERAL	5.05	0	217,715	12	1.00	
	0		0	217,715			
	H - PT DIRECTOR SALARY						
1.00	PHYSICAL THERAPY	66.00	63,145	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		63,145	0			
	I - BIO-MED COSTS						
1.00	OPERATION OF PLANT	7.00	0	159,682	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/31/2020 1:55 pm

	Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
15.00		0.00	0	0	0			15.00
16.00		0.00	0	0	0			16.00
17.00		0.00	0	0	0			17.00
			0	159,682				
	J - HOUSEKEEPING							
1.00	HOUSEKEEPING	9.00	151,430	11,584				1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
6.00		0.00	0	0	0			6.00
7.00		0.00	0	0	0			7.00
8.00		0.00	0	0	0			8.00
9.00		0.00	0	0	0			9.00
10.00		0.00	0	0	0			10.00
11.00		0.00	0	0	0			11.00
12.00		0.00	0	0	0			12.00
13.00		0.00	0	0	0			13.00
14.00		0.00	0	0	0			14.00
			151,430	11,584				
	K - UTILIZATION REVIEW							
1.00	MEDICAL RECORDS & LIBRARY	16.00	52,364	4,006	0			1.00
2.00	NURSING ADMINISTRATION	13.00	164,339	9,831	0			2.00
			216,703	13,837				
	L - MEDICAL DIRECTOR							
1.00	CLINIC	90.00	3,428	0	0			1.00
			3,428	0				
	M - MEDICAL DIRECTOR TIME							
1.00	CLINIC	90.00	39,158	0	0			1.00
2.00	EMERGENCY	91.00	7,132	0	0			2.00
			46,290	0				
	O - RESIDENCY COSTS							
1.00	CLINIC	90.00	837,790	693,774	0			1.00
2.00		0.00	0	0	0			2.00
			837,790	693,774				
	P - CODER SALARIES							
1.00	MEDICAL RECORDS & LIBRARY	16.00	95,578	7,312	0			1.00
			95,578	7,312				
	R - EKG SALARIES							
1.00	RESPIRATORY THERAPY	65.00	86,376	45,295	0			1.00
			86,376	45,295				
	S - PATIENT ADVOCATE SALARIES							
1.00	NURSING ADMINISTRATION	13.00	78,498	6,005	0			1.00
			78,498	6,005				
	T - MOVABLE EQUIPMENT							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,904,866	9			1.00
			0	1,904,866				
	U - WORKERS COMPENSATION							
1.00	OTHER ADMIN & GENERAL	5.05	0	106,642	0			1.00
			0	106,642				
	V - BONUS PAY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	296,179	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
7.00		0.00	0	0	0			7.00
8.00		0.00	0	0	0			8.00
9.00		0.00	0	0	0			9.00
10.00		0.00	0	0	0			10.00
11.00		0.00	0	0	0			11.00
12.00		0.00	0	0	0			12.00
13.00		0.00	0	0	0			13.00
14.00		0.00	0	0	0			14.00
15.00		0.00	0	0	0			15.00
16.00		0.00	0	0	0			16.00
17.00		0.00	0	0	0			17.00
18.00		0.00	0	0	0			18.00
19.00		0.00	0	0	0			19.00
20.00		0.00	0	0	0			20.00
21.00		0.00	0	0	0			21.00
22.00		0.00	0	0	0			22.00
23.00		0.00	0	0	0			23.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
8/31/2020 1:55 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
0			296,179	0		
W - LAUNDRY EXPENSES						
1.00	HOUSEKEEPING	9.00	0	411,600	0	1.00
	TOTALS		0	411,600		
500.00	Grand Total: Decreases		3,036,576	16,979,790		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/31/2020 1:55 pm

