

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: 14-0032	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/21/2019 12:47 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/21/2019	Time: 12:47 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ANTHONYS MEMORIAL HOSPITAL (14-0032) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	221,691	59,064	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	221,691	59,064	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: 14-0032		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/21/2019 12:47 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 503 N MAPLE			PO Box:				1.00	
2.00	City: EFFINGHAM			State: IL		Zip Code: 62401		County: EFFINGHAM	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST. ANTHONYS MEMORIAL HOSPITAL	140032	99914	1	07/01/1966	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA			ST. ANTHONYS MEMORIAL HOSPITAL HHA	147661	99914		02/17/1997	N P N
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice			ST. ANTHONY MEMORIAL HOSPITAL HOSPIC	141658	99914		10/14/2014	
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)						07/01/2018	06/30/2019	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0032

Period:
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To 06/30/2019Worksheet S-2
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	464	145	0	0	1,794	85	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	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 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/21/2019 12:47 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under \$413.85? (see instructions)		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
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	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS						
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00
		V	XIX	
		1.00	2.00	
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical	Occupational	Speech
		1.00	2.00	3.00
				Respiratory
				4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N
				N
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00

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			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
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	151,004	648,734	1,036,867	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0032		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/21/2019 12:47 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: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NGS		Contractor's Number: 00131						
142.00	Street: 4936 LAVERNA ROAD	PO Box:								
143.00	City: SPRINGFIELD	State: IL		Zip Code:		62707				
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF	N	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	N	160.00	
161.00	CMHC		N	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	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						07/01/2018	06/30/2019	170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0032	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/21/2019 12:47 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/06/2019	Y	11/06/2019
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/21/2019 12:47 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.	PATTY		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		211 N BROADWAY STE 600, ST LOUIS, MO	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/21/2019 12:47 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	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: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/21/2019 12:47 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	123	44,895	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)		123	44,895	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	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)		133	48,545	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		133			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: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/21/2019 12:47 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)	7,593	363	12,283			1.00
2.00	HMO and other (see instructions)	591	1,939				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	7,593	363	12,283			7.00
8.00	INTENSIVE CARE UNIT	1,129	50	1,668			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		51	1,618			13.00
14.00	Total (see instructions)	8,722	464	15,569	0.00	858.59	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	39,883	7,985	68,730	0.00	133.74	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	31.59	24.00
24.10	HOSPICE (non-distinct part)			99			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,023.92	27.00
28.00	Observation Bed Days		44	1,731			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			267			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	85	162			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: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/21/2019 12:47 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	2,334	136	4,592	1.00
2.00 HMO and other (see instructions)			160	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	2,334	136	4,592	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/21/2019 12:47 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	46,798,504	0	46,798,504	1,502,262.58	31.15
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		9,004,060	0	9,004,060	282,092.90	31.92
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		896,463	0	896,463	11,189.08	80.12
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		70,699	0	70,699	569.73	124.09
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		3,881,641	0	3,881,641	80,360.25	48.30
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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		15,792,192	0	15,792,192		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,699,947	0	3,699,947		
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		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,593,451	0	1,593,451		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	491,440	0	491,440	11,987.02	41.00
27.00	Administrative & General	5.00	5,192,469	-48,331	5,144,138	196,927.44	26.12

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/21/2019 12:47 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	
28.00	Administrative & General under contract (see inst.)		436,257	0	436,257	2,797.10	155.97	28.00
29.00	Maintenance & Repairs	6.00	159,568	0	159,568	4,177.00	38.20	29.00
30.00	Operation of Plant	7.00	779,181	0	779,181	32,622.71	23.88	30.00
31.00	Laundry & Linen Service	8.00	-6,896	48,331	41,435	2,598.91	15.94	31.00
32.00	Housekeeping	9.00	599,146	0	599,146	45,477.68	13.17	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	730,822	-482,424	248,398	7,558.28	32.86	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	482,424	482,424	38,793.00	12.44	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	949,793	0	949,793	20,262.29	46.87	38.00
39.00	Central Services and Supply	14.00	165,970	0	165,970	9,612.08	17.27	39.00
40.00	Pharmacy	15.00	1,340,447	0	1,340,447	28,608.13	46.86	40.00
41.00	Medical Records & Medical Records Library	16.00	2,806,720	0	2,806,720	82,376.63	34.07	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/21/2019 12:47 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)	47,234,761	0	47,234,761	1,505,059.68	31.38	1.00
2.00	Excluded area salaries (see instructions)	9,004,060	0	9,004,060	282,092.90	31.92	2.00
3.00	Subtotal salaries (line 1 minus line 2)	38,230,701	0	38,230,701	1,222,966.78	31.26	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,848,803	0	4,848,803	92,119.06	52.64	4.00
5.00	Subtotal wage-related costs (see inst.)	17,385,643	0	17,385,643	0.00	45.48	5.00
6.00	Total (sum of lines 3 thru 5)	60,465,147	0	60,465,147	1,315,085.84	45.98	6.00
7.00	Total overhead cost (see instructions)	13,644,917	0	13,644,917	483,798.27	28.20	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/21/2019 12:47 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	283,649	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)	5,302,805	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)	9,876,585	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	909,112	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	2,311,338	17.00
18.00	Medicare Taxes - Employers Portion Only	678,578	18.00
19.00	Unemployment Insurance	21,550	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	108,522	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,492,139	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/21/2019 12:47 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	896,463	19,492,139	1.00
2.00	Hospital	896,463	19,492,139	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0032 Component CCN: 14-7661		Period: From 07/01/2018 To 06/30/2019		Worksheet S-4 Date/Time Prepared: 11/21/2019 12:47 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	10,004	0	3,461	13,465	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,611.00	0.00	0.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			12.37	0.00	12.37	5.00
6.00	Direct Nursing Service			88.36	0.00	88.36	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			18.20	0.00	18.20	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			5.76	0.00	5.76	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.45	0.00	1.45	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.10	0.00	1.10	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			6.47	0.00	6.47	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	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.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16060					20.00
20.01		41180					20.01
20.02		99914					20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	16,372	5,393	519	622	22,906	21.00
22.00	Skilled Nursing Visit Charges	3,552,314	1,170,151	112,593	134,974	4,970,032	22.00
23.00	Physical Therapy Visits	8,189	1,463	75	262	9,989	23.00
24.00	Physical Therapy Visit Charges	1,891,362	337,942	17,314	60,522	2,307,140	24.00
25.00	Occupational Therapy Visits	2,176	569	23	83	2,851	25.00
26.00	Occupational Therapy Visit Charges	502,612	131,439	5,313	19,173	658,537	26.00
27.00	Speech Pathology Visits	530	75	3	2	610	27.00
28.00	Speech Pathology Visit Charges	122,430	17,325	693	462	140,910	28.00
29.00	Medical Social Service Visits	75	34	3	4	116	29.00
30.00	Medical Social Service Visit Charges	21,450	9,711	858	1,144	33,163	30.00
31.00	Home Health Aide Visits	2,059	1,284	9	59	3,411	31.00
32.00	Home Health Aide Visit Charges	216,185	134,815	945	6,195	358,140	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	29,401	8,818	632	1,032	39,883	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	6,306,353	1,801,383	137,716	222,470	8,467,922	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,902		213	67	2,182	36.00
37.00	Total Number of Outlier Episodes		248		17	265	37.00
38.00	Total Non-Routine Medical Supply Charges	122,873	117,345	3,121	5,419	248,758	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0032

Period:

Worksheet S-9

Hospice CCN: 14-1658

From 07/01/2018
To 06/30/2019PARTS I THROUGH IV
Date/Time Prepared:
11/21/2019 12:47 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	16,687	457	1,799	18,943	11.00
12.00	Hospice Inpatient Respite Care	26	5	16	47	12.00
13.00	Hospice General Inpatient Care	265	10	7	282	13.00
14.00	Total Hospice Days	16,978	472	1,822	19,272	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	26	5	16	47	15.00
16.00	Hospice General Inpatient Care	265	10	7	282	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0032

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

Worksheet S-10

Date/Time Prepared:
11/21/2019 12:47 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)		0.300801		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		6,511,634		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		50,976,590		6.00
7.00	Medicaid cost (line 1 times line 6)		15,333,809		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)		8,822,175		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,822,175		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)	5,410,141	1,627,529	7,037,670	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,627,376	1,627,529	3,254,905	21.00
22.00	Payments received from patients for amounts previously written off as charity care	159,562	0	159,562	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,467,814	1,627,529	3,095,343	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		523,687		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		299,285		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		460,437		27.01
28.00	Non-Medicare bad debt expense (see instructions)		63,250		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		180,178		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,275,521		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,097,696		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0032

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

Worksheet A

Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,332,307	4,332,307	-1,518,618	2,813,689	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,979,821	1,979,821	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	491,440	25,495,337	25,986,777	0	25,986,777	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,192,469	25,606,405	30,798,874	-48,331	30,750,543	5.00
6.00	00600	MAINTENANCE & REPAIRS	159,568	9,401	168,969	0	168,969	6.00
7.00	00700	OPERATION OF PLANT	779,181	1,843,497	2,622,678	-95,964	2,526,714	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-6,896	429,950	423,054	48,331	471,385	8.00
9.00	00900	HOUSEKEEPING	599,146	272,095	871,241	0	871,241	9.00
10.00	01000	DIETARY	730,822	526,807	1,257,629	-879,474	378,155	10.00
11.00	01100	CAFETERIA	0	0	0	879,474	879,474	11.00
13.00	01300	NURSING ADMINISTRATION	949,793	52,724	1,002,517	0	1,002,517	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	165,970	1,313,808	1,479,778	-1,282,881	196,897	14.00
15.00	01500	PHARMACY	1,340,447	4,837,839	6,178,286	-4,420,117	1,758,169	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,806,720	2,248,328	5,055,048	0	5,055,048	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,149,688	876,937	7,026,625	-1,684,678	5,341,947	30.00
31.00	03100	INTENSIVE CARE UNIT	1,288,665	57,299	1,345,964	-28,528	1,317,436	31.00
43.00	04300	NURSERY	13,563	31,600	45,163	381,767	426,930	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,328,320	8,949,892	12,278,212	-7,450,490	4,827,722	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52,082	52,082	1,022,992	1,075,074	52.00
53.00	05300	ANESTHESIOLOGY	2,772,620	2,630,977	5,403,597	-109,449	5,294,148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,946,843	1,426,127	3,372,970	-247,922	3,125,048	54.00
54.01	03630	ULTRA SOUND	200,723	91,025	291,748	-45,145	246,603	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	154,734	283,919	438,653	-13,806	424,847	54.02
54.06	05404	PET SCAN	0	131,225	131,225	0	131,225	54.06
57.00	05700	CT SCAN	344,189	420,527	764,716	-6,457	758,259	57.00
58.00	05800	MRI	185,971	160,630	346,601	-9,349	337,252	58.00
59.00	05900	CARDIAC CATHETERIZATION	342,500	732,240	1,074,740	-677,149	397,591	59.00
60.00	06000	LABORATORY	1,331,857	2,981,164	4,313,021	-1,285,359	3,027,662	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	515,607	146,317	661,924	-28,056	633,868	65.00
66.00	06600	PHYSICAL THERAPY	1,735,499	400,023	2,135,522	-19,220	2,116,302	66.00
67.00	06700	OCCUPATIONAL THERAPY	413,489	29,683	443,172	-21,060	422,112	67.00
69.00	06900	ELECTROCARDIOLOGY	645,494	262,751	908,245	-20,940	887,305	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	192,420	36,030	228,450	-25,823	202,627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	8,570,963	8,570,963	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	3,809,109	3,809,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,664,916	4,664,916	73.00
74.00	07400	RENAL DIALYSIS	0	35,884	35,884	-1,176	34,708	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	229,390	13,615	243,005	-145	242,860	76.01
76.02	03952	TELEMEDICINE	55,671	93,266	148,937	-316	148,621	76.02
76.03	03950	WOUND CARE	437,982	1,056,276	1,494,258	-224,865	1,269,393	76.03
76.97	07697	CARDIAC REHABILITATION	93,335	2,434	95,769	-1,407	94,362	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	160,834	16,400	177,234	-8,019	169,215	90.00
91.00	09100	EMERGENCY	2,046,390	1,393,225	3,439,615	-103,967	3,335,648	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,515,014	1,915,451	9,430,465	-344,533	9,085,932	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		365,239	365,239	-365,239	0	113.00
116.00	11600	HOSPICE	1,390,676	1,272,268	2,662,944	-387,410	2,275,534	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,700,134	92,833,004	139,533,138	1,480	139,534,618	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	24,431	24,431	0	24,431	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	98,370	3,652,849	3,751,219	-1,480	3,749,739	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	46,798,504	96,510,284	143,308,788	0	143,308,788	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0032