		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	2,343,039	0	0	0	0	1.00	
2.00	Land Improvements	5,510,345	35,265	0	35,265	0	2.00	
3.00	Buildings and Fixtures	50,260,232	92,064	0	92,064	7,922	3.00	
4.00	Building Improvements	770,070	2,128,815	0	2,128,815	0	4.00	
5.00	Fixed Equipment	32,859,005	2,457,020	0	2,457,020	581,652	5.00	
6.00	Movable Equipment	38,810,515	813,224	0	813,224	191,215	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	130,553,206	5,526,388	0	5,526,388	780,789	8.00	
9.00	Reconciling Items	6,109,812	11,147,658	0	11,147,658	5,531,882	9.00	
10.00	Total (line 8 minus line 9)	124,443,394	-5,621,270	0	-5,621,270	-4,751,093	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,343,039	0				1.00	
2.00	Land Improvements	5,545,610	0				2.00	
3.00	Buildings and Fixtures	50,344,374	0				3.00	
4.00	Building Improvements	2,898,885	0				4.00	
5.00	Fixed Equipment	34,734,373	0				5.00	
6.00	Movable Equipment	39,432,524	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	135,298,805	0				8.00	
9.00	Reconciling Items	11,725,588	0				9.00	
10.00	Total (line 8 minus line 9)	123,573,217	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	6,645,809	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,645,809	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	6,645,809				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,645,809				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	95,866,281	0	95,866,281	0.708552	154,262	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	39,432,524	0	39,432,524	0.291448	63,453	2.00
3.00	Total (sum of lines 1-2)	135,298,805	0	135,298,805	1.000000	217,715	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	154,262	4,740,943	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	63,453	1,904,866	0	2.00
3.00	Total (sum of lines 1-2)	0	0	217,715	6,645,809	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	429,454	154,262	0	0	5,324,659	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	63,453	0	0	1,968,319	2.00
3.00	Total (sum of lines 1-2)	429,454	217,715	0	0	7,292,978	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-260,968	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	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)	B	0	PURCHASING RECEIVING AND STORES	5.03	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	0	OTHER ADMIN & GENERAL	5.05	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	-12,164	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-31,584	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-25,109,981			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-474,705	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-26,057	MEDICAL RECORDS & LIBRARY	16.00	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	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	B	-36,918	OTHER ADMIN & GENERAL	5.05	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MISCELLANEOUS INCOME	B		0 OPERATION OF PLANT	7.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	42,518	CLINIC	90.00	0	33.02
33.03	MISCELLANEOUS INCOME	B	-12,000	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-96,360	PURCHASING RECEIVING AND STORES	5.03	0	33.04
34.00	RETAIL PHARMACY 340B	A	-533,073	PHARMACY	15.00	0	34.00
35.00	NONALLOWABLE COSTS	A	-125,058	OTHER ADMIN & GENERAL	5.05	0	35.00
35.01	NONALLOWABLE COSTS	A		0 CLINIC	90.00	0	35.01
36.00	EDUCATION REV (LIFE SUPPORT, CARE CO	B	1,269	NURSING ADMINISTRATION	13.00	0	36.00
37.00	SPECIAL PROGRAM & SALE OF RADIOLOGY	B	-3,995	RADIOLOGY-DIAGNOSTIC	54.00	0	37.00
38.00	NON ALLOW ADVERTISING	A	-68,265	OTHER ADMIN & GENERAL	5.05	0	38.00
40.00	INCOME TAX EXPENSE	A	-7,414	OTHER ADMIN & GENERAL	5.05	0	40.00
40.01	RENTAL REVENUE	B	-441,901	OPERATION OF PLANT	7.00	0	40.01
40.02	AHA & IHA LOBBYING DUES	A	-22,169	OTHER ADMIN & GENERAL	5.05	0	40.02
41.00	EMPLOYEE PHYSICALS	A		0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
42.00	PHYSICIAN RECRUITMENT COSTS	A	-87,678	OTHER ADMIN & GENERAL	5.05	0	42.00
43.00	IPA TAX	A	-4,215,478	OTHER ADMIN & GENERAL	5.05	0	43.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,521,981				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: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
8/31/2020 1:55 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	40.00	SUBPROVIDER - IPF	316,800	316,800	0	181,300	0	1.00
2.00	53.00	ANESTHESIOLOGY	716,856	716,856	0	239,400	0	2.00
3.00	60.00	LABORATORY	377,561	377,561	0	260,300	0	3.00
4.00	65.00	RESPIRATORY THERAPY	450,731	450,731	0	211,500	0	4.00
5.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	565,927	565,927	0	181,300	0	5.00
6.00	90.00	CLINIC	19,233,325	19,233,325	0	211,500	0	6.00
7.00	91.00	EMERGENCY	3,429,873	3,429,873	0	211,500	0	7.00
8.00	16.00	MEDICAL RECORDS & LIBRARY	46,290	0	46,290	211,500	278	8.00
9.00	17.01	UTILIZATION REVIEW	3,428	0	3,428	211,500	25	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			25,140,791	25,091,073	49,718		303	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	40.00	SUBPROVIDER - IPF	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	60.00	LABORATORY	0	0	0	0	0	3.00
4.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	4.00
5.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	5.00
6.00	90.00	CLINIC	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	16.00	MEDICAL RECORDS & LIBRARY	28,268	1,413	0	0	0	8.00
9.00	17.01	UTILIZATION REVIEW	2,542	127	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			30,810	1,540	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	40.00	SUBPROVIDER - IPF	0	0	0	316,800		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	716,856		2.00
3.00	60.00	LABORATORY	0	0	0	377,561		3.00
4.00	65.00	RESPIRATORY THERAPY	0	0	0	450,731		4.00
5.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	565,927		5.00
6.00	90.00	CLINIC	0	0	0	19,233,325		6.00
7.00	91.00	EMERGENCY	0	0	0	3,429,873		7.00
8.00	16.00	MEDICAL RECORDS & LIBRARY	0	28,268	18,022	18,022		8.00
9.00	17.01	UTILIZATION REVIEW	0	2,542	886	886		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	30,810	18,908	25,109,981		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,324,659	5,324,659			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,968,319		1,968,319		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,518,064	53,404	1,152	17,572,620	4.00
5.01	00540	NONPATIENT TELEPHONES	779,617	25,813	0	150,427	955,857 5.01
5.02	00590	DATA PROCESSING	3,768,051	107,437	633,739	208,235	32,209 5.02
5.03	00591	PURCHASING RECEIVING AND STORES	1,053,394	143,878	0	101,188	10,421 5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	11,733,237	70,452	2,381	733,032	47,367 5.04
5.05	00592	OTHER ADMIN & GENERAL	9,006,883	118,608	4,186	1,133,016	63,471 5.05
7.00	00700	OPERATION OF PLANT	3,576,607	1,754,463	91,954	225,150	18,947 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	411,600	2,140	0	0	0 8.00
9.00	00900	HOUSEKEEPING	770,885	47,153	796	158,232	2,842 9.00
10.00	01000	DIETARY	415,496	65,470	12,577	66,036	14,210 10.00
11.00	01100	CAFETERIA	933,385	33,624	43,885	230,412	0 11.00
13.00	01300	NURSING ADMINISTRATION	1,895,362	31,073	9,858	326,365	46,419 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,567	26,249	3,258	0	0 14.00
15.00	01500	PHARMACY	1,369,515	31,024	7,439	249,059	12,315 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,957,544	28,606	9,524	173,040	14,210 16.00
17.00	01700	SOCIAL SERVICE	84,503	0	0	21,545	0 17.00
17.01	01701	UTILIZATION REVIEW	233,082	1,681	0	60,419	0 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	949,602	0	0	91,607	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	581,962	0	0	138,340	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,666,419	522,469	56,498	1,084,917	26,525 30.00
31.00	03100	INTENSIVE CARE UNIT	1,394,240	53,658	34,582	276,151	11,368 31.00
40.00	04000	SUBPROVIDER - IPF	1,440,744	75,433	0	399,762	23,683 40.00
43.00	04300	NURSERY	534,538	5,030	4,889	124,439	17,999 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,391,197	328,355	210,056	581,180	60,629 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	148,863	15,065	32,274	23,566	18,947 52.00
53.00	05300	ANESTHESIOLOGY	91,479	1,028	11,077	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,714,926	85,734	118,022	371,367	24,631 54.00
54.01	05401	ULTRASOUND	577,852	3,434	0	103,550	0 54.01
57.00	05700	CT SCAN	325,220	6,855	29,173	38,261	0 57.00
58.00	05800	MRI	334,600	5,997	6,306	49,594	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,047,484	60,816	322,872	129,423	0 59.00
60.00	06000	LABORATORY	5,176,587	67,296	69,729	669,663	28,420 60.00
64.00	06400	INTRAVENOUS THERAPY	58,815	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	316,227	15,234	35,789	161,714	12,315 65.00
66.00	06600	PHYSICAL THERAPY	1,651,479	107,727	16,271	359,999	24,631 66.00
67.00	06700	OCCUPATIONAL THERAPY	385,758	0	0	97,076	0 67.00
68.00	06800	SPEECH PATHOLOGY	320,385	21,158	6,129	83,418	0 68.00
69.00	06900	ELECTROCARDIOLOGY	484,407	3,071	0	47,521	4,737 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,837	14,061	4,303	591	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,940,844	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,083,601	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,932,998	0	0	0	0 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	307,521	34,482	4,294	216,910	0 76.00
76.97	07697	CARDIAC REHABILITATION	1,005,937	0	0	199,435	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,477,212	1,128,013	156,394	6,657,290	387,458 90.00
91.00	09100	EMERGENCY	2,849,610	169,618	28,912	1,503,469	31,262 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	983,574	44,312	0	208,330	17,052 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	113,982,688	5,309,921	1,968,319	17,453,729	952,068 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	14,738	0	0	3,789 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	505,118	0	0	118,891	0 192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	114,487,806	5,324,659	1,968,319	17,572,620	955,857 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING	4,749,671					5.02
5.03	00591	PURCHASING RECEIVING AND STORES	75,392	1,384,273				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	226,175	28,413	12,841,057			5.04
5.05	00592	OTHER ADMIN & GENERAL	296,181	14,811	0	10,637,156	10,637,156	5.05
7.00	00700	OPERATION OF PLANT	64,621	61,161	0	5,792,903	593,350	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	413,740	42,378	8.00
9.00	00900	HOUSEKEEPING	0	10,750	0	990,658	101,470	9.00
10.00	01000	DIETARY	43,081	991	0	617,861	63,286	10.00
11.00	01100	CAFETERIA	0	3,458	0	1,244,764	127,497	11.00
13.00	01300	NURSING ADMINISTRATION	226,175	2,859	0	2,538,111	259,971	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,770	286,162	0	332,006	34,006	14.00
15.00	01500	PHARMACY	75,392	2,755	0	1,747,499	178,991	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	113,087	31	0	2,296,042	235,177	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	106,048	10,862	17.00
17.01	01701	UTILIZATION REVIEW	21,540	0	0	316,722	32,441	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	1,041,209	106,648	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	75,392	0	0	795,694	81,501	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	177,709	153,715	504,316	7,192,568	736,713	30.00
31.00	03100	INTENSIVE CARE UNIT	53,851	11,343	309,190	2,144,383	219,643	31.00
40.00	04000	SUBPROVIDER - IPF	37,696	955	150,918	2,129,191	218,087	40.00
43.00	04300	NURSERY	0	3,258	24,271	714,424	73,176	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	193,864	4,091	1,274,490	6,043,862	619,055	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,470	18,655	266,840	27,332	52.00
53.00	05300	ANESTHESIOLOGY	0	10,724	199,921	314,229	32,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,547	57,938	430,056	2,894,221	296,446	54.00
54.01	05401	ULTRASOUND	0	4,715	259,108	948,659	97,168	54.01
57.00	05700	CT SCAN	10,770	10,330	911,687	1,332,296	136,463	57.00
58.00	05800	MRI	16,155	12,627	264,507	689,786	70,653	58.00
59.00	05900	CARDIAC CATHETERIZATION	75,392	268,574	808,909	2,713,470	277,933	59.00
60.00	06000	LABORATORY	172,324	153,464	1,315,682	7,653,165	783,891	60.00
64.00	06400	INTRAVENOUS THERAPY	0	15,201	128,413	202,429	20,734	64.00
65.00	06500	RESPIRATORY THERAPY	53,851	6,167	436,097	1,037,394	106,257	65.00
66.00	06600	PHYSICAL THERAPY	156,168	4,172	309,754	2,630,201	269,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	997	55,692	539,523	55,262	67.00
68.00	06800	SPEECH PATHOLOGY	43,081	12,153	30,937	517,261	52,981	68.00
69.00	06900	ELECTROCARDIOLOGY	43,081	9,692	273,770	866,279	88,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,926	162	28,524	77,404	7,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	724,022	7,664,866	785,089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	178,453	3,262,054	334,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,248,553	3,181,551	325,877	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59,236	74	17,693	640,210	65,575	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	14,803	1,220,175	124,979	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,067,883	179,645	1,858,008	20,911,903	2,141,987	90.00
91.00	09100	EMERGENCY	166,939	43,400	1,019,211	5,812,421	595,349	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	75,392	0	36,737	1,365,397	139,854	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,749,671	1,384,258	12,832,377	113,836,575	10,570,452	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	18,527	1,898	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	15	8,680	632,704	64,806	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,749,671	1,384,273	12,841,057	114,487,806	10,637,156	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT	6,386,253					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,480	460,598				8.00
9.00	00900	HOUSEKEEPING	98,712	0	1,190,840			9.00
10.00	01000	DIETARY	137,058	0	6,558	824,763		10.00
11.00	01100	CAFETERIA	70,389	0	8,744	0	1,451,394	11.00
13.00	01300	NURSING ADMINISTRATION	65,049	0	5,465	0	29,395	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	54,950	5,321	10,930	0	3,674	14.00
15.00	01500	PHARMACY	64,948	0	14,209	0	40,419	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	59,885	0	24,046	0	77,163	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	3,518	0	1,093	0	11,023	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	36,744	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,093,757	143,697	255,219	419,895	183,721	30.00
31.00	03100	INTENSIVE CARE UNIT	112,329	22,345	31,697	61,462	47,767	31.00
40.00	04000	SUBPROVIDER - IPF	157,914	12,902	34,976	99,420	51,442	40.00
43.00	04300	NURSERY	10,529	6,378	6,558	0	11,023	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	687,392	89,778	284,183	23,567	135,953	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,537	3,545	14,756	0	3,674	52.00
53.00	05300	ANESTHESIOLOGY	2,151	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,479	12,833	42,081	0	73,488	54.00
54.01	05401	ULTRASOUND	7,188	7,945	2,186	0	14,698	54.01
57.00	05700	CT SCAN	14,351	27,141	4,372	0	7,349	57.00
58.00	05800	MRI	12,554	7,878	3,826	0	11,023	58.00
59.00	05900	CARDIAC CATHETERIZATION	127,314	10,109	8,198	0	22,046	59.00
60.00	06000	LABORATORY	140,880	0	37,163	0	110,232	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,892	0	39,895	0	22,046	65.00
66.00	06600	PHYSICAL THERAPY	225,520	36,909	45,907	0	51,442	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	14,756	0	14,698	67.00
68.00	06800	SPEECH PATHOLOGY	44,294	0	7,105	0	14,698	68.00
69.00	06900	ELECTROCARDIOLOGY	6,429	0	8,198	0	25,721	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,437	0	5,465	0	14,698	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	72,187	0	7,105	0	22,046	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,361,426	0	102,743	0	238,839	90.00
91.00	09100	EMERGENCY	355,086	73,817	144,278	0	132,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	92,764	0	10,930	0	44,093	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,355,399	460,598	1,182,642	604,344	1,451,394	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	30,854	0	8,198	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	220,419	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,386,253	460,598	1,190,840	824,763	1,451,394	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCAHSING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	2,897,991					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	440,887				14.00
15.00	01500	PHARMACY	0	0	2,046,066			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,692,313		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	116,910	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	471,327	0	2,690	356,512	86,851	30.00
31.00	03100	INTENSIVE CARE UNIT	138,379	0	503	259,355	9,641	31.00
40.00	04000	SUBPROVIDER - IPF	108,964	0	0	126,593	16,044	40.00
43.00	04300	NURSERY	44,012	0	0	20,359	4,374	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	254,016	0	3,770	203,237	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,156	0	4,362	10,167	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	41,107	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,148	23,548	0	54.00
54.01	05401	ULTRASOUND	0	0	0	16,123	0	54.01
57.00	05700	CT SCAN	0	0	165	132,726	0	57.00
58.00	05800	MRI	0	0	48	15,465	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,658	0	45,013	192,520	0	59.00
60.00	06000	LABORATORY	0	0	34	251,493	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	51,123	0	64.00
65.00	06500	RESPIRATORY THERAPY	70,153	0	14,117	201,788	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,278	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,450	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,508	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,608	0	0	51,508	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,220	0	0	368	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	305,128	0	178,898	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	135,759	0	27,339	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,054,000	369,169	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	40,956	0	66	11,962	0	76.00
76.97	07697	CARDIAC REHABILITATION	53,470	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,271,547	0	907,697	686	0	90.00
91.00	09100	EMERGENCY	238,451	0	11,424	124,031	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	92,074	0	29	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,897,991	440,887	2,046,066	2,692,313	116,910	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	2,897,991	440,887	2,046,066	2,692,313	116,910	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A			
			17.01	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCAHSING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	UTILIZATION REVIEW	364,797					17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	1,147,857				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		913,939			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	271,005	988,368	786,953	12,989,276	-1,835,318	30.00
31.00	03100	INTENSIVE CARE UNIT	30,082	109,710	87,352	3,274,648	-197,062	31.00
40.00	04000	SUBPROVIDER - IPF	50,061	0	0	3,005,594	0	40.00
43.00	04300	NURSERY	13,649	49,779	39,634	993,895	-89,413	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	8,344,813	-131,391	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	370,369	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	389,673	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,524,244	0	54.00
54.01	05401	ULTRASOUND	0	0	0	1,093,967	0	54.01
57.00	05700	CT SCAN	0	0	0	1,654,863	0	57.00
58.00	05800	MRI	0	0	0	811,233	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,445,261	0	59.00
60.00	06000	LABORATORY	0	0	0	8,976,858	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	274,286	698,586	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,523,542	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,277,661	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	629,689	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	638,847	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,067,473	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	172,520	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	8,933,981	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,759,274	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,930,597	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	860,107	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,398,624	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	27,936,828	-457	90.00
91.00	09100	EMERGENCY	0	0	0	7,487,136	-506,741	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,745,141	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	364,797	1,147,857	913,939	113,510,400	-2,061,796	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	59,477	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	697,510	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	220,419	0	194.00
200.00		Cross Foot Adjustments		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)	364,797	1,147,857	913,939	114,487,806	-2,061,796	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00590	DATA PROCESSING	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00592	OTHER ADMIN & GENERAL	5.05
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
17.01	01701	UTILIZATION REVIEW	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
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
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 PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	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	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	MEALS ON WHEELS	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
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	53,404	1,152	54,556	4.00
5.01	00540	NONPATIENT TELEPHONES	0	25,813	0	25,813	5.01
5.02	00590	DATA PROCESSING	0	107,437	633,739	741,176	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	214,697	143,878	0	358,575	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	70,452	2,381	72,833	5.04
5.05	00592	OTHER ADMIN & GENERAL	0	118,608	4,186	122,794	5.05
7.00	00700	OPERATION OF PLANT	241,133	1,754,463	91,954	2,087,550	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,140	0	2,140	8.00
9.00	00900	HOUSEKEEPING	0	47,153	796	47,949	9.00
10.00	01000	DIETARY	0	65,470	12,577	78,047	10.00
11.00	01100	CAFETERIA	0	33,624	43,885	77,509	11.00
13.00	01300	NURSING ADMINISTRATION	32,700	31,073	9,858	73,631	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26,249	3,258	29,507	14.00
15.00	01500	PHARMACY	139,665	31,024	7,439	178,128	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	28,606	9,524	38,130	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	0	1,681	0	1,681	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	522,469	56,498	578,967	30.00
31.00	03100	INTENSIVE CARE UNIT	0	53,658	34,582	88,240	31.00
40.00	04000	SUBPROVIDER - IPF	0	75,433	0	75,433	40.00
43.00	04300	NURSERY	504	5,030	4,889	10,423	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	304,582	328,355	210,056	842,993	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-60	15,065	32,274	47,279	52.00
53.00	05300	ANESTHESIOLOGY	1,440	1,028	11,077	13,545	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	85,734	118,022	203,756	54.00
54.01	05401	ULTRASOUND	112,481	3,434	0	115,915	54.01
57.00	05700	CT SCAN	0	6,855	29,173	36,028	57.00
58.00	05800	MRI	0	5,997	6,306	12,303	58.00
59.00	05900	CARDIAC CATHETERIZATION	141,783	60,816	322,872	525,471	59.00
60.00	06000	LABORATORY	49,735	67,296	69,729	186,760	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,370	15,234	35,789	57,393	65.00
66.00	06600	PHYSICAL THERAPY	18,795	107,727	16,271	142,793	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	21,158	6,129	27,287	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,071	0	3,071	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,061	4,303	18,364	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	34,482	4,294	38,776	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	825,948	1,128,013	156,394	2,110,355	90.00
91.00	09100	EMERGENCY	0	169,618	28,912	198,530	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	45	44,312	0	44,357	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,089,818	5,309,921	1,968,319	9,368,058	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	14,738	0	14,738	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,089,818	5,324,659	1,968,319	9,382,796	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	26,280					5.01
5.02	00590	DATA PROCESSING	886	742,708				5.02
5.03	00591	PURCHASING RECEIVING AND STORES	287	11,789	370,965			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,302	35,367	7,614	119,391		5.04
5.05	00592	OTHER ADMIN & GENERAL	1,745	46,314	3,969	0	178,339	5.05
7.00	00700	OPERATION OF PLANT	521	10,105	16,390	0	9,946	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	710	8.00
9.00	00900	HOUSEKEEPING	78	0	2,881	0	1,701	9.00
10.00	01000	DIETARY	391	6,737	266	0	1,061	10.00
11.00	01100	CAFETERIA	0	0	927	0	2,137	11.00
13.00	01300	NURSING ADMINISTRATION	1,276	35,367	766	0	4,358	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,684	76,686	0	570	14.00
15.00	01500	PHARMACY	339	11,789	738	0	3,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	391	17,684	8	0	3,942	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	182	17.00
17.01	01701	UTILIZATION REVIEW	0	3,368	0	0	544	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	1,788	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	11,789	0	0	1,366	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	729	27,788	41,194	4,680	12,350	30.00
31.00	03100	INTENSIVE CARE UNIT	313	8,421	3,040	2,869	3,682	31.00
40.00	04000	SUBPROVIDER - IPF	651	5,895	256	1,400	3,656	40.00
43.00	04300	NURSERY	495	0	873	225	1,227	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,667	30,315	1,096	11,827	10,377	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	521	0	2,538	173	458	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,874	1,855	540	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	677	14,315	15,527	3,991	4,969	54.00
54.01	05401	ULTRASOUND	0	0	1,264	2,404	1,629	54.01
57.00	05700	CT SCAN	0	1,684	2,768	8,460	2,288	57.00
58.00	05800	MRI	0	2,526	3,384	2,455	1,184	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,789	71,974	7,506	4,659	59.00
60.00	06000	LABORATORY	781	26,946	41,126	12,209	13,140	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	4,074	1,192	348	64.00
65.00	06500	RESPIRATORY THERAPY	339	8,421	1,653	4,047	1,781	65.00
66.00	06600	PHYSICAL THERAPY	677	24,420	1,118	2,874	4,516	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	267	517	926	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,737	3,257	287	888	68.00
69.00	06900	ELECTROCARDIOLOGY	130	6,737	2,597	2,541	1,487	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,210	43	265	133	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	6,719	13,161	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,656	5,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,586	5,463	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	9,263	20	164	1,099	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	137	2,095	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,651	323,355	48,142	17,472	35,935	90.00
91.00	09100	EMERGENCY	860	26,104	11,631	9,458	9,980	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	469	11,789	0	341	2,344	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,176	742,708	370,961	119,310	177,221	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	104	0	0	0	32	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4	81	1,086	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	26,280	742,708	370,965	119,391	178,339	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT	2,125,211					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,491	4,341				8.00
9.00	00900	HOUSEKEEPING	32,849	0	85,949			9.00
10.00	01000	DIETARY	45,610	0	473	132,790		10.00
11.00	01100	CAFETERIA	23,424	0	631	0	105,343	11.00
13.00	01300	NURSING ADMINISTRATION	21,647	0	394	0	2,134	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,286	50	789	0	267	14.00
15.00	01500	PHARMACY	21,613	0	1,026	0	2,934	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,929	0	1,736	0	5,601	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	1,171	0	79	0	800	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	2,667	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	363,979	1,354	18,420	67,605	13,335	30.00
31.00	03100	INTENSIVE CARE UNIT	37,381	211	2,288	9,896	3,467	31.00
40.00	04000	SUBPROVIDER - IPF	52,551	122	2,524	16,007	3,734	40.00
43.00	04300	NURSERY	3,504	60	473	0	800	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	228,750	846	20,511	3,794	9,868	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,495	33	1,065	0	267	52.00
53.00	05300	ANESTHESIOLOGY	716	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,727	121	3,037	0	5,334	54.00
54.01	05401	ULTRASOUND	2,392	75	158	0	1,067	54.01
57.00	05700	CT SCAN	4,776	256	316	0	533	57.00
58.00	05800	MRI	4,178	74	276	0	800	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,367	95	592	0	1,600	59.00
60.00	06000	LABORATORY	46,882	0	2,682	0	8,001	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,613	0	2,879	0	1,600	65.00
66.00	06600	PHYSICAL THERAPY	75,048	348	3,313	0	3,734	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,065	0	1,067	67.00
68.00	06800	SPEECH PATHOLOGY	14,740	0	513	0	1,067	68.00
69.00	06900	ELECTROCARDIOLOGY	2,139	0	592	0	1,867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,796	0	394	0	1,067	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	24,022	0	513	0	1,600	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	785,832	0	7,416	0	17,331	90.00
91.00	09100	EMERGENCY	118,165	696	10,413	0	9,601	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	30,870	0	789	0	3,200	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,114,943	4,341	85,357	97,302	105,343	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	10,268	0	592	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	35,488	0	194.00
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)	2,125,211	4,341	85,949	132,790	105,343	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	140,586					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	127,839				14.00
15.00	01500	PHARMACY	0	0	220,340			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	87,958		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	249	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,865	0	290	11,644	185	30.00
31.00	03100	INTENSIVE CARE UNIT	6,713	0	54	8,471	21	31.00
40.00	04000	SUBPROVIDER - IPF	5,286	0	0	4,135	34	40.00
43.00	04300	NURSERY	2,135	0	0	665	9	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,323	0	406	6,638	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	396	0	470	332	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,343	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	231	769	0	54.00
54.01	05401	ULTRASOUND	0	0	0	527	0	54.01
57.00	05700	CT SCAN	0	0	18	4,335	0	57.00
58.00	05800	MRI	0	0	5	505	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,360	0	4,847	6,288	0	59.00
60.00	06000	LABORATORY	0	0	4	8,214	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,670	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,403	0	1,520	6,591	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	597	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	178	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	82	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,000	0	0	1,682	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,806	0	0	12	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	88,474	0	5,843	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,365	0	893	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	113,505	12,080	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,987	0	7	391	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,594	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	61,683	0	97,750	22	0	90.00
91.00	09100	EMERGENCY	11,568	0	1,230	4,051	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,467	0	3	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	140,586	127,839	220,340	87,958	249	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	140,586	127,839	220,340	87,958	249	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			UTILIZATION REVIEW	SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			17.01	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00590	DATA PROCESSING					5.02
5.03	00591	PURCAHSING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00592	OTHER ADMIN & GENERAL					5.05
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01701	UTILIZATION REVIEW	7,831				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	2,072			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		16,251		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,817			1,174,570	0 30.00
31.00	03100	INTENSIVE CARE UNIT	646			176,570	0 31.00
40.00	04000	SUBPROVIDER - IPF	1,075			174,000	0 40.00
43.00	04300	NURSERY	293			21,568	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			1,183,215	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			64,100	0 52.00
53.00	05300	ANESTHESIOLOGY	0			20,873	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			313,607	0 54.00
54.01	05401	ULTRASOUND	0			125,752	0 54.01
57.00	05700	CT SCAN	0			61,581	0 57.00
58.00	05800	MRI	0			27,844	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0			679,950	0 59.00
60.00	06000	LABORATORY	0			348,824	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0			7,284	0 64.00
65.00	06500	RESPIRATORY THERAPY	0			100,742	0 65.00
66.00	06600	PHYSICAL THERAPY	0			260,556	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0			4,321	0 67.00
68.00	06800	SPEECH PATHOLOGY	0			55,117	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0			23,991	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			36,092	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0			114,197	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			47,515	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			142,634	0 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0			78,515	0 76.00
76.97	07697	CARDIAC REHABILITATION	0			5,445	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0			3,536,618	0 90.00
91.00	09100	EMERGENCY	0			416,954	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0 92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0			99,276	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,831	0	0	9,301,711	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0			25,734	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			1,540	0 192.00
194.00	07950	MEALS ON WHEELS	0			35,488	0 194.00
200.00		Cross Foot Adjustments		2,072	16,251	18,323	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	7,831	2,072	16,251	9,382,796	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00590	DATA PROCESSING	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00592	OTHER ADMIN & GENERAL	5.05
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
17.01	01701	UTILIZATION REVIEW	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
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
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 PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	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	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	MEALS ON WHEELS	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	440,398					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,904,866				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,417	1,115	64,024,066			4.00
5.01	00540	NONPATIENT TELEPHONES	2,135	0	548,066	1,009		5.01
5.02	00590	DATA PROCESSING	8,886	613,310	758,684	34	882	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	11,900	0	368,670	11	14	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,827	2,304	2,670,727	50	42	5.04
5.05	00592	OTHER ADMIN & GENERAL	9,810	4,051	4,128,029	67	55	5.05
7.00	00700	OPERATION OF PLANT	145,110	88,990	820,311	20	12	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	177	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,900	770	576,502	3	0	9.00
10.00	01000	DIETARY	5,415	12,172	240,596	15	8	10.00
11.00	01100	CAFETERIA	2,781	42,470	839,482	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,570	9,540	1,189,077	49	42	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,171	3,153	0	0	2	14.00
15.00	01500	PHARMACY	2,566	7,199	907,421	13	14	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,366	9,217	630,452	15	21	16.00
17.00	01700	SOCIAL SERVICE	0	0	78,498	0	0	17.00
17.01	01701	UTILIZATION REVIEW	139	0	220,131	0	4	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	333,761	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	504,029	0	14	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,213	54,677	3,952,786	28	33	30.00
31.00	03100	INTENSIVE CARE UNIT	4,438	33,467	1,006,130	12	10	31.00
40.00	04000	SUBPROVIDER - IPF	6,239	0	1,456,491	25	7	40.00
43.00	04300	NURSERY	416	4,731	453,382	19	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,158	203,284	2,117,469	64	36	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,246	31,234	85,859	20	0	52.00
53.00	05300	ANESTHESIOLOGY	85	10,720	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,091	114,217	1,353,037	26	17	54.00
54.01	05401	ULTRASOUND	284	0	377,275	0	0	54.01
57.00	05700	CT SCAN	567	28,233	139,401	0	2	57.00
58.00	05800	MRI	496	6,103	180,691	0	3	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,030	312,464	471,540	0	14	59.00
60.00	06000	LABORATORY	5,566	67,481	2,439,849	30	32	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,260	34,635	589,188	13	10	65.00
66.00	06600	PHYSICAL THERAPY	8,910	15,746	1,311,620	26	29	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	353,685	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,750	5,931	303,925	0	8	68.00
69.00	06900	ELECTROCARDIOLOGY	254	0	173,137	5	8	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,163	4,164	2,152	0	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,852	4,156	790,291	0	11	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	726,621	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	93,297	151,352	24,255,169	409	384	90.00
91.00	09100	EMERGENCY	14,029	27,980	5,477,736	33	31	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,665	0	759,028	18	14	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	439,179	1,904,866	63,590,898	1,005	882	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,219	0	0	4	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	433,168	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,324,659	1,968,319	17,572,620	955,857	4,749,671	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.090561	1.033311	0.274469	947.331021	5,385.114512	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			54,556	26,280	742,708	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000852	26.045590	842.072562	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: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES	10,772,963					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	221,119	472,869,389				5.04
5.05	00592	OTHER ADMIN & GENERAL	115,262	0	-10,637,156	103,850,650		5.05
7.00	00700	OPERATION OF PLANT	475,979	0	0	5,792,903	252,313	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	413,740	177	8.00
9.00	00900	HOUSEKEEPING	83,660	0	0	990,658	3,900	9.00
10.00	01000	DIETARY	7,713	0	0	617,861	5,415	10.00
11.00	01100	CAFETERIA	26,911	0	0	1,244,764	2,781	11.00
13.00	01300	NURSING ADMINISTRATION	22,252	0	0	2,538,111	2,570	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,227,035	0	0	332,006	2,171	14.00
15.00	01500	PHARMACY	21,439	0	0	1,747,499	2,566	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	245	0	0	2,296,042	2,366	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	106,048	0	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	316,722	139	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	1,041,209	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	795,694	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,196,273	18,571,065	0	7,192,568	43,213	30.00
31.00	03100	INTENSIVE CARE UNIT	88,272	11,385,698	0	2,144,383	4,438	31.00
40.00	04000	SUBPROVIDER - IPF	7,430	5,557,452	0	2,129,191	6,239	40.00
43.00	04300	NURSERY	25,356	893,769	0	714,424	416	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,836	46,932,155	0	6,043,862	27,158	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,702	686,964	0	266,840	1,246	52.00
53.00	05300	ANESTHESIOLOGY	83,462	7,361,936	0	314,229	85	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	450,898	15,836,499	0	2,894,221	7,091	54.00
54.01	05401	ULTRASOUND	36,693	9,541,455	0	948,659	284	54.01
57.00	05700	CT SCAN	80,395	33,572,228	0	1,332,296	567	57.00
58.00	05800	MRI	98,266	9,740,264	0	689,786	496	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,090,148	29,787,489	0	2,713,470	5,030	59.00
60.00	06000	LABORATORY	1,194,320	48,449,031	0	7,653,165	5,566	60.00
64.00	06400	INTRAVENOUS THERAPY	118,301	4,728,729	0	202,429	0	64.00
65.00	06500	RESPIRATORY THERAPY	47,996	16,058,958	0	1,037,394	1,260	65.00
66.00	06600	PHYSICAL THERAPY	32,469	11,406,453	0	2,630,201	8,910	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,756	2,050,830	0	539,523	0	67.00
68.00	06800	SPEECH PATHOLOGY	94,581	1,139,228	0	517,261	1,750	68.00
69.00	06900	ELECTROCARDIOLOGY	75,425	10,081,368	0	866,279	254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,260	1,050,365	0	77,404	1,163	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	26,661,599	0	7,664,866	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,571,417	0	3,262,054	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,977,066	0	3,181,551	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	574	651,517	0	640,210	2,852	76.00
76.97	07697	CARDIAC REHABILITATION	0	545,126	0	1,220,175	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,398,068	68,426,581	0	20,911,903	93,297	90.00
91.00	09100	EMERGENCY	337,753	37,531,699	0	5,812,421	14,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,352,822	0	1,365,397	3,665	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,772,849	472,549,763	-10,637,156	103,199,419	251,094	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	18,527	1,219	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	114	319,626	0	632,704	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,384,273	12,841,057		10,637,156	6,386,253	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.128495	0.027156		0.102427	25.310836	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	370,965	119,391		178,339	2,125,211	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.034435	0.000252		0.001717	8.422915	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
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: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCAHSING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	353,798					8.00
9.00	00900	HOUSEKEEPING	0	2,179				9.00
10.00	01000	DIETARY	0	12	51,865			10.00
11.00	01100	CAFETERIA	0	16	0	395		11.00
13.00	01300	NURSING ADMINISTRATION	0	10	0	8	783,434	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,087	20	0	1	0	14.00
15.00	01500	PHARMACY	0	26	0	11	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	44	0	21	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	0	2	0	3	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	10	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	110,378	467	26,405	50	127,417	30.00
31.00	03100	INTENSIVE CARE UNIT	17,164	58	3,865	13	37,409	31.00
40.00	04000	SUBPROVIDER - IPF	9,910	64	6,252	14	29,457	40.00
43.00	04300	NURSERY	4,899	12	0	3	11,898	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,961	520	1,482	37	68,670	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,723	27	0	1	2,205	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,857	77	0	20	0	54.00
54.01	05401	ULTRASOUND	6,103	4	0	4	0	54.01
57.00	05700	CT SCAN	20,848	8	0	2	0	57.00
58.00	05800	MRI	6,051	7	0	3	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,765	15	0	6	13,154	59.00
60.00	06000	LABORATORY	0	68	0	30	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	73	0	6	18,965	65.00
66.00	06600	PHYSICAL THERAPY	28,351	84	0	14	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27	0	4	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13	0	4	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15	0	7	5,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10	0	4	10,062	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	13	0	6	11,072	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	14,455	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	188	0	65	343,746	90.00
91.00	09100	EMERGENCY	56,701	264	0	36	64,462	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	20	0	12	24,891	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	353,798	2,164	38,004	395	783,434	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	15	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	13,861	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	460,598	1,190,840	824,763	1,451,394	2,897,991	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.301867	546.507572	15.902111	3,674.415190	3.699088	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,341	85,949	132,790	105,343	140,586	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012270	39.444240	2.560301	266.691139	0.179448	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		8.00	9.00	10.00	11.00	13.00	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQ UTILITIONS)	PHARMACY (COSTED REQ UTILITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DA YS)	UTILIZATION REVIEW (PATIENT DA YS)	
			14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCAHSING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,014,342					14.00
15.00	01500	PHARMACY	0	2,536,358				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	118,190,755			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	8,125		17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	8,125	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,334	15,650,926	6,036	6,036	30.00
31.00	03100	INTENSIVE CARE UNIT	0	624	11,385,698	670	670	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	5,557,452	1,115	1,115	40.00
43.00	04300	NURSERY	0	0	893,769	304	304	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,673	8,922,143	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,407	446,336	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,804,618	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,663	1,033,738	0	0	54.00
54.01	05401	ULTRASOUND	0	0	707,782	0	0	54.01
57.00	05700	CT SCAN	0	205	5,826,701	0	0	57.00
58.00	05800	MRI	0	60	678,922	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,799	8,451,642	0	0	59.00
60.00	06000	LABORATORY	0	42	11,040,544	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,244,309	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,500	8,858,531	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	802,414	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	239,256	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	110,090	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,261,190	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	16,155	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,930,741	0	7,853,635	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,083,601	0	1,200,194	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,306,565	16,204,482	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	82	525,154	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	1,125,206	30,107	0	0	90.00
91.00	09100	EMERGENCY	0	14,162	5,444,967	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	36	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,014,342	2,536,358	118,190,755	8,125	8,125	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	440,887	2,046,066	2,692,313	116,910	364,797	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.044026	0.806694	0.022779	14.388923	44.898092	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	127,839	220,340	87,958	249	7,831	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012766	0.086873	0.000744	0.030646	0.963815	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIONS)	PHARMACY (COSTED REQ UISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DA YS)	UTILIZATION REVIEW (PATIENT DA YS)	
		14.00	15.00	16.00	17.00	17.01	
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: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALAR Y & FRINGES A (PATIENT DA YS)	SERVICES-OTHER PRGM COSTS A (PATIENT DA YS)		
	GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00590	DATA PROCESSING				5.02
5.03	00591	PURCAHSING RECEIVING AND STORES				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00592	OTHER ADMIN & GENERAL				5.05
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	UTILIZATION REVIEW				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	7,010			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		7,010		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,036	6,036		30.00
31.00	03100	INTENSIVE CARE UNIT	670	670		31.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
43.00	04300	NURSERY	304	304		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
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
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 PAT	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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	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				92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,010	7,010		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	MEALS ON WHEELS	0	0		194.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,147,857	913,939		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	163.745649	130.376462		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,072	16,251		204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALAR Y & FRINGES A (PATIENT DA YS)	SERVICES-OTHER PRGM COSTS A (PATIENT DA YS)		
			21.00	22.00		
205.00		Unit cost multiplier (Wkst. B, Part II)	0.295578	2.318260		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