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

Worksheet A

Date/Time Prepared:
11/21/2019 12:47 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	45,067	2,858,756	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,011,231	2,991,052	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-11,203,438	14,783,339	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,403,825	27,346,718	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	168,969	6.00
7.00	00700	OPERATION OF PLANT	-24,631	2,502,083	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	471,385	8.00
9.00	00900	HOUSEKEEPING	0	871,241	9.00
10.00	01000	DIETARY	-2,206	375,949	10.00
11.00	01100	CAFETERIA	-62,747	816,727	11.00
13.00	01300	NURSING ADMINISTRATION	-2,301	1,000,216	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	196,897	14.00
15.00	01500	PHARMACY	0	1,758,169	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-188,535	4,866,513	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,341,947	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,317,436	31.00
43.00	04300	NURSERY	0	420,930	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-539	4,827,183	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,075,074	52.00
53.00	05300	ANESTHESIOLOGY	-4,815,020	479,128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,125,048	54.00
54.01	03630	ULTRA SOUND	0	246,603	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	424,847	54.02
54.06	05404	PET SCAN	0	131,225	54.06
57.00	05700	CT SCAN	0	758,259	57.00
58.00	05800	MRI	0	337,252	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	397,591	59.00
60.00	06000	LABORATORY	-550	3,027,112	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	633,868	65.00
66.00	06600	PHYSICAL THERAPY	-145,001	1,971,301	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	422,112	67.00
69.00	06900	ELECTROCARDIOLOGY	-125,562	761,743	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	202,627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	8,570,963	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	3,809,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-2,016	4,662,900	73.00
74.00	07400	RENAL DIALYSIS	0	34,708	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	76.00
76.01	03650	VASCULAR LAB	0	242,860	76.01
76.02	03952	TELEMEDICINE	-81,200	67,421	76.02
76.03	03950	WOUND CARE	-209,761	1,059,632	76.03
76.97	07697	CARDIAC REHABILITATION	0	94,362	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	169,215	90.00
91.00	09100	EMERGENCY	-1,024,664	2,310,984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-693	9,085,239	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	2,275,534	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-20,236,391	119,298,227	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	24,431	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	3,749,739	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-20,236,391	123,072,397	200.00

RECLASSIFICATIONS

Provider CCN: 14-0032

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

Worksheet A-6

Date/Time Prepared:
11/21/2019 12:47 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
B - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	482,424	397,050	1.00
	0		482,424	397,050	
C - PHARMACY DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,664,916	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
	0		0	4,664,916	
D - CENTRAL SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	8,570,963	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	0		0	8,570,963	
E - PROPERTY INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	55,014	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	40,950	2.00
	0		0	95,964	
F - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	365,239	1.00
	0		0	365,239	
G - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,938,871	1.00
	0		0	1,938,871	
H - LABOR & DELIVERY					
1.00	NURSERY	43.00	405,537	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,069,029	0	2.00
	0		1,474,566	0	

RECLASSIFICATIONS

Provider CCN: 14-0032

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

Worksheet A-6

Date/Time Prepared:
11/21/2019 12:47 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
I - IMPLANT RECLASS					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	3,809,109	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
0			0	3,809,109	
J - LAUNDRY RECLASS					
1.00	LAUNDRY & LINEN SERVICE	8.00	48,331	0	1.00
	TOTALS		48,331	0	
500.00	Grand Total: Increases		2,005,321	19,842,112	500.00

RECLASSIFICATIONS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/21/2019 12:47 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	B - CAFETERIA COSTS						
1.00	DIETARY	10.00	482,424	397,050	0		1.00
	0		482,424	397,050			
	C - PHARMACY DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	53,249	0		1.00
2.00	PHARMACY	15.00	0	4,202,037	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	11,199	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,109	0		4.00
5.00	NURSERY	43.00	0	197	0		5.00
6.00	OPERATING ROOM	50.00	0	23,832	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	526	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	35,494	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,720	0		9.00
10.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	10,867	0		10.00
11.00	MRI	58.00	0	116	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	437	0		12.00
13.00	LABORATORY	60.00	0	6,877	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	233	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	61	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	7	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	1,942	0		17.00
18.00	WOUND CARE	76.03	0	7,640	0		18.00
19.00	CLINIC	90.00	0	197	0		19.00
20.00	EMERGENCY	91.00	0	7,618	0		20.00
21.00	HOME HEALTH AGENCY	101.00	0	9,182	0		21.00
22.00	HOSPICE	116.00	0	287,376	0		22.00
	0		0	4,664,916			
	D - CENTRAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,229,632	0		1.00
2.00	PHARMACY	15.00	0	218,080	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	198,913	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	26,419	0		4.00
5.00	NURSERY	43.00	0	23,573	0		5.00
6.00	OPERATING ROOM	50.00	0	3,873,860	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	45,511	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	73,955	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	244,202	0		9.00
10.00	ULTRA SOUND	54.01	0	45,145	0		10.00
11.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	2,939	0		11.00
12.00	CT SCAN	57.00	0	6,457	0		12.00
13.00	MRI	58.00	0	9,233	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	505,416	0		14.00
15.00	LABORATORY	60.00	0	1,278,444	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	27,823	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	19,159	0		17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	21,053	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	18,998	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	25,823	0		20.00
21.00	RENAL DIALYSIS	74.00	0	1,176	0		21.00
22.00	VASCULAR LAB	76.01	0	145	0		22.00
23.00	WOUND CARE	76.03	0	132,248	0		23.00
24.00	CARDIAC REHABILITATION	76.97	0	1,407	0		24.00
25.00	CLINIC	90.00	0	7,822	0		25.00
26.00	EMERGENCY	91.00	0	96,349	0		26.00
27.00	HOME HEALTH AGENCY	101.00	0	335,351	0		27.00
28.00	HOSPICE	116.00	0	100,034	0		28.00
29.00	PHILANTHROPY DEVELOPMENT	194.00	0	1,480	0		29.00
30.00	TELEMEDICINE	76.02	0	316	0		30.00
	0		0	8,570,963			
	E - PROPERTY INSURANCE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	95,964	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	95,964			
	F - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	365,239	11		1.00
	0		0	365,239			
	G - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,938,871	9		1.00
	0		0	1,938,871			

RECLASSIFICATIONS

Provider CCN: 14-0032

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

Worksheet A-6

Date/Time Prepared:
11/21/2019 12:47 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	H - LABOR & DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	1,474,566	0	0	1.00
2.00		0.00	0	0	0	2.00
	0		1,474,566	0		
	I - IMPLANT RECLASS					
1.00	OPERATING ROOM	50.00	0	3,552,798	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	171,296	0	2.00
3.00	LABORATORY	60.00	0	38	0	3.00
4.00	WOUND CARE	76.03	0	84,977	0	4.00
	0		0	3,809,109		
	J - LAUNDRY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	48,331	0	0	1.00
	TOTALS		48,331	0		
500.00	Grand Total: Decreases		2,005,321	19,842,112		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/21/2019 12:47 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	2,699,574	0	0	0	0	1.00	
2.00	Land Improvements	3,360,444	0	0	0	0	2.00	
3.00	Buildings and Fixtures	94,598,792	12,246,429	0	12,246,429	939,219	3.00	
4.00	Building Improvements	326,265	250,000	0	250,000	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	81,346,647	4,647,043	0	4,647,043	2,223,473	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	182,331,722	17,143,472	0	17,143,472	3,162,692	8.00	
9.00	Reconciling Items	9,484,130	0	0	0	2,792,232	9.00	
10.00	Total (line 8 minus line 9)	172,847,592	17,143,472	0	17,143,472	370,460	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,699,574	0					1.00
2.00	Land Improvements	3,360,444	0					2.00
3.00	Buildings and Fixtures	105,906,002	0					3.00
4.00	Building Improvements	576,265	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	83,770,217	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	196,312,502	0					8.00
9.00	Reconciling Items	6,691,898	0					9.00
10.00	Total (line 8 minus line 9)	189,620,604	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/21/2019 12:47 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	3,967,068	0	365,239	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)	3,967,068	0	365,239	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	4,332,307				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,332,307				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/21/2019 12:47 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	112,542,285	0	112,542,285	0.573281	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	83,770,217	0	83,770,217	0.426719	0	2.00
3.00	Total (sum of lines 1-2)	196,312,502	0	196,312,502	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,722,193	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,950,102	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,672,295	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	365,239	55,014	0	-283,690	2,858,756	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	40,950	0	0	2,991,052	2.00
3.00	Total (sum of lines 1-2)	365,239	95,964	0	-283,690	5,849,808	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0032

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

Worksheet A-8

Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
1.00		B	2.00	3.00		4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-365,239	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)		0			0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-328	CAP REL COSTS-MVBLE EQUIP		2.00	9	7.00
8.00	Television and radio service (chapter 21)		0			0.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,835,309				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	2,040,671				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests		0			0.00	0	14.00
15.00	Rental of quarters to employee and others		0			0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00	Sale of drugs to other than patients		0			0.00	0	17.00
18.00	Sale of medical records and abstracts		0			0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** 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	*** Cost Center Deleted ***		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	MISC INCOME	B	-283,690	CAP REL COSTS-BLDG & FIXT		1.00	14	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0032

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

Worksheet A-8

Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description			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 MISC INCOME	B	-248,437	ADMINISTRATIVE & GENERAL	5.00		0 33.01
33.02 MISC INCOME	B	-62,747	CAFETERIA	11.00		0 33.02
33.03 MISC INCOME	B	-835	NURSING ADMINISTRATION	13.00		0 33.03
33.04 MISC INCOME	B	-187,969	MEDICAL RECORDS & LIBRARY	16.00		0 33.04
33.05 MISC INCOME	B	-539	OPERATING ROOM	50.00		0 33.05
33.06 MISC INCOME	B	-2,350,260	ANESTHESIOLOGY	53.00		0 33.06
33.07 MISC INCOME	B	-550	LABORATORY	60.00		0 33.07
33.08 MISC INCOME	B	-924	ELECTROCARDIOLOGY	69.00		0 33.08
33.09 MISC INCOME	B	-2,016	DRUGS CHARGED TO PATIENTS	73.00		0 33.09
33.10 MISC INCOME	B	249	EMERGENCY	91.00		0 33.10
33.11 MISC INCOME	B	-693	HOME HEALTH AGENCY	101.00		0 33.11
33.12 TELEPHONE EMPLOYEE BENEFITS	A	-2,306	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.12
33.13 TELEPHONE A&G SALARIES	A	-6,985	ADMINISTRATIVE & GENERAL	5.00		0 33.13
33.14 TELEPHONE A&G OTHER EXPENSE	A	-107	ADMINISTRATIVE & GENERAL	5.00		0 33.14
33.15 TELEVISION EMPLOYEE BENEFITS	A	-971	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.15
33.16 TELEVISION A&G SALARIES	A	-2,940	OPERATION OF PLANT	7.00		0 33.16
33.17 TELEVISION A&G OTHER EXPENSE	A	-660	OPERATION OF PLANT	7.00		0 33.17
33.18 TELEVISION A&G OTHER CABLE EXPENSE	A	-21,031	OPERATION OF PLANT	7.00		0 33.18
33.19 MEDICAID TAX ASSESSMENT	A	-4,472,379	ADMINISTRATIVE & GENERAL	5.00		0 33.19
33.20 SELF-INS TO HOSP/EMP CLAIMS	A	-4,920,375	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.20
33.21 LOBBYING EXPENSES	A	-26,246	ADMINISTRATIVE & GENERAL	5.00		0 33.21
33.22 ALCOHOL BEVERAGE COST	A	-689	ADMINISTRATIVE & GENERAL	5.00		0 33.22
33.23 ALCOHOL BEVERAGE COST	A	-566	MEDICAL RECORDS & LIBRARY	16.00		0 33.23
33.24 DEFINED PENSION ADJUSTMENT	A	-6,456,352	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.24
33.25 CRNA CONTRACT LABOR EXPENSE	A	-78,210	ANESTHESIOLOGY	53.00		0 33.25
33.26 PUBLIC RELATIONS/MARKETING	A	-3,068	ADMINISTRATIVE & GENERAL	5.00		0 33.26
33.27 BUILDING RE-LIFING	A	693,996	CAP REL COSTS-BLDG & FIXT	1.00		9 33.27
33.28 EQUIPMENT RE-LIFING	A	1,011,559	CAP REL COSTS-MVBLE EQUIP	2.00		9 33.28
33.29 GIFTS/DONATIONS	B	-474,297	ADMINISTRATIVE & GENERAL	5.00		0 33.29
33.30 PROPERTY TAX	B	-1,863	ADMINISTRATIVE & GENERAL	5.00		0 33.30
33.31 ATHLETICARE SALARY EXPENSE	B	-141,573	PHYSICAL THERAPY	66.00		0 33.31
33.32 ATHLETICARE OTHER EXPENSE	B	-3,428	PHYSICAL THERAPY	66.00		0 33.32
33.33 ATHLETICARE BENEFIT EXPENSE	B	-29,284	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.33
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,236,391				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0032