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00		
1.00				3.00	4.00	
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00		IV THERAPY & OP SERVICES		1 30.00	-59,997	7.00
8.00		IV THERAPY		1 64.00	698,586	8.00
9.00		IV THERAPY		1 50.00	-131,391	9.00
10.00		OUTPATIENT SERVICE		1 90.00	-457	10.00
11.00		IV THERAPY		1 91.00	-506,741	11.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0012		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 8/31/2020 1:55 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	11,153,958		11,153,958	0	11,153,958	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,077,586		3,077,586	0	3,077,586	31.00	
40.00	04000	SUBPROVIDER - IPF	3,005,594		3,005,594	0	3,005,594	40.00	
43.00	04300	NURSERY	904,482		904,482	0	904,482	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,213,422		8,213,422	0	8,213,422	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	370,369		370,369	0	370,369	52.00	
53.00	05300	ANESTHESIOLOGY	389,673		389,673	0	389,673	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,524,244		3,524,244	0	3,524,244	54.00	
54.01	05401	ULTRASOUND	1,093,967		1,093,967	0	1,093,967	54.01	
57.00	05700	CT SCAN	1,654,863		1,654,863	0	1,654,863	57.00	
58.00	05800	MRI	811,233		811,233	0	811,233	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,445,261		3,445,261	0	3,445,261	59.00	
60.00	06000	LABORATORY	8,976,858		8,976,858	0	8,976,858	60.00	
64.00	06400	INTRAVENOUS THERAPY	972,872		972,872	0	972,872	64.00	
65.00	06500	RESPIRATORY THERAPY	1,523,542	0	1,523,542	0	1,523,542	65.00	
66.00	06600	PHYSICAL THERAPY	3,277,661	0	3,277,661	0	3,277,661	66.00	
67.00	06700	OCCUPATIONAL THERAPY	629,689	0	629,689	0	629,689	67.00	
68.00	06800	SPEECH PATHOLOGY	638,847	0	638,847	0	638,847	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,067,473		1,067,473	0	1,067,473	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	172,520		172,520	0	172,520	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,933,981		8,933,981	0	8,933,981	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,759,274		3,759,274	0	3,759,274	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	4,930,597		4,930,597	0	4,930,597	73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	860,107		860,107	0	860,107	76.00	
76.97	07697	CARDIAC REHABILITATION	1,398,624		1,398,624	0	1,398,624	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	27,936,371		27,936,371	0	27,936,371	90.00	
91.00	09100	EMERGENCY	6,980,395		6,980,395	0	6,980,395	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,657,587		2,657,587		2,657,587	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	1,745,141		1,745,141		1,745,141	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	114,106,191	0	114,106,191	0	114,106,191	200.00	
201.00		Less Observation Beds	2,657,587		2,657,587		2,657,587	201.00	
202.00		Total (see instructions)	111,448,604	0	111,448,604	0	111,448,604	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0012		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 8/31/2020 1:55 pm		
				Title XVIII			Hospital		PPS	
Cost Center Description				Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
				Inpatient	Outpatient	Total (col. 6 + col. 7)				
				6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS				9.00	10.00					
30.00	03000	ADULTS & PEDIATRICS	15,223,781		15,223,781				30.00	
31.00	03100	INTENSIVE CARE UNIT	11,385,698		11,385,698				31.00	
40.00	04000	SUBPROVIDER - IPF	5,557,452		5,557,452				40.00	
43.00	04300	NURSERY	893,769		893,769				43.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	8,922,143	38,010,012	46,932,155	0.175006	0.000000		50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	446,336	240,628	686,964	0.539139	0.000000		52.00	
53.00	05300	ANESTHESIOLOGY	1,804,618	5,557,318	7,361,936	0.052931	0.000000		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,033,738	14,802,761	15,836,499	0.222539	0.000000		54.00	
54.01	05401	ULTRASOUND	707,782	8,833,673	9,541,455	0.114654	0.000000		54.01	
57.00	05700	CT SCAN	5,826,701	27,745,527	33,572,228	0.049293	0.000000		57.00	
58.00	05800	MRI	678,922	9,061,342	9,740,264	0.083287	0.000000		58.00	
59.00	05900	CARDIAC CATHETERIZATION	8,451,642	21,335,847	29,787,489	0.115661	0.000000		59.00	
60.00	06000	LABORATORY	11,040,544	37,408,487	48,449,031	0.185285	0.000000		60.00	
64.00	06400	INTRAVENOUS THERAPY	2,244,309	2,484,420	4,728,729	0.205736	0.000000		64.00	
65.00	06500	RESPIRATORY THERAPY	8,858,531	7,200,427	16,058,958	0.094872	0.000000		65.00	
66.00	06600	PHYSICAL THERAPY	802,414	10,604,039	11,406,453	0.287351	0.000000		66.00	
67.00	06700	OCCUPATIONAL THERAPY	239,256	1,811,574	2,050,830	0.307041	0.000000		67.00	
68.00	06800	SPEECH PATHOLOGY	110,090	1,029,138	1,139,228	0.560772	0.000000		68.00	
69.00	06900	ELECTROCARDIOLOGY	2,261,190	7,820,178	10,081,368	0.105886	0.000000		69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	16,155	1,034,210	1,050,365	0.164248	0.000000		70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,853,635	18,807,964	26,661,599	0.335088	0.000000		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,200,194	5,371,223	6,571,417	0.572064	0.000000		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	16,204,482	29,772,584	45,977,066	0.107240	0.000000		73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	525,154	126,363	651,517	1.320160	0.000000		76.00	
76.97	07697	CARDIAC REHABILITATION	0	545,126	545,126	2.565689	0.000000		76.97	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	30,107	41,025,842	41,055,949	0.680446	0.000000		90.00	
91.00	09100	EMERGENCY	5,444,967	32,086,732	37,531,699	0.185987	0.000000		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	427,145	2,920,139	3,347,284	0.793953	0.000000		92.00	
OTHER REIMBURSABLE COST CENTERS										
101.00	10100	HOME HEALTH AGENCY	0	1,352,822	1,352,822				101.00	
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE							113.00	
200.00		Subtotal (see instructions)	118,190,755	326,988,376	445,179,131				200.00	
201.00		Less Observation Beds							201.00	
202.00		Total (see instructions)	118,190,755	326,988,376	445,179,131				202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/31/2020 1:55 pm
			Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio			
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.175006		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.539139		52.00
53.00	05300	ANESTHESIOLOGY	0.052931		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.222539		54.00
54.01	05401	ULTRASOUND	0.114654		54.01
57.00	05700	CT SCAN	0.049293		57.00
58.00	05800	MRI	0.083287		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115661		59.00
60.00	06000	LABORATORY	0.185285		60.00
64.00	06400	INTRAVENOUS THERAPY	0.205736		64.00
65.00	06500	RESPIRATORY THERAPY	0.094872		65.00
66.00	06600	PHYSICAL THERAPY	0.287351		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.307041		67.00
68.00	06800	SPEECH PATHOLOGY	0.560772		68.00
69.00	06900	ELECTROCARDIOLOGY	0.105886		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164248		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.335088		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.572064		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.107240		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.320160		76.00
76.97	07697	CARDIAC REHABILITATION	2.565689		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.680446		90.00
91.00	09100	EMERGENCY	0.185987		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.793953		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/31/2020 1:55 pm