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2019 12:47 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	11,692,790	11,486,940 1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - ISC	7,922,410	5,638,655 2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SSC	2,373,847	2,822,781 3.00
4.00		5.00	ADMINISTRATIVE & GENERAL	SID- INTERCOMPANY ACTIVITY	1,796,633	1,796,633 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				23,785,680	21,745,009 5.00

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

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

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

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

6.00	G	HSBS	100.00	HSBS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SISTER				100.00

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

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

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

Provider CCN: 14-0032

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2019 12:47 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	205,850	0		1.00
2.00	2,283,755	0		2.00
3.00	-448,934	0		3.00
4.00	0	0		4.00
5.00	2,040,671			5.00

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

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

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

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

6.00	CORPORATE OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0032

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

Worksheet A-8-2

Date/Time Prepared:
11/21/2019 12:47 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	4,575	4,575	0	0	0	1.00
2.00	10.00	DIETARY	11,968	0	11,968	211,500	96	2.00
3.00	13.00	NURSING ADMINISTRATION	1,466	1,466	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	2,386,550	2,386,550	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	15,240	0	15,240	271,900	120	5.00
6.00	69.00	ELECTROCARDIOLOGY	124,638	124,638	0	0	0	6.00
7.00	76.02	TELEMEDICINE	81,200	81,200	0	0	0	7.00
8.00	76.03	WOUND CARE	245,757	202,266	43,491	211,500	354	8.00
9.00	91.00	EMERGENCY	1,024,913	1,024,913	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,896,307	3,825,608	70,699		570	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	10.00	DIETARY	9,762	488	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	15,686	784	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	76.02	TELEMEDICINE	0	0	0	0	0	7.00
8.00	76.03	WOUND CARE	35,996	1,800	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			61,444	3,072	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	4,575		1.00
2.00	10.00	DIETARY	0	9,762	2,206	2,206		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	1,466		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	2,386,550		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	15,686	0	0		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	124,638		6.00
7.00	76.02	TELEMEDICINE	0	0	0	81,200		7.00
8.00	76.03	WOUND CARE	0	35,996	7,495	209,761		8.00
9.00	91.00	EMERGENCY	0	0	0	1,024,913		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	61,444	9,701	3,835,309		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,858,756	2,858,756			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,991,052	2,991,052			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,783,339	5,756	602	14,789,697	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,346,718	788,111	532,678	1,642,950	30,310,457
6.00	00600	MAINTENANCE & REPAIRS	168,969	0	1,267	50,963	221,199
7.00	00700	OPERATION OF PLANT	2,502,083	499,154	428,820	248,857	3,678,914
8.00	00800	LAUNDRY & LINEN SERVICE	471,385	13,448	3,472	13,234	501,539
9.00	00900	HOUSEKEEPING	871,241	0	6,515	191,357	1,069,113
10.00	01000	DIETARY	375,949	47,830	35,151	79,334	538,264
11.00	01100	CAFETERIA	816,727	13,275	0	154,078	984,080
13.00	01300	NURSING ADMINISTRATION	1,000,216	23,915	31,265	303,348	1,358,744
14.00	01400	CENTRAL SERVICES & SUPPLY	196,897	21,165	0	53,008	271,070
15.00	01500	PHARMACY	1,758,169	30,932	8,184	428,116	2,225,401
16.00	01600	MEDICAL RECORDS & LIBRARY	4,866,513	56,840	7,487	896,419	5,827,259
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,341,947	347,058	287,213	1,493,154	7,469,372
31.00	03100	INTENSIVE CARE UNIT	1,317,436	36,260	46,708	411,578	1,811,982
43.00	04300	NURSERY	426,930	0	10,436	133,853	571,219
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,827,183	256,610	770,012	1,063,009	6,916,814
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,075,074	36,795	0	341,430	1,453,299
53.00	05300	ANESTHESIOLOGY	479,128	1,614	0	885,528	1,366,270
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,125,048	240,016	423,195	621,789	4,410,048
54.01	03630	ULTRA SOUND	246,603	4,513	0	64,108	315,224
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	424,847	20,020	2,306	49,419	496,592
54.06	05404	PET SCAN	131,225	0	0	0	131,225
57.00	05700	CT SCAN	758,259	11,538	25,803	109,928	905,528
58.00	05800	MRI	337,252	13,745	87,107	59,396	497,500
59.00	05900	CARDIAC CATHETERIZATION	397,591	15,252	10,276	109,389	532,508
60.00	06000	LABORATORY	3,027,112	43,186	96,119	425,372	3,591,789
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	633,868	6,012	5,241	164,676	809,797
66.00	06600	PHYSICAL THERAPY	1,971,301	65,882	27,521	554,289	2,618,993
67.00	06700	OCCUPATIONAL THERAPY	422,112	0	0	132,061	554,173
69.00	06900	ELECTROCARDIOLOGY	761,743	33,229	53,594	206,160	1,054,726
70.00	07000	ELECTROENCEPHALOGRAPHY	202,627	5,625	8,807	61,456	278,515
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,570,963	0	0	0	8,570,963
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	3,809,109	0	0	0	3,809,109
73.00	07300	DRUGS CHARGED TO PATIENTS	4,662,900	0	0	0	4,662,900
74.00	07400	RENAL DIALYSIS	34,708	3,681	0	0	38,389
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	242,860	8,095	8,571	73,263	332,789
76.02	03952	TELEMEDICINE	67,421	8,235	0	17,780	93,436
76.03	03950	WOUND CARE	1,059,632	28,469	13,104	139,884	1,241,089
76.97	07697	CARDIAC REHABILITATION	94,362	5,435	3,078	29,810	132,685
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	169,215	10,648	7,716	51,368	238,947
91.00	09100	EMERGENCY	2,310,984	111,695	0	653,582	3,076,261
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	9,085,239	40,369	43,748	2,400,175	11,569,531
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	2,275,534	0	4,959	444,158	2,724,651
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	119,298,227	2,854,408	2,990,955	14,758,279	119,262,364
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	24,431	4,348	97	0	28,876
194.00	07950	PHILANTHROPY DEVELOPMENT	3,749,739	0	0	31,418	3,781,157
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.02	07952	MEALS ON WHEELS	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	123,072,397	2,858,756	2,991,052	14,789,697	123,072,397

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	30,310,457					5.00
6.00	00600	MAINTENANCE & REPAIRS	72,278	293,477				6.00
7.00	00700	OPERATION OF PLANT	1,202,104	72,541	4,953,559			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	163,880	1,948	42,546	709,913		8.00
9.00	00900	HOUSEKEEPING	349,338	0	0	0	1,418,451	9.00
10.00	01000	DIETARY	175,880	7,494	151,322	3,234	48,566	10.00
11.00	01100	CAFETERIA	321,553	1,923	41,999	0	12,496	11.00
13.00	01300	NURSING ADMINISTRATION	443,976	3,222	75,661	0	20,933	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	88,573	3,072	66,959	0	19,967	14.00
15.00	01500	PHARMACY	727,161	4,496	97,859	0	29,178	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,904,086	8,268	179,825	0	53,590	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,440,655	50,532	1,097,998	215,996	322,377	30.00
31.00	03100	INTENSIVE CARE UNIT	592,074	5,271	114,716	29,738	34,202	31.00
43.00	04300	NURSERY	186,649	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,260,104	37,368	811,845	168,070	241,926	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	474,873	5,345	116,410	46,037	34,717	52.00
53.00	05300	ANESTHESIOLOGY	446,436	225	5,107	0	1,546	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,441,005	25,603	759,346	17,658	165,793	54.00
54.01	03630	ULTRA SOUND	103,001	649	14,278	1,738	4,251	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	162,264	2,923	63,337	1,544	18,872	54.02
54.06	05404	PET SCAN	42,878	0	0	0	0	54.06
57.00	05700	CT SCAN	295,886	1,674	36,502	6,928	10,885	57.00
58.00	05800	MRI	162,561	3,822	43,484	18,378	24,798	58.00
59.00	05900	CARDIAC CATHETERIZATION	174,000	2,223	48,252	718	14,364	59.00
60.00	06000	LABORATORY	1,173,635	6,295	136,628	0	45,538	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	264,605	874	19,019	21,053	5,668	65.00
66.00	06600	PHYSICAL THERAPY	855,769	9,592	208,433	4,326	62,092	66.00
67.00	06700	OCCUPATIONAL THERAPY	181,079	0	0	1,324	0	67.00
69.00	06900	ELECTROCARDIOLOGY	344,637	4,846	105,128	16,558	31,304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	91,006	824	17,795	709	5,282	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,800,605	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,244,645	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,523,626	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	12,544	525	11,646	0	3,478	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	108,740	1,174	25,611	10,463	7,600	76.01
76.02	03952	TELEMEDICINE	30,531	1,199	26,054	0	7,794	76.02
76.03	03950	WOUND CARE	405,532	4,146	90,069	7,954	26,859	76.03
76.97	07697	CARDIAC REHABILITATION	43,355	799	17,196	3,215	5,153	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	78,077	1,399	33,688	495	9,017	90.00
91.00	09100	EMERGENCY	1,005,184	11,990	353,372	0	77,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,780,432	5,870	127,717	126,578	38,067	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	890,293	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,065,510	288,132	4,939,802	702,714	1,383,863	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	9,435	624	13,757	0	4,122	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	1,235,512	4,721	0	50	30,466	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	7,149	0	194.03
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)	30,310,457	293,477	4,953,559	709,913	1,418,451	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	924,760					10.00
11.00	01100	CAFETERIA	0	1,362,051				11.00
13.00	01300	NURSING ADMINISTRATION	0	22,923	1,925,459			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,618	0	459,259		14.00
15.00	01500	PHARMACY	0	32,017	87,145	14,852	3,218,109	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31,952	86,967	37	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	816,854	261,120	926,937	9,168	8,252	30.00
31.00	03100	INTENSIVE CARE UNIT	107,906	60,872	165,708	902	1,525	31.00
43.00	04300	NURSERY	0	22,366	6	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	116,272	316,511	253,902	9,805	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,022	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	44,110	0	3,125	12,988	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,327	0	9,200	2,695	54.00
54.01	03630	ULTRA SOUND	0	10,438	0	1,541	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,489	0	7,548	7,870	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	0	16,435	0	2,797	0	57.00
58.00	05800	MRI	0	6,374	0	1,282	84	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,797	0	23,122	313	59.00
60.00	06000	LABORATORY	0	64,035	0	54,316	4,960	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	35,229	95,920	4,670	9	65.00
66.00	06600	PHYSICAL THERAPY	0	41,718	0	654	44	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,027	0	719	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	24,857	0	654	1,299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,898	0	882	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	43,718	1,582	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,942,052	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	40	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	11,601	0	5	0	76.01
76.02	03952	TELEMEDICINE	0	754	0	11	0	76.02
76.03	03950	WOUND CARE	0	12,764	0	7,425	5,363	76.03
76.97	07697	CARDIAC REHABILITATION	0	2,163	0	48	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,620	0	273	25	90.00
91.00	09100	EMERGENCY	0	89,711	246,265	3,469	4,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	219,141	0	11,449	6,641	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	51,762	0	3,399	208,480	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	924,760	1,360,412	1,925,459	459,208	3,218,109	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	1,639	0	51	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	924,760	1,362,051	1,925,459	459,259	3,218,109	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	8,091,984					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,147,649	0	20,766,910	0	20,766,910	30.00
31.00	03100	INTENSIVE CARE UNIT	944,335	0	3,869,231	0	3,869,231	31.00
43.00	04300	NURSERY	0	0	780,240	0	780,240	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	11,132,617	0	11,132,617	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,187,703	0	2,187,703	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,879,807	0	1,879,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	6,901,675	0	6,901,675	54.00
54.01	03630	ULTRA SOUND	0	0	451,120	0	451,120	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	766,439	0	766,439	54.02
54.06	05404	PET SCAN	0	0	174,103	0	174,103	54.06
57.00	05700	CT SCAN	0	0	1,276,635	0	1,276,635	57.00
58.00	05800	MRI	0	0	758,283	0	758,283	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	809,297	0	809,297	59.00
60.00	06000	LABORATORY	0	0	5,077,196	0	5,077,196	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	1,256,844	0	1,256,844	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,801,621	0	3,801,621	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	748,322	0	748,322	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,584,009	0	1,584,009	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	402,911	0	402,911	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	11,416,868	0	11,416,868	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	5,053,754	0	5,053,754	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,128,578	0	9,128,578	73.00
74.00	07400	RENAL DIALYSIS	0	0	66,622	0	66,622	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	0	497,983	0	497,983	76.01
76.02	03952	TELEMEDICINE	0	0	159,779	0	159,779	76.02
76.03	03950	WOUND CARE	0	0	1,801,201	0	1,801,201	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	204,614	0	204,614	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	368,541	0	368,541	90.00
91.00	09100	EMERGENCY	0	0	4,867,924	0	4,867,924	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	15,885,426	0	15,885,426	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	3,878,585	0	3,878,585	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,091,984	0	117,954,838	0	117,954,838	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	56,814	0	56,814	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	5,053,596	0	5,053,596	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	7,149	0	7,149	194.03
200.00		Cross Foot Adjustments			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)	8,091,984	0	123,072,397	0	123,072,397	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
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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	5,756	602	6,358	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,317,783	788,111	532,678	3,638,572	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,267	1,267	6.00
7.00	00700	OPERATION OF PLANT	18,176	499,154	428,820	946,150	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	13,448	3,472	16,920	8.00
9.00	00900	HOUSEKEEPING	32,785	0	6,515	39,300	9.00
10.00	01000	DIETARY	5,467	47,830	35,151	88,448	10.00
11.00	01100	CAFETERIA	0	13,275	0	13,275	11.00
13.00	01300	NURSING ADMINISTRATION	420	23,915	31,265	55,600	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,165	0	21,165	14.00
15.00	01500	PHARMACY	192,406	30,932	8,184	231,522	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	56,840	7,487	64,327	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,706	347,058	287,213	637,977	30.00
31.00	03100	INTENSIVE CARE UNIT	1,599	36,260	46,708	84,567	31.00
43.00	04300	NURSERY	0	0	10,436	10,436	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	455,403	256,610	770,012	1,482,025	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	36,795	0	36,795	52.00
53.00	05300	ANESTHESIOLOGY	5,090	1,614	0	6,704	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	501,920	240,016	423,195	1,165,131	54.00
54.01	03630	ULTRA SOUND	0	4,513	0	4,513	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	20,020	2,306	22,326	54.02
54.06	05404	PET SCAN	0	0	0	0	54.06
57.00	05700	CT SCAN	0	11,538	25,803	37,341	57.00
58.00	05800	MRI	0	13,745	87,107	100,852	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,252	10,276	25,528	59.00
60.00	06000	LABORATORY	129,126	43,186	96,119	268,431	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	6,012	5,241	11,253	65.00
66.00	06600	PHYSICAL THERAPY	106,987	65,882	27,521	200,390	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	33,229	53,594	86,823	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,338	5,625	8,807	22,770	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,681	0	3,681	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	8,095	8,571	16,666	76.01
76.02	03952	TELEMEDICINE	0	8,235	0	8,235	76.02
76.03	03950	WOUND CARE	0	28,469	13,104	41,573	76.03
76.97	07697	CARDIAC REHABILITATION	0	5,435	3,078	8,513	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	10,648	7,716	18,364	90.00
91.00	09100	EMERGENCY	0	111,695	0	111,695	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	34,388	40,369	43,748	118,505	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	93,754	0	4,959	98,713	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,907,348	2,854,408	2,990,955	9,752,711	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	4,348	97	4,445	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,907,348	2,858,756	2,991,052	9,757,156	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,639,277					5.00
6.00	00600	MAINTENANCE & REPAIRS	8,678	9,967				6.00
7.00	00700	OPERATION OF PLANT	144,331	2,462	1,093,050			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	19,676	66	9,388	46,056		8.00
9.00	00900	HOUSEKEEPING	41,943	0	0	0	81,325	9.00
10.00	01000	DIETARY	21,117	254	33,391	210	2,784	10.00
11.00	01100	CAFETERIA	38,607	65	9,268	0	716	11.00
13.00	01300	NURSING ADMINISTRATION	53,306	109	16,695	0	1,200	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,635	104	14,775	0	1,145	14.00
15.00	01500	PHARMACY	87,307	153	21,594	0	1,673	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	228,615	281	39,680	0	3,072	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	293,038	1,716	242,283	14,011	18,482	30.00
31.00	03100	INTENSIVE CARE UNIT	71,088	179	25,313	1,929	1,961	31.00
43.00	04300	NURSERY	22,410	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	271,360	1,269	179,141	10,904	13,871	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,016	182	25,687	2,987	1,990	52.00
53.00	05300	ANESTHESIOLOGY	53,602	8	1,127	0	89	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	173,015	870	167,557	1,146	9,506	54.00
54.01	03630	ULTRA SOUND	12,367	22	3,150	113	244	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	19,482	99	13,976	100	1,082	54.02
54.06	05404	PET SCAN	5,148	0	0	0	0	54.06
57.00	05700	CT SCAN	35,526	57	8,054	449	624	57.00
58.00	05800	MRI	19,518	130	9,595	1,192	1,422	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,891	76	10,647	47	824	59.00
60.00	06000	LABORATORY	140,913	214	30,148	0	2,611	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	31,770	30	4,197	1,366	325	65.00
66.00	06600	PHYSICAL THERAPY	102,748	326	45,993	281	3,560	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,741	0	0	86	0	67.00
69.00	06900	ELECTROCARDIOLOGY	41,379	165	23,198	1,074	1,795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,927	28	3,927	46	303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	336,256	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	149,439	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	182,935	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,506	18	2,570	0	199	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	13,056	40	5,651	679	436	76.01
76.02	03952	TELEMEDICINE	3,666	41	5,749	0	447	76.02
76.03	03950	WOUND CARE	48,690	141	19,875	516	1,540	76.03
76.97	07697	CARDIAC REHABILITATION	5,205	27	3,794	209	295	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,374	48	7,434	32	517	90.00
91.00	09100	EMERGENCY	120,688	407	77,975	0	4,446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	453,939	199	28,182	8,212	2,183	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	106,894	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,489,802	9,786	1,090,014	45,589	79,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,133	21	3,036	0	236	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	148,342	160	0	3	1,747	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	464	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,639,277	9,967	1,093,050	46,056	81,325	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	146,238					10.00
11.00	01100	CAFETERIA	0	61,997				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,043	128,083			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	438	0	48,285		14.00
15.00	01500	PHARMACY	0	1,457	5,797	1,562	351,249	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,454	5,785	4	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	129,174	11,888	61,660	964	901	30.00
31.00	03100	INTENSIVE CARE UNIT	17,064	2,771	11,023	95	166	31.00
43.00	04300	NURSERY	0	1,018	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,292	21,055	26,690	1,070	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,595	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,008	0	329	1,418	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,201	0	967	294	54.00
54.01	03630	ULTRA SOUND	0	475	0	162	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	250	0	794	859	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	0	748	0	294	0	57.00
58.00	05800	MRI	0	290	0	135	9	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	628	0	2,431	34	59.00
60.00	06000	LABORATORY	0	2,915	0	5,711	541	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,604	6,381	491	1	65.00
66.00	06600	PHYSICAL THERAPY	0	1,899	0	69	5	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	502	0	76	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,131	0	69	142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	359	0	93	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	4,597	173	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	321,118	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	528	0	1	0	76.01
76.02	03952	TELEMEDICINE	0	34	0	1	0	76.02
76.03	03950	WOUND CARE	0	581	0	781	585	76.03
76.97	07697	CARDIAC REHABILITATION	0	98	0	5	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	301	0	29	3	90.00
91.00	09100	EMERGENCY	0	4,083	16,382	365	450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	9,975	0	1,204	725	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,356	0	357	22,755	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,238	61,922	128,083	48,280	351,249	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	75	0	5	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	146,238	61,997	128,083	48,285	351,249	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
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Part II
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	343,603					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	303,505	0	1,716,239	0	1,716,239	30.00
31.00	03100	INTENSIVE CARE UNIT	40,098	0	256,431	0	256,431	31.00
43.00	04300	NURSERY	0	0	33,921	0	33,921	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	2,013,133	0	2,013,133	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	127,398	0	127,398	52.00
53.00	05300	ANESTHESIOLOGY	0	0	65,665	0	65,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,521,954	0	1,521,954	54.00
54.01	03630	ULTRA SOUND	0	0	21,073	0	21,073	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	58,989	0	58,989	54.02
54.06	05404	PET SCAN	0	0	5,148	0	5,148	54.06
57.00	05700	CT SCAN	0	0	83,140	0	83,140	57.00
58.00	05800	MRI	0	0	133,168	0	133,168	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	61,153	0	61,153	59.00
60.00	06000	LABORATORY	0	0	451,666	0	451,666	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	57,489	0	57,489	65.00
66.00	06600	PHYSICAL THERAPY	0	0	355,509	0	355,509	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	22,462	0	22,462	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	155,864	0	155,864	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	38,479	0	38,479	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	341,026	0	341,026	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	149,439	0	149,439	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	504,053	0	504,053	73.00
74.00	07400	RENAL DIALYSIS	0	0	7,978	0	7,978	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	0	37,088	0	37,088	76.01
76.02	03952	TELEMEDICINE	0	0	18,181	0	18,181	76.02
76.03	03950	WOUND CARE	0	0	114,342	0	114,342	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	18,159	0	18,159	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	36,124	0	36,124	90.00
91.00	09100	EMERGENCY	0	0	336,771	0	336,771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	624,168	0	624,168	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	231,266	0	231,266	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	343,603	0	9,597,476	0	9,597,476	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	8,871	0	8,871	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	150,345	0	150,345	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	464	0	464	194.03
200.00		Cross Foot Adjustments			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)	343,603	0	9,757,156	0	9,757,156	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	347,137				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,723,953			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	699	347	46,307,064		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	95,700	307,020	5,144,138	-30,310,457	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	730	159,568	0	6.00
7.00	00700	OPERATION OF PLANT	60,612	247,159	779,181	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,633	2,001	41,435	0	8.00
9.00	00900	HOUSEKEEPING	0	3,755	599,146	0	9.00
10.00	01000	DIETARY	5,808	20,260	248,398	0	10.00
11.00	01100	CAFETERIA	1,612	0	482,424	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,904	18,020	949,793	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,570	0	165,970	0	14.00
15.00	01500	PHARMACY	3,756	4,717	1,340,447	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,902	4,315	2,806,720	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,143	165,541	4,675,122	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,403	26,921	1,288,665	0	31.00
43.00	04300	NURSERY	0	6,015	419,100	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,160	443,813	3,328,320	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,468	0	1,069,029	0	52.00
53.00	05300	ANESTHESIOLOGY	196	0	2,772,620	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,145	243,917	1,946,843	0	54.00
54.01	03630	ULTRA SOUND	548	0	200,723	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,431	1,329	154,734	0	54.02
54.06	05404	PET SCAN	0	0	0	0	54.06
57.00	05700	CT SCAN	1,401	14,872	344,189	0	57.00
58.00	05800	MRI	1,669	50,206	185,971	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,852	5,923	342,500	0	59.00
60.00	06000	LABORATORY	5,244	55,400	1,331,857	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	730	3,021	515,607	0	65.00
66.00	06600	PHYSICAL THERAPY	8,000	15,862	1,735,499	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	413,489	0	67.00
69.00	06900	ELECTROCARDIOLOGY	4,035	30,890	645,494	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	683	5,076	192,420	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	447	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	983	4,940	229,390	0	76.01
76.02	03952	TELEMEDICINE	1,000	0	55,671	0	76.02
76.03	03950	WOUND CARE	3,457	7,553	437,982	0	76.03
76.97	07697	CARDIAC REHABILITATION	660	1,774	93,335	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,293	4,447	160,834	0	90.00
91.00	09100	EMERGENCY	13,563	0	2,046,390	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,902	25,215	7,515,014	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,858	1,390,676	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	346,609	1,723,897	46,208,694	-30,310,457	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	528	56	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	98,370	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,858,756	2,991,052	14,789,697	30,310,457	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.235239	1.734996	0.319383	0.326755	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			6,358		3,639,277	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000137		0.039232	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: 14-0032