				Title XIX		Hospital		Cost		
Cost Center Description				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	11,153,958			11,153,958	0	11,153,958	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,077,586			3,077,586	0	3,077,586	31.00	
40.00	04000	SUBPROVIDER - IPF	3,005,594			3,005,594	0	3,005,594	40.00	
43.00	04300	NURSERY	904,482			904,482	0	904,482	43.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	8,213,422			8,213,422	0	8,213,422	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	370,369			370,369	0	370,369	52.00	
53.00	05300	ANESTHESIOLOGY	389,673			389,673	0	389,673	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,524,244			3,524,244	0	3,524,244	54.00	
54.01	05401	ULTRASOUND	1,093,967			1,093,967	0	1,093,967	54.01	
57.00	05700	CT SCAN	1,654,863			1,654,863	0	1,654,863	57.00	
58.00	05800	MRI	811,233			811,233	0	811,233	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,445,261			3,445,261	0	3,445,261	59.00	
60.00	06000	LABORATORY	8,976,858			8,976,858	0	8,976,858	60.00	
64.00	06400	INTRAVENOUS THERAPY	972,872			972,872	0	972,872	64.00	
65.00	06500	RESPIRATORY THERAPY	1,523,542	0		1,523,542	0	1,523,542	65.00	
66.00	06600	PHYSICAL THERAPY	3,277,661	0		3,277,661	0	3,277,661	66.00	
67.00	06700	OCCUPATIONAL THERAPY	629,689	0		629,689	0	629,689	67.00	
68.00	06800	SPEECH PATHOLOGY	638,847	0		638,847	0	638,847	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,067,473			1,067,473	0	1,067,473	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	172,520			172,520	0	172,520	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,933,981			8,933,981	0	8,933,981	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,759,274			3,759,274	0	3,759,274	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	4,930,597			4,930,597	0	4,930,597	73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	860,107			860,107	0	860,107	76.00	
76.97	07697	CARDIAC REHABILITATION	1,398,624			1,398,624	0	1,398,624	76.97	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	27,936,371			27,936,371	0	27,936,371	90.00	
91.00	09100	EMERGENCY	6,980,395			6,980,395	0	6,980,395	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,657,587			2,657,587	0	2,657,587	92.00	
OTHER REIMBURSABLE COST CENTERS										
101.00	10100	HOME HEALTH AGENCY	1,745,141			1,745,141		1,745,141	101.00	
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE							113.00	
200.00		Subtotal (see instructions)	114,106,191	0		114,106,191	0	114,106,191	200.00	
201.00		Less Observation Beds	2,657,587			2,657,587		2,657,587	201.00	
202.00		Total (see instructions)	111,448,604	0		111,448,604	0	111,448,604	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/31/2020 1:55 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,223,781		15,223,781			30.00
31.00	03100	INTENSIVE CARE UNIT	11,385,698		11,385,698			31.00
40.00	04000	SUBPROVIDER - IPF	5,557,452		5,557,452			40.00
43.00	04300	NURSERY	893,769		893,769			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,922,143	38,010,012	46,932,155	0.175006	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	446,336	240,628	686,964	0.539139	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,804,618	5,557,318	7,361,936	0.052931	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,033,738	14,802,761	15,836,499	0.222539	0.000000	54.00
54.01	05401	ULTRASOUND	707,782	8,833,673	9,541,455	0.114654	0.000000	54.01
57.00	05700	CT SCAN	5,826,701	27,745,527	33,572,228	0.049293	0.000000	57.00
58.00	05800	MRI	678,922	9,061,342	9,740,264	0.083287	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,451,642	21,335,847	29,787,489	0.115661	0.000000	59.00
60.00	06000	LABORATORY	11,040,544	37,408,487	48,449,031	0.185285	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,244,309	2,484,420	4,728,729	0.205736	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,858,531	7,200,427	16,058,958	0.094872	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	802,414	10,604,039	11,406,453	0.287351	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	239,256	1,811,574	2,050,830	0.307041	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	110,090	1,029,138	1,139,228	0.560772	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,261,190	7,820,178	10,081,368	0.105886	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,155	1,034,210	1,050,365	0.164248	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,853,635	18,807,964	26,661,599	0.335088	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,200,194	5,371,223	6,571,417	0.572064	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,204,482	29,772,584	45,977,066	0.107240	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	525,154	126,363	651,517	1.320160	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	545,126	545,126	2.565689	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	30,107	41,025,842	41,055,949	0.680446	0.000000	90.00
91.00	09100	EMERGENCY	5,444,967	32,086,732	37,531,699	0.185987	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	427,145	2,920,139	3,347,284	0.793953	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,352,822	1,352,822			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	118,190,755	326,988,376	445,179,131			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	118,190,755	326,988,376	445,179,131			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/31/2020 1:55 pm
			Title XIX	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio			
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
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
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 PAT	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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	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	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 8/31/2020 1:55 pm	
				Title XVIII		Hospital	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,174,570	0	1,174,570	7,924	148.23	30.00
31.00	INTENSIVE CARE UNIT	176,570		176,570	670	263.54	31.00
40.00	SUBPROVIDER - IPF	174,000	0	174,000	1,115	156.05	40.00
43.00	NURSERY	21,568		21,568	304	70.95	43.00
200.00	Total (lines 30 through 199)	1,546,708		1,546,708	10,013		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	3,692	547,265				
31.00	INTENSIVE CARE UNIT	465	122,546				
40.00	SUBPROVIDER - IPF	274	42,758				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	4,431	712,569				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/31/2020 1:55 pm			
					Title XVIII		Hospital		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)			
									1.00	2.00
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,183,215	46,932,155	0.025211	2,954,463	74,485	50.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,100	686,964	0.093309	3,436	321	52.00		
53.00	05300	ANESTHESIOLOGY	20,873	7,361,936	0.002835	587,296	1,665	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	313,607	15,836,499	0.019803	575,429	11,395	54.00		
54.01	05401	ULTRASOUND	125,752	9,541,455	0.013180	331,132	4,364	54.01		
57.00	05700	CT SCAN	61,581	33,572,228	0.001834	3,044,327	5,583	57.00		
58.00	05800	MRI	27,844	9,740,264	0.002859	368,923	1,055	58.00		
59.00	05900	CARDIAC CATHETERIZATION	679,950	29,787,489	0.022827	3,378,931	77,131	59.00		
60.00	06000	LABORATORY	348,824	48,449,031	0.007200	5,196,163	37,412	60.00		
64.00	06400	INTRAVENOUS THERAPY	7,284	4,728,729	0.001540	347,646	535	64.00		
65.00	06500	RESPIRATORY THERAPY	100,742	16,058,958	0.006273	2,995,659	18,792	65.00		
66.00	06600	PHYSICAL THERAPY	260,556	11,406,453	0.022843	459,557	10,498	66.00		
67.00	06700	OCCUPATIONAL THERAPY	4,321	2,050,830	0.002107	137,188	289	67.00		
68.00	06800	SPEECH PATHOLOGY	55,117	1,139,228	0.048381	70,664	3,419	68.00		
69.00	06900	ELECTROCARDIOLOGY	23,991	10,081,368	0.002380	1,734,611	4,128	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	36,092	1,050,365	0.034361	16,151	555	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	114,197	26,661,599	0.004283	5,684,290	24,346	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,515	6,571,417	0.007231	1,200,194	8,679	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	142,634	45,977,066	0.003102	7,791,637	24,170	73.00		
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	78,515	651,517	0.120511	0	0	76.00		
76.97	07697	CARDIAC REHABILITATION	5,445	545,126	0.009989	0	0	76.97		
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3,536,618	41,055,949	0.086141	20,578	1,773	90.00		
91.00	09100	EMERGENCY	416,954	37,531,699	0.011109	2,450,383	27,221	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	279,857	3,347,284	0.083607	415,069	34,703	92.00		
200.00		Total (lines 50 through 199)	7,935,584	410,765,609		39,763,727	372,519	200.00		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0012		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/31/2020 1:55 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
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	7,924	0.00	3,692	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	670	0.00	465	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,115	0.00	274	40.00	
43.00	04300	NURSERY		0	0	304	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	10,013		4,431	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	
40.00	04000	SUBPROVIDER - IPF		0					40.00	
43.00	04300	NURSERY		0					43.00	
200.00		Total (lines 30 through 199)		0					200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet D
Part IV
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
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	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	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	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0012		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/31/2020 1:55 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	46,932,155	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	686,964	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,361,936	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,836,499	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	9,541,455	0.000000	54.01
57.00	05700	CT SCAN	0	0	0	33,572,228	0.000000	57.00
58.00	05800	MRI	0	0	0	9,740,264	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	29,787,489	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	48,449,031	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,728,729	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,058,958	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,406,453	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,050,830	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,139,228	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,081,368	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,050,365	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	26,661,599	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,571,417	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	45,977,066	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	651,517	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	545,126	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	41,055,949	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	37,531,699	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	3,347,284	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	410,765,609		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet D
Part IV
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	2,954,463	0	8,671,377	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	3,436	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	587,296	0	1,170,704	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	575,429	0	4,745,680	0	54.00
54.01	05401	ULTRASOUND	0.000000	331,132	0	1,383,104	0	54.01
57.00	05700	CT SCAN	0.000000	3,044,327	0	8,288,600	0	57.00
58.00	05800	MRI	0.000000	368,923	0	2,398,800	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,378,931	0	8,047,107	0	59.00
60.00	06000	LABORATORY	0.000000	5,196,163	0	4,811,212	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	347,646	0	1,354,791	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,995,659	0	1,510,831	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	459,557	0	49,030	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	137,188	0	8,079	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	70,664	0	68,783	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,734,611	0	3,176,607	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	16,151	0	948,341	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	5,684,290	0	6,053,230	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,200,194	0	3,060,968	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,791,637	0	7,980,046	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	40,479	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	421,844	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	20,578	0	4,240,954	0	90.00
91.00	09100	EMERGENCY	0.000000	2,450,383	0	4,742,359	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	415,069	0	1,131,224	0	92.00
200.00		Total (lines 50 through 199)		39,763,727	0	74,304,150	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0012		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/31/2020 1:55 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.175006	8,671,377	0	3	1,517,543	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.539139	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.052931	1,170,704	0	0	61,967	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.222539	4,745,680	0	0	1,056,099	54.00
54.01	05401	ULTRASOUND		0.114654	1,383,104	0	0	158,578	54.01
57.00	05700	CT SCAN		0.049293	8,288,600	0	0	408,570	57.00
58.00	05800	MRI		0.083287	2,398,800	0	0	199,789	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.115661	8,047,107	0	0	930,736	59.00
60.00	06000	LABORATORY		0.185285	4,811,212	253	0	891,445	60.00
64.00	06400	INTRAVENOUS THERAPY		0.205736	1,354,791	0	21	278,729	64.00
65.00	06500	RESPIRATORY THERAPY		0.094872	1,510,831	0	0	143,336	65.00
66.00	06600	PHYSICAL THERAPY		0.287351	49,030	0	0	14,089	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.307041	8,079	0	0	2,481	67.00
68.00	06800	SPEECH PATHOLOGY		0.560772	68,783	0	0	38,572	68.00
69.00	06900	ELECTROCARDIOLOGY		0.105886	3,176,607	0	0	336,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.164248	948,341	0	0	155,763	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0.335088	6,053,230	0	0	2,028,365	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.572064	3,060,968	0	0	1,751,070	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.107240	7,980,046	1,010	100,983	855,780	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1.320160	40,479	0	0	53,439	76.00
76.97	07697	CARDIAC REHABILITATION		2.565689	421,844	0	0	1,082,321	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.680446	4,240,954	0	2,245	2,885,740	90.00
91.00	09100	EMERGENCY		0.185987	4,742,359	0	751	882,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0.793953	1,131,224	0	0	898,139	92.00
200.00		Subtotal (see instructions)			74,304,150	1,263	104,003	16,630,926	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
202.00		Only Charges							
202.00		Net Charges (line 200 - line 201)			74,304,150	1,263	104,003	16,630,926	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0012		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/31/2020 1:55 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	1					50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	ULTRASOUND	0	0					54.01
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	47	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	4					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 PAT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108	10,829					73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	1,528					90.00
91.00	09100	EMERGENCY	0	140					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0					92.00
200.00		Subtotal (see instructions)	155	12,502					200.00
201.00		Less PBP Clinic Lab. Services-Program	0						201.00
		Only Charges							
202.00		Net Charges (line 200 - line 201)	155	12,502					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/31/2020 1:55 pm		
				Component CCN: 14-S012				
				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	1,183,215	46,932,155	0.025211	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,100	686,964	0.093309	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,873	7,361,936	0.002835	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	313,607	15,836,499	0.019803	2,752	54	54.00
54.01	05401	ULTRASOUND	125,752	9,541,455	0.013180	0	0	54.01
57.00	05700	CT SCAN	61,581	33,572,228	0.001834	15,858	29	57.00
58.00	05800	MRI	27,844	9,740,264	0.002859	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	679,950	29,787,489	0.022827	0	0	59.00
60.00	06000	LABORATORY	348,824	48,449,031	0.007200	135,869	978	60.00
64.00	06400	INTRAVENOUS THERAPY	7,284	4,728,729	0.001540	4,893	8	64.00
65.00	06500	RESPIRATORY THERAPY	100,742	16,058,958	0.006273	41,909	263	65.00
66.00	06600	PHYSICAL THERAPY	260,556	11,406,453	0.022843	4,497	103	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,321	2,050,830	0.002107	375	1	67.00
68.00	06800	SPEECH PATHOLOGY	55,117	1,139,228	0.048381	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,991	10,081,368	0.002380	11,726	28	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36,092	1,050,365	0.034361	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	114,197	26,661,599	0.004283	2,784	12	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,515	6,571,417	0.007231	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	142,634	45,977,066	0.003102	140,193	435	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	78,515	651,517	0.120511	9,338	1,125	76.00
76.97	07697	CARDIAC REHABILITATION	5,445	545,126	0.009989	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,536,618	41,055,949	0.086141	9,529	821	90.00
91.00	09100	EMERGENCY	416,954	37,531,699	0.011109	98,580	1,095	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	3,347,284	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	7,655,727	410,765,609		478,303	4,952	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0012 Component CCN: 14-S012		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/31/2020 1:55 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	ULTRASOUND		0	0	0	0	0	54.01
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	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		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		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0012 Component CCN: 14-S012		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/31/2020 1:55 pm	
				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) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	46,932,155	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	686,964	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	7,361,936	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	15,836,499	0.000000	54.00
54.01	05401	ULTRASOUND		0	0	0	9,541,455	0.000000	54.01
57.00	05700	CT SCAN		0	0	0	33,572,228	0.000000	57.00
58.00	05800	MRI		0	0	0	9,740,264	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	29,787,489	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	48,449,031	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	4,728,729	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	16,058,958	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	11,406,453	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,050,830	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,139,228	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	10,081,368	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,050,365	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	26,661,599	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	6,571,417	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	45,977,066	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	651,517	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	545,126	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	41,055,949	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	37,531,699	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	3,347,284	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	410,765,609		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0012 Component CCN: 14-S012		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/31/2020 1:55 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	2,752	0	0	0	54.00
54.01	05401	ULTRASOUND		0.000000	0	0	0	0	54.01
57.00	05700	CT SCAN		0.000000	15,858	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		0.000000	135,869	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	4,893	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	41,909	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	4,497	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	375	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	11,726	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0.000000	2,784	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		0.000000	140,193	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	9,338	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	9,529	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	98,580	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			478,303	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/31/2020 1:55 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,924	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,924	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)		6,036	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,692	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)		11,153,958	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,153,958	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,153,958	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)		1,407.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,196,933	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)		5,196,933	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
8/31/2020 1:55 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,077,586	670	4,593.41	465	2,135,936
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
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)					7,232,419
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,565,288
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					669,811
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					372,519
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,042,330
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,522,958
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)					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)					1,888
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,407.62
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,657,587