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (MAINT. HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	11,749					6.00
7.00	00700	OPERATION OF PLANT	2,904	190,126				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	78	1,633	677,139			8.00
9.00	00900	HOUSEKEEPING	0	0	0	22,022		9.00
10.00	01000	DIETARY	300	5,808	3,085	754	54,600	10.00
11.00	01100	CAFETERIA	77	1,612	0	194	0	11.00
13.00	01300	NURSING ADMINISTRATION	129	2,904	0	325	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	123	2,570	0	310	0	14.00
15.00	01500	PHARMACY	180	3,756	0	453	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	331	6,902	0	832	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,023	42,143	206,022	5,005	48,229	30.00
31.00	03100	INTENSIVE CARE UNIT	211	4,403	28,365	531	6,371	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,496	31,160	160,311	3,756	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	214	4,468	43,912	539	0	52.00
53.00	05300	ANESTHESIOLOGY	9	196	0	24	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,025	29,145	16,843	2,574	0	54.00
54.01	03630	ULTRA SOUND	26	548	1,658	66	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	117	2,431	1,473	293	0	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	67	1,401	6,608	169	0	57.00
58.00	05800	MRI	153	1,669	17,530	385	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	89	1,852	685	223	0	59.00
60.00	06000	LABORATORY	252	5,244	0	707	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	35	730	20,081	88	0	65.00
66.00	06600	PHYSICAL THERAPY	384	8,000	4,126	964	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,263	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	194	4,035	15,794	486	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33	683	676	82	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	21	447	0	54	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	47	983	9,980	118	0	76.01
76.02	03952	TELEMEDICINE	48	1,000	0	121	0	76.02
76.03	03950	WOUND CARE	166	3,457	7,587	417	0	76.03
76.97	07697	CARDIAC REHABILITATION	32	660	3,067	80	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	56	1,293	472	140	0	90.00
91.00	09100	EMERGENCY	480	13,563	0	1,204	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	235	4,902	120,734	591	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,535	189,598	670,272	21,485	54,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	25	528	0	64	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	189	0	48	473	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	6,819	0	0	194.03
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)	293,477	4,953,559	709,913	1,418,451	924,760	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.978892	26.054085	1.048401	64.410635	16.936996	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,967	1,093,050	46,056	81,325	146,238	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (MAINT. HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.848328	5.749082	0.068016	3.692898	2.678352	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: 14-0032

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	83,125					11.00
13.00	01300	NURSING ADMINISTRATION	1,399	897,848				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	587	0	13,450,772			14.00
15.00	01500	PHARMACY	1,954	40,636	434,993	4,443,429		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,950	40,553	1,090	0	10,000	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,936	432,234	268,502	11,394	8,833	30.00
31.00	03100	INTENSIVE CARE UNIT	3,715	77,270	26,421	2,106	1,167	31.00
43.00	04300	NURSERY	1,365	3	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,096	147,590	7,436,361	13,539	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,480	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,692	0	91,515	17,933	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,292	0	269,434	3,721	0	54.00
54.01	03630	ULTRA SOUND	637	0	45,145	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	335	0	221,066	10,867	0	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	1,003	0	81,929	0	0	57.00
58.00	05800	MRI	389	0	37,539	116	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	842	0	677,184	432	0	59.00
60.00	06000	LABORATORY	3,908	0	1,590,784	6,849	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,150	44,728	136,762	12	0	65.00
66.00	06600	PHYSICAL THERAPY	2,546	0	19,158	61	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	673	0	21,060	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	1,517	0	19,146	1,794	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	482	0	25,823	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	1,280,415	2,185	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,062,259	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,176	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	708	0	145	0	0	76.01
76.02	03952	TELEMEDICINE	46	0	317	0	0	76.02
76.03	03950	WOUND CARE	779	0	217,460	7,405	0	76.03
76.97	07697	CARDIAC REHABILITATION	132	0	1,407	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	404	0	7,985	34	0	90.00
91.00	09100	EMERGENCY	5,475	114,834	101,608	5,692	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	13,374	0	335,316	9,170	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,159	0	99,551	287,860	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,025	897,848	13,449,292	4,443,429	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	100	0	1,480	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	1,362,051	1,925,459	459,259	3,218,109	8,091,984	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.385576	2.144527	0.034144	0.724240	809.198400	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	61,997	128,083	48,285	351,249	343,603	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

Period:
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To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.745829	0.142656	0.003590	0.079049	34.360300	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: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description			SOCIAL SERVICE	
			(TIME SPENT)	
			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
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
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	10,000	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	8,833	30.00
31.00	03100	INTENSIVE CARE UNIT	1,167	31.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	ULTRA SOUND	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	54.02
54.06	05404	PET SCAN	0	54.06
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	76.00
76.01	03650	VASCULAR LAB	0	76.01
76.02	03952	TELEMEDICINE	0	76.02
76.03	03950	WOUND CARE	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	194.01
194.02	07952	MEALS ON WHEELS	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	194.03
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description		SOCIAL SERVICE		
		(TIME SPENT)		
		17.00		
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

Worksheet C
Part I
Date/Time Prepared:
11/21/2019 12:47 pm

MCRIF32 - 15.9.167.1

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0032		Period: From 07/01/2018 To 06/30/2019		Worksheet C Part I Date/Time Prepared: 11/21/2019 12:47 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										
30.00	03000	ADULTS & PEDIATRICS	12,580,722		12,580,722					30.00
31.00	03100	INTENSIVE CARE UNIT	2,881,139		2,881,139					31.00
43.00	04300	NURSERY	1,288,465		1,288,465					43.00
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	11,937,556	41,598,968	53,536,524	0.207944	0.000000		50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,359,451	653,167	4,012,618	0.545206	0.000000		52.00	
53.00	05300	ANESTHESIOLOGY	4,258,103	7,908,951	12,167,054	0.154500	0.000000		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,041,226	19,150,635	22,191,861	0.311000	0.000000		54.00	
54.01	03630	ULTRA SOUND	443,911	3,356,764	3,800,675	0.118695	0.000000		54.01	
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	592,437	8,345,621	8,938,058	0.085750	0.000000		54.02	
54.06	05404	PET SCAN	0	1,245,012	1,245,012	0.139840	0.000000		54.06	
57.00	05700	CT SCAN	8,357,135	37,202,570	45,559,705	0.028021	0.000000		57.00	
58.00	05800	MRI	897,596	14,820,070	15,717,666	0.048244	0.000000		58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,076,546	5,284,656	6,361,202	0.127224	0.000000		59.00	
60.00	06000	LABORATORY	7,961,145	16,745,367	24,706,512	0.205500	0.000000		60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000		62.30	
65.00	06500	RESPIRATORY THERAPY	1,999,853	905,334	2,905,187	0.432621	0.000000		65.00	
66.00	06600	PHYSICAL THERAPY	1,487,460	5,994,771	7,482,231	0.508087	0.000000		66.00	
67.00	06700	OCCUPATIONAL THERAPY	799,141	2,738,919	3,538,060	0.211506	0.000000		67.00	
69.00	06900	ELECTROCARDIOLOGY	2,444,163	10,676,166	13,120,329	0.120729	0.000000		69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	21,592	3,533,840	3,555,432	0.113323	0.000000		70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	12,429,612	17,979,701	30,409,313	0.375440	0.000000		71.00	
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	9,243,202	7,325,377	16,568,579	0.305020	0.000000		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	18,026,872	22,098,188	40,125,060	0.227503	0.000000		73.00	
74.00	07400	RENAL DIALYSIS	87,917	2,350	90,267	0.738055	0.000000		74.00	
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	0.000000		76.00	
76.01	03650	VASCULAR LAB	335,286	3,258,789	3,594,075	0.138557	0.000000		76.01	
76.02	03952	TELEMEDICINE	1,050	202,869	203,919	0.783542	0.000000		76.02	
76.03	03950	WOUND CARE	13,816	6,119,982	6,133,798	0.293652	0.000000		76.03	
76.97	07697	CARDIAC REHABILITATION	0	695,826	695,826	0.294059	0.000000		76.97	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	3,327	558,177	561,504	0.656346	0.000000		90.00	
91.00	09100	EMERGENCY	4,429,040	19,410,610	23,839,650	0.204194	0.000000		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	579,804	2,174,393	2,754,197	0.931348	0.000000		92.00	
OTHER REIMBURSABLE COST CENTERS										
101.00	10100	HOME HEALTH AGENCY	0	12,177,168	12,177,168				101.00	
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE							113.00	
116.00	11600	HOSPICE	0	9,393,375	9,393,375				116.00	
200.00		Subtotal (see instructions)	110,577,567	281,557,616	392,135,183				200.00	
201.00		Less Observation Beds							201.00	
202.00		Total (see instructions)	110,577,567	281,557,616	392,135,183				202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.207944		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.545206		52.00
53.00	05300	ANESTHESIOLOGY	0.154500		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.311000		54.00
54.01	03630	ULTRA SOUND	0.118695		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.085750		54.02
54.06	05404	PET SCAN	0.139840		54.06
57.00	05700	CT SCAN	0.028021		57.00
58.00	05800	MRI	0.048244		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127224		59.00
60.00	06000	LABORATORY	0.205500		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.432621		65.00
66.00	06600	PHYSICAL THERAPY	0.508087		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.211506		67.00
69.00	06900	ELECTROCARDIOLOGY	0.120729		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113323		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.375440		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.305020		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227503		73.00
74.00	07400	RENAL DIALYSIS	0.738055		74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		76.00
76.01	03650	VASCULAR LAB	0.138557		76.01
76.02	03952	TELEMEDICINE	0.783542		76.02
76.03	03950	WOUND CARE	0.294874		76.03
76.97	07697	CARDIAC REHABILITATION	0.294059		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.656346		90.00
91.00	09100	EMERGENCY	0.204194		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.931348		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
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/21/2019 12:47 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,766,910		20,766,910	0	20,766,910	30.00
31.00	03100	INTENSIVE CARE UNIT	3,869,231		3,869,231	0	3,869,231	31.00
43.00	04300	NURSERY	780,240		780,240	0	780,240	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,132,617		11,132,617	0	11,132,617	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,187,703		2,187,703	0	2,187,703	52.00
53.00	05300	ANESTHESIOLOGY	1,879,807		1,879,807	0	1,879,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,901,675		6,901,675	0	6,901,675	54.00
54.01	03630	ULTRA SOUND	451,120		451,120	0	451,120	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	766,439		766,439	0	766,439	54.02
54.06	05404	PET SCAN	174,103		174,103	0	174,103	54.06
57.00	05700	CT SCAN	1,276,635		1,276,635	0	1,276,635	57.00
58.00	05800	MRI	758,283		758,283	0	758,283	58.00
59.00	05900	CARDIAC CATHETERIZATION	809,297		809,297	0	809,297	59.00
60.00	06000	LABORATORY	5,077,196		5,077,196	0	5,077,196	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,256,844	0	1,256,844	0	1,256,844	65.00
66.00	06600	PHYSICAL THERAPY	3,801,621	0	3,801,621	0	3,801,621	66.00
67.00	06700	OCCUPATIONAL THERAPY	748,322	0	748,322	0	748,322	67.00
69.00	06900	ELECTROCARDIOLOGY	1,584,009		1,584,009	0	1,584,009	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	402,911		402,911	0	402,911	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	11,416,868		11,416,868	0	11,416,868	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	5,053,754		5,053,754	0	5,053,754	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,128,578		9,128,578	0	9,128,578	73.00
74.00	07400	RENAL DIALYSIS	66,622		66,622	0	66,622	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0		0	0	0	76.00
76.01	03650	VASCULAR LAB	497,983		497,983	0	497,983	76.01
76.02	03952	TELEMEDICINE	159,779		159,779	0	159,779	76.02
76.03	03950	WOUND CARE	1,801,201		1,801,201	7,495	1,808,696	76.03
76.97	07697	CARDIAC REHABILITATION	204,614		204,614	0	204,614	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	368,541		368,541	0	368,541	90.00
91.00	09100	EMERGENCY	4,867,924		4,867,924	0	4,867,924	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,565,117		2,565,117	0	2,565,117	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	15,885,426		15,885,426		15,885,426	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,878,585		3,878,585		3,878,585	116.00
200.00		Subtotal (see instructions)	120,519,955	0	120,519,955	7,495	120,527,450	200.00
201.00		Less Observation Beds	2,565,117		2,565,117		2,565,117	201.00
202.00		Total (see instructions)	117,954,838	0	117,954,838	7,495	117,962,333	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/21/2019 12:47 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	12,580,722		12,580,722			30.00
31.00	03100	INTENSIVE CARE UNIT	2,881,139		2,881,139			31.00
43.00	04300	NURSERY	1,288,465		1,288,465			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,937,556	41,598,968	53,536,524	0.207944	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,359,451	653,167	4,012,618	0.545206	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,258,103	7,908,951	12,167,054	0.154500	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,041,226	19,150,635	22,191,861	0.311000	0.000000	54.00
54.01	03630	ULTRA SOUND	443,911	3,356,764	3,800,675	0.118695	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	592,437	8,345,621	8,938,058	0.085750	0.000000	54.02
54.06	05404	PET SCAN	0	1,245,012	1,245,012	0.139840	0.000000	54.06
57.00	05700	CT SCAN	8,357,135	37,202,570	45,559,705	0.028021	0.000000	57.00
58.00	05800	MRI	897,596	14,820,070	15,717,666	0.048244	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,076,546	5,284,656	6,361,202	0.127224	0.000000	59.00
60.00	06000	LABORATORY	7,961,145	16,745,367	24,706,512	0.205500	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	1,999,853	905,334	2,905,187	0.432621	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,487,460	5,994,771	7,482,231	0.508087	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	799,141	2,738,919	3,538,060	0.211506	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	2,444,163	10,676,166	13,120,329	0.120729	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,592	3,533,840	3,555,432	0.113323	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	12,429,612	17,979,701	30,409,313	0.375440	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	9,243,202	7,325,377	16,568,579	0.305020	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,026,872	22,098,188	40,125,060	0.227503	0.000000	73.00
74.00	07400	RENAL DIALYSIS	87,917	2,350	90,267	0.738055	0.000000	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03650	VASCULAR LAB	335,286	3,258,789	3,594,075	0.138557	0.000000	76.01
76.02	03952	TELEMEDICINE	1,050	202,869	203,919	0.783542	0.000000	76.02
76.03	03950	WOUND CARE	13,816	6,119,982	6,133,798	0.293652	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	695,826	695,826	0.294059	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,327	558,177	561,504	0.656346	0.000000	90.00
91.00	09100	EMERGENCY	4,429,040	19,410,610	23,839,650	0.204194	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	579,804	2,174,393	2,754,197	0.931348	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	12,177,168	12,177,168			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	9,393,375	9,393,375			116.00
200.00		Subtotal (see instructions)	110,577,567	281,557,616	392,135,183			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	110,577,567	281,557,616	392,135,183			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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	03630	ULTRA SOUND	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
54.06	05404	PET SCAN	0.000000		54.06
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
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
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		76.00
76.01	03650	VASCULAR LAB	0.000000		76.01
76.02	03952	TELEMEDICINE	0.000000		76.02
76.03	03950	WOUND CARE	0.000000		76.03
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
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/21/2019 12:47 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	1,716,239	0	1,716,239	14,014	122.47	30.00
31.00	INTENSIVE CARE UNIT	256,431		256,431	1,668	153.74	31.00
43.00	NURSERY	33,921		33,921	1,618	20.96	43.00
200.00	Total (lines 30 through 199)	2,006,591		2,006,591	17,300		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	7,593	929,915				30.00
31.00	INTENSIVE CARE UNIT	1,129	173,572				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	8,722	1,103,487				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,013,133	53,536,524	0.037603	6,497,594	244,329	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	127,398	4,012,618	0.031749	10,257	326	52.00
53.00	05300	ANESTHESIOLOGY	65,665	12,167,054	0.005397	1,945,420	10,499	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,521,954	22,191,861	0.0068582	2,343,193	160,701	54.00
54.01	03630	ULTRA SOUND	21,073	3,800,675	0.005545	270,659	1,501	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	58,989	8,938,058	0.006600	404,665	2,671	54.02
54.06	05404	PET SCAN	5,148	1,245,012	0.004135	0	0	54.06
57.00	05700	CT SCAN	83,140	45,559,705	0.001825	6,067,087	11,072	57.00
58.00	05800	MRI	133,168	15,717,666	0.008473	575,161	4,873	58.00
59.00	05900	CARDIAC CATHETERIZATION	61,153	6,361,202	0.009613	716,387	6,887	59.00
60.00	06000	LABORATORY	451,666	24,706,512	0.018281	5,019,714	91,765	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	57,489	2,905,187	0.019788	1,387,832	27,462	65.00
66.00	06600	PHYSICAL THERAPY	355,509	7,482,231	0.047514	1,072,271	50,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,462	3,538,060	0.006349	563,073	3,575	67.00
69.00	06900	ELECTROCARDIOLOGY	155,864	13,120,329	0.011880	1,843,983	21,907	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,479	3,555,432	0.010823	15,896	172	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	341,026	30,409,313	0.011215	6,689,747	75,026	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	149,439	16,568,579	0.009019	4,783,586	43,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	504,053	40,125,060	0.012562	11,422,896	143,494	73.00
74.00	07400	RENAL DIALYSIS	7,978	90,267	0.008382	80,551	7,119	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03650	VASCULAR LAB	37,088	3,594,075	0.010319	251,084	2,591	76.01
76.02	03952	TELEMEDICINE	18,181	203,919	0.009158	0	0	76.02
76.03	03950	WOUND CARE	114,342	6,133,798	0.018641	1,566	29	76.03
76.97	07697	CARDIAC REHABILITATION	18,159	695,826	0.026097	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,124	561,504	0.064334	852	55	90.00
91.00	09100	EMERGENCY	336,771	23,839,650	0.014127	2,865,397	40,479	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	211,989	2,754,197	0.076969	355,813	27,387	92.00
200.00		Total (lines 50 through 199)	6,947,440	353,814,314		55,184,684	978,011	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0032		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/21/2019 12:47 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	
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	14,014	0.00	7,593	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,668	0.00	1,129	0	31.00	
43.00	04300	NURSERY		0	1,618	0.00	0	0	43.00	
200.00		Total (lines 30 through 199)		0	17,300		8,722	0	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
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: 14-0032		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/21/2019 12:47 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	0	0	0	0	76.01
76.02	03952	TELEMEDICINE	0	0	0	0	0	76.02
76.03	03950	WOUND CARE	0	0	0	0	0	76.03
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: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/21/2019 12:47 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	53,536,524	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,012,618	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,167,054	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,191,861	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	3,800,675	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	8,938,058	0.000000	54.02
54.06	05404	PET SCAN	0	0	0	1,245,012	0.000000	54.06
57.00	05700	CT SCAN	0	0	0	45,559,705	0.000000	57.00
58.00	05800	MRI	0	0	0	15,717,666	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,361,202	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	24,706,512	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,905,187	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,482,231	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,538,060	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,120,329	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,555,432	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	30,409,313	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	16,568,579	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	40,125,060	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	90,267	0.000000	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0.000000	76.00
76.01	03650	VASCULAR LAB	0	0	0	3,594,075	0.000000	76.01
76.02	03952	TELEMEDICINE	0	0	0	203,919	0.000000	76.02
76.03	03950	WOUND CARE	0	0	0	6,133,798	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	695,826	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	561,504	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	23,839,650	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	2,754,197	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	353,814,314		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/21/2019 12:47 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	6,497,594	0	18,386,091	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	10,257	0	3,031	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,945,420	0	3,032,585	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,343,193	0	4,038,309	0	54.00
54.01	03630	ULTRA SOUND	0.000000	270,659	0	1,185,957	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	404,665	0	4,298,128	0	54.02
54.06	05404	PET SCAN	0.000000	0	0	604,594	0	54.06
57.00	05700	CT SCAN	0.000000	6,067,087	0	14,535,089	0	57.00
58.00	05800	MRI	0.000000	575,161	0	5,760,667	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	716,387	0	3,216,541	0	59.00
60.00	06000	LABORATORY	0.000000	5,019,714	0	3,863,105	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	1,387,832	0	294,876	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,072,271	0	150,622	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	563,073	0	54,684	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,843,983	0	5,271,581	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	15,896	0	1,495,007	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	6,689,747	0	7,162,043	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	4,783,586	0	4,082,665	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	11,422,896	0	10,346,262	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	80,551	0	1,102	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0.000000	251,084	0	1,944,923	0	76.01
76.02	03952	TELEMEDICINE	0.000000	0	0	0	0	76.02
76.03	03950	WOUND CARE	0.000000	1,566	0	3,811,745	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	408,756	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	852	0	42,968	0	90.00
91.00	09100	EMERGENCY	0.000000	2,865,397	0	5,680,897	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	355,813	0	943,588	0	92.00
200.00		Total (lines 50 through 199)		55,184,684	0	100,615,816	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/21/2019 12:47 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	0.207944	18,386,091	0	0	3,823,277	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.545206	3,031	0	0	1,653	52.00
53.00	05300	ANESTHESIOLOGY	0.154500	3,032,585	0	0	468,534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.311000	4,038,309	0	0	1,255,914	54.00
54.01	03630	ULTRA SOUND	0.118695	1,185,957	0	0	140,767	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.085750	4,298,128	0	0	368,564	54.02
54.06	05404	PET SCAN	0.139840	604,594	0	0	84,546	54.06
57.00	05700	CT SCAN	0.028021	14,535,089	0	0	407,288	57.00
58.00	05800	MRI	0.048244	5,760,667	0	0	277,918	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127224	3,216,541	0	0	409,221	59.00
60.00	06000	LABORATORY	0.205500	3,863,105	0	0	793,868	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.432621	294,876	0	0	127,570	65.00
66.00	06600	PHYSICAL THERAPY	0.508087	150,622	0	0	76,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.211506	54,684	0	0	11,566	67.00
69.00	06900	ELECTROCARDIOLOGY	0.120729	5,271,581	0	0	636,433	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113323	1,495,007	0	0	169,419	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.375440	7,162,043	0	0	2,688,917	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.305020	4,082,665	0	0	1,245,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227503	10,346,262	0	59,177	2,353,806	73.00
74.00	07400	RENAL DIALYSIS	0.738055	1,102	0	0	813	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0.138557	1,944,923	0	0	269,483	76.01
76.02	03952	TELEMEDICINE	0.783542	0	0	0	0	76.02
76.03	03950	WOUND CARE	0.293652	3,811,745	0	0	1,119,327	76.03
76.97	07697	CARDIAC REHABILITATION	0.294059	408,756	0	0	120,198	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.656346	42,968	0	0	28,202	90.00
91.00	09100	EMERGENCY	0.204194	5,680,897	0	0	1,160,005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.931348	943,588	0	0	878,809	92.00
200.00		Subtotal (see instructions)		100,615,816	0	59,177	18,917,921	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		100,615,816	0	59,177	18,917,921	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/21/2019 12:47 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
54.06	05404	PET SCAN	0	0		54.06
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
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
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,463		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0		76.00
76.01	03650	VASCULAR LAB	0	0		76.01
76.02	03952	TELEMEDICINE	0	0		76.02
76.03	03950	WOUND CARE	0	0		76.03
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	0	0		92.00
200.00		Subtotal (see instructions)	0	13,463		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	13,463		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0032	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/21/2019 12:47 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,014	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,014	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)		12,283	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)		7,593	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)		20,766,910	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)		20,766,910	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)		20,766,910	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)		1,481.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,251,839	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)		11,251,839	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0032

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

Worksheet D-1

Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description		Title XVIII		Hospital		PPS
		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	3,869,231	1,668	2,319.68	1,129	2,618,919
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)					12,843,204
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,713,962
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,103,487
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					978,011
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,081,498
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,632,464
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)					1,731
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,481.87
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,565,117