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0012		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/31/2020 1:55 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	1,174,570	11,153,958	0.105305	2,657,587	279,857	90.00		
91.00	Nursing School cost	0	11,153,958	0.000000	2,657,587	0	91.00		
92.00	Allied health cost	0	11,153,958	0.000000	2,657,587	0	92.00		
93.00	All other Medical Education	0	11,153,958	0.000000	2,657,587	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0012 Component CCN: 14-S012	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/31/2020 1:55 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,115	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,115	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,115	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		274	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,005,594	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,005,594	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,005,594	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)		2,695.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		738,594	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)		738,594	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 14-S012		Date/Time Prepared: 8/31/2020 1:55 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					87,314	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					825,908	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)					42,758	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,952	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					47,710	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					778,198	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: 14-0012 Component CCN: 14-S012		Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/31/2020 1:55 pm	
			Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	174,000	3,005,594	0.057892	0	0	90.00
91.00	Nursing School cost	0	3,005,594	0.000000	0	0	91.00
92.00	Allied health cost	0	3,005,594	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,005,594	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/31/2020 1:55 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		8,119,283	30.00
31.00	03100	INTENSIVE CARE UNIT		2,082,729	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.175006	2,954,463	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.539139	3,436	52.00
53.00	05300	ANESTHESIOLOGY	0.052931	587,296	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.222539	575,429	54.00
54.01	05401	ULTRASOUND	0.114654	331,132	54.01
57.00	05700	CT SCAN	0.049293	3,044,327	57.00
58.00	05800	MRI	0.083287	368,923	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115661	3,378,931	59.00
60.00	06000	LABORATORY	0.185285	5,196,163	60.00
64.00	06400	INTRAVENOUS THERAPY	0.205736	347,646	64.00
65.00	06500	RESPIRATORY THERAPY	0.094872	2,995,659	65.00
66.00	06600	PHYSICAL THERAPY	0.287351	459,557	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.307041	137,188	67.00
68.00	06800	SPEECH PATHOLOGY	0.560772	70,664	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105886	1,734,611	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164248	16,151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.335088	5,684,290	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.572064	1,200,194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.107240	7,791,637	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.320160	0	76.00
76.97	07697	CARDIAC REHABILITATION	2.565689	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.680446	20,578	90.00
91.00	09100	EMERGENCY	0.185987	2,450,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.793953	415,069	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		39,763,727	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)		39,763,727	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0012 Component CCN: 14-S012	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/31/2020 1:55 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		711,831		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.175006	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.539139	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.052931	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.222539	2,752	612	54.00
54.01	05401 ULTRASOUND	0.114654	0	0	54.01
57.00	05700 CT SCAN	0.049293	15,858	782	57.00
58.00	05800 MRI	0.083287	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.115661	0	0	59.00
60.00	06000 LABORATORY	0.185285	135,869	25,174	60.00
64.00	06400 INTRAVENOUS THERAPY	0.205736	4,893	1,007	64.00
65.00	06500 RESPIRATORY THERAPY	0.094872	41,909	3,976	65.00
66.00	06600 PHYSICAL THERAPY	0.287351	4,497	1,292	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.307041	375	115	67.00
68.00	06800 SPEECH PATHOLOGY	0.560772	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.105886	11,726	1,242	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.164248	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.335088	2,784	933	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.572064	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.107240	140,193	15,034	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.320160	9,338	12,328	76.00
76.97	07697 CARDIAC REHABILITATION	2.565689	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.680446	9,529	6,484	90.00
91.00	09100 EMERGENCY	0.185987	98,580	18,335	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.793953	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		478,303	87,314	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)		478,303		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/31/2020 1:55 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			6,688,345	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			2,229,449	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)			19,488	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			6,496	2.04
3.00	Managed Care Simulated Payments			829,630	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			60.83	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			6.00	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)			6.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			4.19	10.00
11.00	FTE count for residents in dental and podiatric programs.			4.50	11.00
12.00	Current year allowable FTE (see instructions)			8.69	12.00
13.00	Total allowable FTE count for the prior year.			7.39	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.			7.05	14.00
15.00	Sum of lines 12 through 14 divided by 3.			7.71	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			7.71	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.126747	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.122493	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.122493	21.00
22.00	IME payment adjustment (see instructions)			576,803	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			53,660	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)			-1.81	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)			576,803	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			53,660	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.24	30.00
31.00	Percentage of Medicaid patient days (see instructions)			15.74	31.00
32.00	Sum of lines 30 and 31			17.98	32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.44	33.00
34.00	Disproportionate share adjustment (see instructions)			98,988	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/31/2020 1:55 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096
35.01	Factor 3 (see instructions)		0.000157597	0.000116891
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,303,782	976,112
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		975,157	245,361
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,220,518	
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	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.0000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		10,840,087	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		10,893,747	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		813,268	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).		230,788	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		11,937,803	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,937,803	61.00
62.00	Deductibles billed to program beneficiaries		1,149,804	62.00
63.00	Coinurance billed to program beneficiaries		10,912	63.00
64.00	Allowable bad debts (see instructions)		222,065	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		144,342	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		222,065	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		10,921,429	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		43,629	70.93
70.94	HRR adjustment amount (see instructions)		-2,444	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/31/2020 1:55 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		117,462	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		10,845,152	71.00
71.01	Sequestration adjustment (see instructions)		216,903	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		10,505,038	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		123,211	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	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	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/31/2020 1:55 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,657	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,630,926	2.00
3.00	OPPS payments		14,265,560	3.00
4.00	Outlier payment (see instructions)		50,762	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)		12,657	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		105,266	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)		105,266	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)		105,266	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		92,609	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)		12,657	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)		14,316,322	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)		2,910,229	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)		11,418,750	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		249,533	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)		11,668,283	30.00
31.00	Primary payer payments		2,255	31.00
32.00	Subtotal (line 30 minus line 31)		11,666,028	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)		68,556	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		44,561	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		68,556	36.00
37.00	Subtotal (see instructions)		11,710,589	37.00
38.00	MSP-LCC reconciliation amount from PS&R		177	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,710,412	40.00
40.01	Sequestration adjustment (see instructions)		234,208	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		11,422,817	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		53,387	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
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: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/31/2020 1:55 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		10,562,946		11,422,817	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	09/09/2019	57,908		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)		-57,908		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		10,505,038		11,422,817	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		123,211		53,387	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,628,249		11,476,204	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0012