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0032

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

Worksheet D-1

Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		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	1,716,239	20,766,910	0.082643	2,565,117	211,989
91.00	Nursing School cost	0	20,766,910	0.000000	2,565,117	0
92.00	Allied health cost	0	20,766,910	0.000000	2,565,117	0
93.00	All other Medical Education	0	20,766,910	0.000000	2,565,117	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0032	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/21/2019 12:47 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,269,117	30.00
31.00	03100	INTENSIVE CARE UNIT		1,975,263	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.207944	6,497,594	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.545206	10,257	52.00
53.00	05300	ANESTHESIOLOGY	0.154500	1,945,420	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.311000	2,343,193	54.00
54.01	03630	ULTRA SOUND	0.118695	270,659	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.085750	404,665	54.02
54.06	05404	PET SCAN	0.139840	0	54.06
57.00	05700	CT SCAN	0.028021	6,067,087	57.00
58.00	05800	MRI	0.048244	575,161	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127224	716,387	59.00
60.00	06000	LABORATORY	0.205500	5,019,714	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.432621	1,387,832	65.00
66.00	06600	PHYSICAL THERAPY	0.508087	1,072,271	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.211506	563,073	67.00
69.00	06900	ELECTROCARDIOLOGY	0.120729	1,843,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113323	15,896	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.375440	6,689,747	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.305020	4,783,586	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227503	11,422,896	73.00
74.00	07400	RENAL DIALYSIS	0.738055	80,551	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	76.00
76.01	03650	VASCULAR LAB	0.138557	251,084	76.01
76.02	03952	TELEMEDICINE	0.783542	0	76.02
76.03	03950	WOUND CARE	0.294874	1,566	76.03
76.97	07697	CARDIAC REHABILITATION	0.294059	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.656346	852	90.00
91.00	09100	EMERGENCY	0.204194	2,865,397	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.931348	355,813	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		55,184,684	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		55,184,684	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/21/2019 12:47 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)		4,345,482	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,036,446	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)		220,551	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		127.99	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.55	31.00
32.00	Sum of lines 30 and 31		19.38	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.35	33.00
34.00	Disproportionate share adjustment (see instructions)		232,484	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/21/2019 12:47 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	0	35.00
35.01	Factor 3 (see instructions)		0.000097025	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		656,540	1,235,294	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		165,484	923,932	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,089,416		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		18,924,379		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			18,924,379	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,425,548	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			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)			20,349,927	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			20,349,927	61.00
62.00	Deductibles billed to program beneficiaries			2,284,832	62.00
63.00	Coinsurance billed to program beneficiaries			7,370	63.00
64.00	Allowable bad debts (see instructions)			287,210	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			186,687	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			234,453	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			18,244,412	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)				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)			-5,370	70.93
70.94	HRR adjustment amount (see instructions)			-8,668	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/21/2019 12:47 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	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,230,374	71.00	
71.01	Sequestration adjustment (see instructions)		364,607	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		17,644,076	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		221,691	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,280,127	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	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	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/21/2019 12:47 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,345,482	0	4,345,482		4,345,482
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,036,446	0		17,381,928	17,381,928
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	220,551	0	0	220,551	220,551
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0535	0.0535	0.0535	0.0535	
11.00	Disproportionate share adjustment (see instructions)	34.00	232,484	0	58,121	174,363	232,484
11.01	Uncompensated care payments	36.00	1,089,416	0	165,484	923,932	1,089,416
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	18,924,379	0	4,569,087	14,355,292	18,924,379
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,924,379	0	4,569,087	14,355,292	18,924,379
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,425,548	0	0	1,425,548	1,425,548
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/21/2019 12:47 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	4,569,087	15,780,840	20,349,927
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,404,479	0	0	1,404,479	1,404,479
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	21,069	0	0	21,069	21,069
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	1,425,548	0	0	1,425,548	1,425,548
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/21/2019 12:47 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,345,482	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,036,446		17,381,928	17,381,928	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	220,551	0	220,551	220,551	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0535	0.0535	0.0535		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	232,484	0	232,484	232,484	11.00
11.01	Uncompensated care payments	36.00	1,089,416	165,484	923,932	1,089,416	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	18,924,379	165,484	18,758,895	18,924,379	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,924,379	165,484	18,758,895	18,924,379	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,425,548	0	1,425,548	1,425,548	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			165,484	20,184,443	20,349,927	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/21/2019 12:47 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,404,479	0	1,404,479	1,404,479	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	21,069	0	21,069	21,069	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,425,548	0	1,425,548	1,425,548	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-5,370	0	-5,370	-5,370	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-8,668	0	-8,668	-8,668	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/21/2019 12:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,463	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,917,921	2.00
3.00	OPPS payments		17,033,863	3.00
4.00	Outlier payment (see instructions)		81,385	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)		13,463	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		59,177	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)		59,177	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)		59,177	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,714	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)		13,463	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)		17,115,248	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)		3,344,477	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)		13,784,234	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		13,784,234	30.00
31.00	Primary payer payments		1,427	31.00
32.00	Subtotal (line 30 minus line 31)		13,782,807	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)		173,227	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		112,598	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		108,033	36.00
37.00	Subtotal (see instructions)		13,895,405	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-208	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,895,613	40.00
40.01	Sequestration adjustment (see instructions)		277,912	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		13,558,637	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		59,064	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/21/2019 12:47 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		17,708,530		13,629,259	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	02/11/2019	64,454	02/11/2019	70,622	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)		-64,454		-70,622	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)		17,644,076		13,558,637	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		221,691		59,064	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		17,865,767		13,617,701	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/21/2019 12:47 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

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

Provider CCN: 14-0032

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

Worksheet G

Date/Time Prepared:
11/21/2019 12:47 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	5,974,775	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	26,650,093	0	0	0	4.00
5.00	Other receivable	1,290,478	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,311,480	0	0	0	7.00
8.00	Prepaid expenses	334,861	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	7,594,342	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	46,156,029	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,699,574	0	0	0	12.00
13.00	Land improvements	3,360,444	0	0	0	13.00
14.00	Accumulated depreciation	-2,414,880	0	0	0	14.00
15.00	Buildings	99,214,104	0	0	0	15.00
16.00	Accumulated depreciation	-48,569,819	0	0	0	16.00
17.00	Leasehold improvements	576,265	0	0	0	17.00
18.00	Accumulated depreciation	-91,075	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	83,770,216	0	0	0	23.00
24.00	Accumulated depreciation	-68,155,973	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	6,691,898	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	77,080,754	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	345,476,533	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	150,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	345,626,533	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	468,863,316	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,390,870	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,237,065	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,511,946	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	2,584,126	0	0	0	43.00
44.00	Other current liabilities	21,033,107	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,757,114	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,868,954	0	0	0	46.00
47.00	Notes payable	9,445,670	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	14,942,381	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	26,257,005	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	60,014,119	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	408,849,197				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)	408,849,197	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	468,863,316	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0032

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

Worksheet G-1

Date/Time Prepared:
11/21/2019 12:47 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		408,574,364		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		3,331,667				2.00
3.00	Total (sum of line 1 and line 2)		411,906,031		0		3.00
4.00	CHANGE IN NET ASSETS	0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		411,906,031		0		11.00
12.00	CHANGE IN NET ASSETS	3,056,834		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)		3,056,834		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		408,849,197		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 NET ASSETS		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	CHANGE IN NET ASSETS		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: 14-0032

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/21/2019 12:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,092,490		14,092,490	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	14,092,490		14,092,490	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,902,126		2,902,126	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)	2,902,126		2,902,126	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,994,616		16,994,616	17.00
18.00	Ancillary services	90,247,527	244,001,489	334,249,016	18.00
19.00	Outpatient services	5,060,014	22,469,143	27,529,157	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		12,180,101	12,180,101	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	9,393,375	9,393,375	26.00
27.00	PROFESSIONAL SERVICES	981,110	5,233,817	6,214,927	27.00
27.01	OTHER NONREIMBURSABLE COST CENTERS	0	6,868,328	6,868,328	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	113,283,267	300,146,253	413,429,520	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		143,308,788		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)		143,308,788		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0032

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

Worksheet G-3

Date/Time Prepared:
11/21/2019 12:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	413,429,520	1.00
2.00	Less contractual allowances and discounts on patients' accounts	271,880,220	2.00
3.00	Net patient revenues (line 1 minus line 2)	141,549,300	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	143,308,788	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,759,488	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,888,853	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	3,676,303	24.00
25.00	Total other income (sum of lines 6-24)	6,565,156	25.00
26.00	Total (line 5 plus line 25)	4,805,668	26.00
27.00	OTHER CHANGE IN ASSETS	1,474,001	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,474,001	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,331,667	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0032

Period:

Worksheet H

HHA CCN: 14-7661

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/21/2019 12:47 pmHome Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	415,641	415,641	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	594,716	0	23,537	3,500	707,525	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	4,843,879	0	191,569	0	5,035,448	6.00
7.00	Physical Therapy	1,292,670	0	51,117	144,402	1,488,189	7.00
8.00	Occupational Therapy	436,927	0	17,267	0	454,194	8.00
9.00	Speech Pathology	112,001	0	4,428	0	116,429	9.00
10.00	Medical Social Services	64,657	0	2,556	0	67,213	10.00
11.00	Home Health Aide	170,163	0	6,717	0	176,880	11.00
12.00	Supplies (see instructions)	0	0	0	347,193	347,193	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)	7,515,013	0	297,191	147,902	1,470,359	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	415,641	0	415,641		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	1,329,278	-9,875	1,319,403		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	5,035,448	0	5,035,448		6.00
7.00	Physical Therapy	0	1,488,189	0	1,488,189		7.00
8.00	Occupational Therapy	0	454,194	0	454,194		8.00
9.00	Speech Pathology	0	116,429	0	116,429		9.00
10.00	Medical Social Services	0	67,213	0	67,213		10.00
11.00	Home Health Aide	0	176,880	0	176,880		11.00
12.00	Supplies (see instructions)	0	347,193	-335,351	11,842		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	9,430,465	-345,226	9,085,239		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0032

Period:

Worksheet H-1

HHA CCN: 14-7661

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/21/2019 12:47 pmHome Health
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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	415,641	0	0	415,641		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	1,319,403	0	0	415,641	0	1,735,044	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	5,035,448	0	0	0	0	5,035,448	6.00	
7.00	Physical Therapy	1,488,189	0	0	0	0	1,488,189	7.00	
8.00	Occupational Therapy	454,194	0	0	0	0	454,194	8.00	
9.00	Speech Pathology	116,429	0	0	0	0	116,429	9.00	
10.00	Medical Social Services	67,213	0	0	0	0	67,213	10.00	
11.00	Home Health Aide	176,880	0	0	0	0	176,880	11.00	
12.00	Supplies (see instructions)	11,842	0	0	0	0	11,842	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)	9,085,239	0	0	415,641	0	9,085,239	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	1,735,044						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,188,639	6,224,087					6.00	
7.00	Physical Therapy	351,293	1,839,482					7.00	
8.00	Occupational Therapy	107,214	561,408					8.00	
9.00	Speech Pathology	27,484	143,913					9.00	
10.00	Medical Social Services	15,866	83,079					10.00	
11.00	Home Health Aide	41,753	218,633					11.00	
12.00	Supplies (see instructions)	2,795	14,637					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)		9,085,239					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet H-1

HHA CCN: 14-7661

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/21/2019 12:47 pmHome 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	4,902			0		1.00
2.00	Capital Related - Movable Equipment		25,215		0		2.00
3.00	Plant Operation & Maintenance	0	0	4,902	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	4,902	25,215	4,902	0	-1,735,044	7,350,195
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	5,035,448	6.00
7.00	Physical Therapy	0	0	0	0	1,488,189	7.00
8.00	Occupational Therapy	0	0	0	0	454,194	8.00
9.00	Speech Pathology	0	0	0	0	116,429	9.00
10.00	Medical Social Services	0	0	0	0	67,213	10.00
11.00	Home Health Aide	0	0	0	0	176,880	11.00
12.00	Supplies (see instructions)	0	0	0	0	11,842	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)	4,902	25,215	4,902	0	-1,735,044	7,350,195
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	415,641	0		1,735,044
26.00	Unit Cost Multiplier	0.000000	0.000000	84.790086	0.000000		0.236054

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/21/2019 12:47 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	40,369	43,748	189,943	274,060	89,551	1.00
2.00	Skilled Nursing Care	6,224,087	0	0	1,547,059	7,771,146	2,539,280	2.00
3.00	Physical Therapy	1,839,482	0	0	412,858	2,252,340	735,970	3.00
4.00	Occupational Therapy	561,408	0	0	139,547	700,955	229,043	4.00
5.00	Speech Pathology	143,913	0	0	35,771	179,684	58,713	5.00
6.00	Medical Social Services	83,079	0	0	20,650	103,729	33,894	6.00
7.00	Home Health Aide	218,633	0	0	54,347	272,980	89,198	7.00
8.00	Supplies (see instructions)	14,637	0	0	0	14,637	4,783	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)	9,085,239	40,369	43,748	2,400,175	11,569,531	3,780,432	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	5,870	127,717	126,578	38,067	0	219,141	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	5,870	127,717	126,578	38,067	0	219,141	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: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/21/2019 12:47 pmHome Health
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PPS