Period:

Worksheet E-1

Component CCN: 14-S012

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/31/2020 1:55 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		200,371		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		200,371		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		18		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		200,389		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor		0			8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
8/31/2020 1:55 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012 Component CCN: 14-S012	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 8/31/2020 1:55 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			259,015 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			3.054795 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			259,015 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)			259,015 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			259,015 18.00
19.00	Deductibles			53,172 19.00
20.00	Subtotal (line 18 minus line 19)			205,843 20.00
21.00	Coinsurance			1,364 21.00
22.00	Subtotal (line 20 minus line 21)			204,479 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			204,479 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 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)			204,479 31.00
31.01	Sequestration adjustment (see instructions)			4,090 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			200,371 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)			18 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/31/2020 1:55 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			6.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			6.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.19	6.00
7.00	Enter the lesser of line 5 or line 6			4.19	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.	3.72	0.00	3.72	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.	3.72	0.00	3.72	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.25		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		4.25		10.01
11.00	Total weighted FTE count	3.72	4.25		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	4.22	3.17		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	3.64	3.22		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	3.86	3.55		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	3.86	3.55		17.00
18.00	Per resident amount	105,484.24	105,484.24		18.00
19.00	Approved amount for resident costs	407,169	374,469	781,638	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			781,638	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	4,431	435		26.00
27.00	Total Inpatient Days (see instructions)	7,869	7,869		27.00
28.00	Ratio of inpatient days to total inpatient days	0.563096	0.055280		28.00
29.00	Program direct GME amount	440,137	43,209	483,346	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		3,025	3,025	30.00
31.00	Net Program direct GME amount			480,321	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/31/2020 1:55 pm	
		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)			0	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)			15,391,196	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)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			15,391,196	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			16,643,583	42.00
43.00	Primary payer payments (see instructions)			2,255	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			16,641,328	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			32,032,524	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.480487	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.519513	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			480,321	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			230,788	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			249,533	50.00

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

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
8/31/2020 1:55 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	8,062,480	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	45,906,309	0	0	0	4.00
5.00 Other receivable	1,903,514	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	1,411,041	0	0	0	7.00
8.00 Prepaid expenses	989,785	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)	58,273,129	0	0	0	11.00
FIXED ASSETS					
12.00 Land	2,343,039	0	0	0	12.00
13.00 Land improvements	5,545,610	0	0	0	13.00
14.00 Accumulated depreciation	-3,825,446	0	0	0	14.00
15.00 Buildings	53,224,260	0	0	0	15.00
16.00 Accumulated depreciation	-32,612,585	0	0	0	16.00
17.00 Leasehold improvements	19,000	0	0	0	17.00
18.00 Accumulated depreciation	-19,000	0	0	0	18.00
19.00 Fixed equipment	44,977,627	0	0	0	19.00
20.00 Accumulated depreciation	-23,120,872	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	39,432,522	0	0	0	23.00
24.00 Accumulated depreciation	-34,095,563	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	1,482,335	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	53,350,927	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	28,995,471	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	1,239,757	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	30,235,228	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	141,859,284	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	6,543,943	0	0	0	37.00
38.00 Salaries, wages, and fees payable	9,273,177	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	1,629,017	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	10,657,761	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	28,103,898	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	20,222,730	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	19,692,506	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	39,915,236	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	68,019,134	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	73,840,150				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)	73,840,150	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	141,859,284	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
8/31/2020 1:55 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		75,419,337		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,638,398				2.00
3.00	Total (sum of line 1 and line 2)		73,780,939		0		3.00
4.00	CHANGE IN DONOR RESTRICTIONS	59,211		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		59,211		0		10.00
11.00	Subtotal (line 3 plus line 10)		73,840,150		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		73,840,150		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CHANGE IN DONOR RESTRICTIONS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	16,117,550		16,117,550	1.00
2.00	SUBPROVIDER - IPF	5,557,452		5,557,452	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	21,675,002		21,675,002	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,385,698		11,385,698	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,385,698		11,385,698	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	33,060,700		33,060,700	17.00
18.00	Ancillary services	79,227,836	249,602,841	328,830,677	18.00
19.00	Outpatient services	5,902,219	76,032,713	81,934,932	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		1,352,822	1,352,822	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEE CHARGES	0	37,341,187	37,341,187	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	118,190,755	364,329,563	482,520,318	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		146,009,787		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		146,009,787		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
8/31/2020 1:55 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	482,520,318	1.00
2.00	Less contractual allowances and discounts on patients' accounts	344,151,586	2.00
3.00	Net patient revenues (line 1 minus line 2)	138,368,732	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	146,009,787	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,641,055	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	631,086	6.00
7.00	Income from investments	1,778,826	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	474,705	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	441,901	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INCOME	168,473	24.00
24.01	RETAIL PHARMACY	2,267,584	24.01
24.02	GAIN ON DISPOSAL OF ASSETS	143,722	24.02
24.03	INTEREST ON PATIENT ACCOUNTS	96,360	24.03
25.00	Total other income (sum of lines 6-24)	6,002,657	25.00
26.00	Total (line 5 plus line 25)	-1,638,398	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,638,398	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0012

Period:

Worksheet H

HHA CCN: 14-7131

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/31/2020 1:55 pm

					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
2.00	Capital Related - Movable Equipment		0		0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	251,977	15,435	0	46,894	93,118
						407,424
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	371,628	15,973	14,698	0	402,299
7.00	Physical Therapy	0	0	15,953	0	15,953
8.00	Occupational Therapy	0	0	2,568	0	2,568
9.00	Speech Pathology	0	0	440	0	440
10.00	Medical Social Services	120,629	11,342	19	0	131,990
11.00	Home Health Aide	14,794	882	3,498	0	29,583
12.00	Supplies (see instructions)	0	0	0	0	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	759,028	43,632	37,176	46,894	103,527
						990,257
	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	0
2.00	Capital Related - Movable Equipment	0	0	0	0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	3,726	411,150	0	411,150	0
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	402,299	0	402,299	0
7.00	Physical Therapy	0	15,953	0	15,953	0
8.00	Occupational Therapy	0	2,568	0	2,568	0
9.00	Speech Pathology	0	440	0	440	0
10.00	Medical Social Services	0	131,990	0	131,990	0
11.00	Home Health Aide	-10,409	19,174	0	19,174	0
12.00	Supplies (see instructions)	0	0	0	0	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	-6,683	983,574	0	983,574	0

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: 14-0012

Period:

Worksheet H-1

HHA CCN: 14-7131

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/31/2020 1:55 pmHome Health
Agency I

PPS

		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	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	411,150	0	0	0	0	411,150	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	402,299	0	0	0	0	402,299	6.00
7.00	Physical Therapy	15,953	0	0	0	0	15,953	7.00
8.00	Occupational Therapy	2,568	0	0	0	0	2,568	8.00
9.00	Speech Pathology	440	0	0	0	0	440	9.00
10.00	Medical Social Services	131,990	0	0	0	0	131,990	10.00
11.00	Home Health Aide	19,174	0	0	0	0	19,174	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	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)	983,574	0	0	0	0	983,574	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	411,150						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	288,957	691,256					6.00
7.00	Physical Therapy	11,458	27,411					7.00
8.00	Occupational Therapy	1,844	4,412					8.00
9.00	Speech Pathology	316	756					9.00
10.00	Medical Social Services	94,803	226,793					10.00
11.00	Home Health Aide	13,772	32,946					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	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)		983,574					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0012

Period:

Worksheet H-1

HHA CCN: 14-7131

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

8/31/2020 1:55 pm

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	100		4.00
5.00	Administrative and General	0	0	0	100	-411,150	572,424 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	402,299	6.00
7.00	Physical Therapy	0	0	0	0	15,953	7.00
8.00	Occupational Therapy	0	0	0	0	2,568	8.00
9.00	Speech Pathology	0	0	0	0	440	9.00
10.00	Medical Social Services	0	0	0	0	131,990	10.00
11.00	Home Health Aide	0	0	0	0	19,174	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	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	0	100	-411,150	572,424 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	411,150	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.718261	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/31/2020 1:55 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	18,753	0	69,160	6,631	32,311	1.00
2.00	Skilled Nursing Care	691,256	21,303	0	102,001	8,526	37,696	2.00
3.00	Physical Therapy	27,411	0	0	0	0	0	3.00
4.00	Occupational Therapy	4,412	0	0	0	0	0	4.00
5.00	Speech Pathology	756	0	0	0	0	0	5.00
6.00	Medical Social Services	226,793	0	0	33,109	0	0	6.00
7.00	Home Health Aide	32,946	4,256	0	4,060	1,895	5,385	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)	983,574	44,312	0	208,330	17,052	75,392	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		PURCAHSING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.03	5.04	5A.04	5.05	7.00	8.00	
1.00	Administrative and General	0	36,737	163,592	16,756	39,257	0	1.00
2.00	Skilled Nursing Care	0	0	860,782	88,168	44,598	0	2.00
3.00	Physical Therapy	0	0	27,411	2,808	0	0	3.00
4.00	Occupational Therapy	0	0	4,412	452	0	0	4.00
5.00	Speech Pathology	0	0	756	77	0	0	5.00
6.00	Medical Social Services	0	0	259,902	26,621	0	0	6.00
7.00	Home Health Aide	0	0	48,542	4,972	8,909	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	36,737	1,365,397	139,854	92,764	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.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/31/2020 1:55 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	4,372	0	22,046	92,074	0	13	1.00
2.00	Skilled Nursing Care	5,465	0	22,047	0	0	14	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	1,093	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	2	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)	10,930	0	44,093	92,074	0	29	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		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	UTILIZATION REVIEW	INTERNS & RESIDENTS SERVICES-SALARIES & FRINGES A	SERVICES-OTHER PRGM COSTS A	Subtotal	
		16.00	17.00	17.01	21.00	22.00	24.00	
1.00	Administrative and General	0	0	0	0	0	338,110	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	1,021,074	2.00
3.00	Physical Therapy	0	0	0	0	0	30,219	3.00
4.00	Occupational Therapy	0	0	0	0	0	4,864	4.00
5.00	Speech Pathology	0	0	0	0	0	833	5.00
6.00	Medical Social Services	0	0	0	0	0	286,523	6.00
7.00	Home Health Aide	0	0	0	0	0	63,516	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	2	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	1,745,141	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: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/31/2020 1:55 pmHome Health
Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	338,110					1.00
2.00	Skilled Nursing Care	0	1,021,074	245,365	1,266,439			2.00
3.00	Physical Therapy	0	30,219	7,262	37,481			3.00
4.00	Occupational Therapy	0	4,864	1,169	6,033			4.00
5.00	Speech Pathology	0	833	200	1,033			5.00
6.00	Medical Social Services	0	286,523	68,851	355,374			6.00
7.00	Home Health Aide	0	63,516	15,263	78,779			7.00
8.00	Supplies (see instructions)	0	2	0	2			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	1,745,141	338,110	1,745,141			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.			0.240300				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: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/31/2020 1:55 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	1,551	0	251,977	7	6	0	1.00
2.00	Skilled Nursing Care	1,762	0	371,628	9	7	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	120,629	0	0	0	6.00
7.00	Home Health Aide	352	0	14,794	2	1	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)	3,665	0	759,028	18	14	0	20.00
21.00	Total cost to be allocated	44,312	0	208,330	17,052	75,392	0	21.00
22.00	Unit cost multiplier	12.090587	0.000000	0.274469	947.333333	5,385.142857	0.000000	22.00
Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.04	5A.05	5.05	7.00	8.00	9.00	
1.00	Administrative and General	1,352,822	0	163,592	1,551	0	8	1.00
2.00	Skilled Nursing Care	0	0	860,782	1,762	0	10	2.00
3.00	Physical Therapy	0	0	27,411	0	0	0	3.00
4.00	Occupational Therapy	0	0	4,412	0	0	0	4.00
5.00	Speech Pathology	0	0	756	0	0	0	5.00
6.00	Medical Social Services	0	0	259,902	0	0	0	6.00
7.00	Home Health Aide	0	0	48,542	352	0	2	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)	1,352,822		1,365,397	3,665	0	20	20.00
21.00	Total cost to be allocated	36,737		139,854	92,764	0	10,930	21.00
22.00	Unit cost multiplier	0.027156		0.102427	25.310778	0.000000	546.500000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/31/2020 1:55 pm

					Home Health Agency I		PPS	
Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIONS)	PHARMACY (COSTED REQ UISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	6	24,891	0	16	0	1.00
2.00	Skilled Nursing Care	0	6	0	0	17	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	3	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	12	24,891	0	36	0	20.00
21.00	Total cost to be allocated	0	44,093	92,074	0	29	0	21.00
22.00	Unit cost multiplier	0.000000	3,674.416667	3.699088	0.000000	0.805556	0.000000	22.00
Cost Center Description		SOCIAL SERVICE (PATIENT DA YS)	UTILIZATION REVIEW (PATIENT DA YS)	INTERNS & RESIDENTS				
				SERVICES-SALAR Y & FRINGES A (PATIENT DA YS)	SERVICES-OTHER PRGM COSTS A (PATIENT DA YS)			
		17.00	17.01	21.00	22.00			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/31/2020 1:55 pm

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,266,439		1,266,439	2,513	503.96	1.00
2.00	Physical Therapy	3.00	37,481	120,244	157,725	2,157	73.12	2.00
3.00	Occupational Therapy	4.00	6,033	13,581	19,614	228	86.03	3.00
4.00	Speech Pathology	5.00	1,033	5,331	6,364	49	129.88	4.00
5.00	Medical Social Services	6.00	355,374		355,374	3	118,458.00	5.00
6.00	Home Health Aide	7.00	78,779		78,779	607	129.78	6.00
7.00	Total (sum of lines 1-6)		1,745,139	139,156	1,884,295	5,557		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		99914	0	402			8.00
9.00	Physical Therapy		99914	0	374			9.00
10.00	Occupational Therapy		99914	0	42			10.00
11.00	Speech Pathology		99914	0	24			11.00
12.00	Medical Social Services		99914	0	1			12.00
13.00	Home Health Aide		99914	0	67			13.00
14.00	Total (sum of lines 8-13)			0	910			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	2	-233,504	-233,502	-696,845	0.335085	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Part A	Program Visits		Cost of Services			
			Part B					
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	402		0	202,592		1.00
2.00	Physical Therapy	0	374		0	27,347		2.00
3.00	Occupational Therapy	0	42		0	3,613		3.00
4.00	Speech Pathology	0	24		0	3,117		4.00
5.00	Medical Social Services	0	1		0	118,458		5.00
6.00	Home Health Aide	0	67		0	8,695		6.00
7.00	Total (sum of lines 1-6)	0	910		0	363,822		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/31/2020 1:55 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1			
		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
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	3,518	0	0	1,179	15.00	
16.00	Cost of Drugs		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	202,592						1.00	
2.00	Physical Therapy	27,347						2.00	
3.00	Occupational Therapy	3,613						3.00	
4.00	Speech Pathology	3,117						4.00	
5.00	Medical Social Services	118,458						5.00	
6.00	Home Health Aide	8,695						6.00	
7.00	Total (sum of lines 1-6)	363,822						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/31/2020 1:55 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.287351	418,458	120,244	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.307041	44,232	13,581	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.560772	9,506	5,331	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.335088	-696,845	-233,504	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.107240	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012 HHA CCN: 14-7131	Period: From 01/01/2019 To 12/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 8/31/2020 1:55 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	162,326
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	6,727
13.00	Total PPS Reimbursement - LUPA Episodes		0	5,863
14.00	Total PPS Reimbursement - PEP Episodes		0	3,897
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	1,922
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	180,735
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	180,735
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	180,735
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	180,735
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	180,735
31.01	Sequestration adjustment (see instructions)		0	3,615
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	177,120
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0012
HHA CCN: 14-7131Period:
From 01/01/2019
To 12/31/2019

Worksheet H-5

Date/Time Prepared:
8/31/2020 1:55 pm

				Home Health Agency I		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		177,120	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		177,120	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		177,120	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0012	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/31/2020 1:55 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		721,902	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,273	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)		18.50	3.00
4.00	Number of interns & residents (see instructions)		7.71	4.00
5.00	Indirect medical education percentage (see instructions)		12.48	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)		90,093	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		813,268	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