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		13.00	14.00	15.00	16.00	17.00	24.00	
1.00	Administrative and General	0	11,449	6,641	0	0	899,074	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	10,310,426	2.00
3.00	Physical Therapy	0	0	0	0	0	2,988,310	3.00
4.00	Occupational Therapy	0	0	0	0	0	929,998	4.00
5.00	Speech Pathology	0	0	0	0	0	238,397	5.00
6.00	Medical Social Services	0	0	0	0	0	137,623	6.00
7.00	Home Health Aide	0	0	0	0	0	362,178	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	19,420	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	11,449	6,641	0	0	15,885,426	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
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	899,074					1.00
2.00	Skilled Nursing Care	0	10,310,426	618,552	10,928,978			2.00
3.00	Physical Therapy	0	2,988,310	179,278	3,167,588			3.00
4.00	Occupational Therapy	0	929,998	55,793	985,791			4.00
5.00	Speech Pathology	0	238,397	14,302	252,699			5.00
6.00	Medical Social Services	0	137,623	8,256	145,879			6.00
7.00	Home Health Aide	0	362,178	21,728	383,906			7.00
8.00	Supplies (see instructions)	0	19,420	1,165	20,585			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	15,885,426	899,074	15,885,426			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.059993				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: 14-0032
HHA CCN: 14-7661Period:
From 07/01/2018
To 06/30/2019Worksheet H-2
Part II
Date/Time Prepared:
11/21/2019 12:47 pmHome Health
Agency I

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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT. HOURS)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	4,902	25,215	594,716	0	274,060	235	1.00
2.00	Skilled Nursing Care	0	0	4,843,880	0	7,771,146	0	2.00
3.00	Physical Therapy	0	0	1,292,670	0	2,252,340	0	3.00
4.00	Occupational Therapy	0	0	436,927	0	700,955	0	4.00
5.00	Speech Pathology	0	0	112,001	0	179,684	0	5.00
6.00	Medical Social Services	0	0	64,657	0	103,729	0	6.00
7.00	Home Health Aide	0	0	170,163	0	272,980	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	14,637	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)	4,902	25,215	7,515,014		11,569,531	235	20.00
21.00	Total cost to be allocated	40,369	43,748	2,400,175		3,780,432	5,870	21.00
22.00	Unit cost multiplier	8.235210	1.734999	0.319384		0.326758	24.978723	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	4,902	120,734	591	0	13,374	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,902	120,734	591	0	13,374	0	20.00
21.00	Total cost to be allocated	127,717	126,578	38,067	0	219,141	0	21.00
22.00	Unit cost multiplier	26.054060	1.048404	64.411168	0.000000	16.385599	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/21/2019 12:47 pmHome Health
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)			
		14.00	15.00	16.00	17.00			
1.00	Administrative and General	335,316	9,170	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)	335,316	9,170	0	0			20.00
21.00	Total cost to be allocated	11,449	6,641	0	0			21.00
22.00	Unit cost multiplier	0.034144	0.724209	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

 Provider CCN: 14-0032
 HHA CCN: 14-7661

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

 Worksheet H-3
 Part I
 Date/Time Prepared:
 11/21/2019 12:47 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	10,928,978		10,928,978	41,482	263.46	1.00
2.00	Physical Therapy	3.00	3,167,588	0	3,167,588	16,364	193.57	2.00
3.00	Occupational Therapy	4.00	985,791	0	985,791	4,738	208.06	3.00
4.00	Speech Pathology	5.00	252,699	0	252,699	1,347	187.60	4.00
5.00	Medical Social Services	6.00	145,879		145,879	208	701.34	5.00
6.00	Home Health Aide	7.00	383,906		383,906	4,591	83.62	6.00
7.00	Total (sum of lines 1-6)		15,864,841	0	15,864,841	68,730		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16060	0	18			8.00
8.01	Skilled Nursing Care		41180	0	10,466			8.01
8.02	Skilled Nursing Care		99914	0	12,422			8.02
9.00	Physical Therapy		16060	0	6			9.00
9.01	Physical Therapy		41180	0	4,320			9.01
9.02	Physical Therapy		99914	0	5,663			9.02
10.00	Occupational Therapy		16060	0	0			10.00
10.01	Occupational Therapy		41180	0	1,348			10.01
10.02	Occupational Therapy		99914	0	1,503			10.02
11.00	Speech Pathology		16060	0	0			11.00
11.01	Speech Pathology		41180	0	447			11.01
11.02	Speech Pathology		99914	0	163			11.02
12.00	Medical Social Services		16060	0	0			12.00
12.01	Medical Social Services		41180	0	59			12.01
12.02	Medical Social Services		99914	0	57			12.02
13.00	Home Health Aide		16060	0	18			13.00
13.01	Home Health Aide		41180	0	1,307			13.01
13.02	Home Health Aide		99914	0	2,086			13.02
14.00	Total (sum of lines 8-13)			0	39,883			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	20,585	0	20,585	248,758	0.082751	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
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	22,906		0	6,034,815		1.00
2.00	Physical Therapy	0	9,989		0	1,933,571		2.00
3.00	Occupational Therapy	0	2,851		0	593,179		3.00
4.00	Speech Pathology	0	610		0	114,436		4.00
5.00	Medical Social Services	0	116		0	81,355		5.00
6.00	Home Health Aide	0	3,411		0	285,228		6.00
7.00	Total (sum of lines 1-6)	0	39,883		0	9,042,584		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet H-3

HHA CCN: 14-7661

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/21/2019 12:47 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		6.00	7.00	8.00	9.00	10.00	11.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
8.02	Skilled Nursing Care								8.02
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
9.02	Physical Therapy								9.02
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
10.02	Occupational Therapy								10.02
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
11.02	Speech Pathology								11.02
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
12.02	Medical Social Services								12.02
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
13.02	Home Health Aide								13.02
14.00	Total (sum of lines 8-13)								14.00
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	248,757	0	0	20,585	0	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	6,034,815							1.00
2.00	Physical Therapy	1,933,571							2.00
3.00	Occupational Therapy	593,179							3.00
4.00	Speech Pathology	114,436							4.00
5.00	Medical Social Services	81,355							5.00
6.00	Home Health Aide	285,228							6.00
7.00	Total (sum of lines 1-6)	9,042,584							7.00
Cost Center Description									
		12.00							
	Limitation Cost Computation								
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
8.02	Skilled Nursing Care								8.02
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
9.02	Physical Therapy								9.02
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
10.02	Occupational Therapy								10.02
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
11.02	Speech Pathology								11.02
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
12.02	Medical Social Services								12.02
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
13.02	Home Health Aide								13.02
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet H-3

HHA CCN: 14-7661

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/21/2019 12:47 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	0.508087	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.211506	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.375440	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.227503	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032 HHA CCN: 14-7661		Period: From 07/01/2018 To 06/30/2019		Worksheet H-4 Part I-II Date/Time Prepared: 11/21/2019 12:47 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	0	0	1.00
2.00	Total charges	0	0	0	0	0	2.00
Customary Charges							
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	0	0	8.00
9.00	Primary payer amounts	0	2,387	0	0	0	9.00
				Part A Services		Part B Services	
				1.00		2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT							
10.00	Total reasonable cost (see instructions)	0	-2,387	0	-2,387	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	5,206,919	0	5,206,919	0	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	770,366	0	770,366	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	100,908	0	100,908	0	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	87,444	0	87,444	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	218,239	0	218,239	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	7,687	0	7,687	0	16.00
17.00	Total Other Payments	0	0	0	0	0	17.00
18.00	DME Payments	0	0	0	0	0	18.00
19.00	Oxygen Payments	0	0	0	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	0	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	0	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	6,389,176	0	6,389,176	0	22.00
23.00	Excess reasonable cost (from line 8)	0	0	0	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	6,389,176	0	6,389,176	0	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	0	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	6,389,176	0	6,389,176	0	26.00
27.00	Reimbursable bad debts (from your records)	0	0	0	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	0	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	6,389,176	0	6,389,176	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	0	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	0	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	0	0	0	30.99
31.00	Subtotal (see instructions)	0	6,389,176	0	6,389,176	0	31.00
31.01	Sequestration adjustment (see instructions)	0	127,784	0	127,784	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	0	0	0	31.02
32.00	Interim payments (see instructions)	0	6,261,392	0	6,261,392	0	32.00
33.00	Tentative settlement (for contractor use only)	0	0	0	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	0	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	0	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0032
HHA CCN: 14-7661Period:
From 07/01/2018
To 06/30/2019

Worksheet H-5

Date/Time Prepared:
11/21/2019 12:47 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			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		6,261,392	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		6,261,392	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		6,261,392	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0

Hospice CCN: 14-1658

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/21/2019 12:47 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		12,727	12,727	0	12,727
2.00	CAP REL COSTS-MVBLE EQUIP*		184,042	184,042	0	184,042
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	180,219	98,707	278,926	0	278,926
5.00	PLANT OPERATION & MAINTENANCE*	0	20,580	20,580	0	20,580
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	486	486	-486	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	131	131	-131	0
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	287,374	287,374	-287,374	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		454,767	454,767	0	454,767
26.00	PHYSICIAN SERVICES**	0	61,968	61,968	0	61,968
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	988,517	1,688	990,205	0	990,205
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	109,102	186	109,288	0	109,288
34.00	SPIRITUAL COUNSELING**	38,859	66	38,925	0	38,925
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	73,792	126	73,918	0	73,918
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	50,000	50,000	0	50,000
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	99,419	99,419	-99,419	0
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	187	1	188	0	188
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	1,390,676	1,272,268	2,662,944	-387,410	2,275,534

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0

Hospice CCN: 14-1658

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/21/2019 12:47 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	12,727		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	184,042		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	278,926		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	20,580		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	454,767		25.00
26.00	PHYSICIAN SERVICES**	0	61,968		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	990,205		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	109,288		33.00
34.00	SPIRITUAL COUNSELING**	0	38,925		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	73,918		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	50,000		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	188		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	2,275,534		100.00

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

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

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

Provider CCN: 14-0032

Period:

Worksheet 0-2

Hospice CCN: 14-1658

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/21/2019 12:47 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	60,910	60,910	0	60,910	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	972,440	1,661	974,101	0	974,101	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	107,327	183	107,510	0	107,510	33.00
34.00	SPIRITUAL COUNSELING	38,227	65	38,292	0	38,292	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	72,592	124	72,716	0	72,716	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	50,000	50,000	0	50,000	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	97,722	97,722	-97,722	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	184	0	184	0	184	46.00
100.00	TOTAL *	1,190,770	210,665	1,401,435	-97,722	1,303,713	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	60,910	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	974,101	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	107,510	33.00
34.00	SPIRITUAL COUNSELING	0	38,292	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	72,716	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	50,000	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	184	46.00
100.00	TOTAL *	0	1,303,713	100.00

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

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

Provider CCN: 14-0032

Period:

Worksheet 0-3

Hospice CCN: 14-1658

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/21/2019 12:47 pm

				Hospice I		11/22/2018 11:47 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		64,967	64,967	0	64,967	25.00
26.00	PHYSICIAN SERVICES	0	151	151	0	151	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,820	3	1,823	0	1,823	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	201	0	201	0	201	33.00
34.00	SPIRITUAL COUNSELING	72	0	72	0	72	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	136	0	136	0	136	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	242	242	-242	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	2,229	65,363	67,592	-242	67,350	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	64,967	25.00
26.00	PHYSICIAN SERVICES	0	151	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,823	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	201	33.00
34.00	SPIRITUAL COUNSELING	0	72	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	136	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	67,350	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE				Provider CCN: 14-0032 Hospice CCN: 14-1658	Period: From 07/01/2018 To 06/30/2019	Worksheet 0-4 Date/Time Prepared: 11/21/2019 12:47 pm
				Hospice I		
				SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)
				1.00	2.00	3.00
						RECLASSIFI- CATIONS
						4.00
						SUBTOTAL
						5.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		389,800		389,800	25.00
26.00	PHYSICIAN SERVICES	0	907		907	26.00
27.00	NURSE PRACTITIONER	0	0		0	27.00
28.00	REGISTERED NURSE	14,257	24		14,281	28.00
29.00	LPN/LVN	0	0		0	29.00
30.00	PHYSICAL THERAPY	0	0		0	30.00
31.00	OCCUPATIONAL THERAPY	0	0		0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,574	3		1,577	33.00
34.00	SPIRITUAL COUNSELING	560	1		561	34.00
35.00	DIETARY COUNSELING	0	0		0	35.00
36.00	COUNSELING - OTHER	0	0		0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,064	2		1,066	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		0	38.00
39.00	PATIENT TRANSPORTATION	0	0		0	39.00
40.00	IMAGING SERVICES	0	0		0	40.00
41.00	LABS & DIAGNOSTICS	0	0		0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1,455		1,455	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		0	42.50
43.00	OUTPATIENT SERVICES	0	0		0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	3	1		4	46.00
100.00	TOTAL *	17,458	392,193		409,651	100.00

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

				ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
				6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	389,800			25.00
26.00	PHYSICIAN SERVICES	0	907			26.00
27.00	NURSE PRACTITIONER	0	0			27.00
28.00	REGISTERED NURSE	0	14,281			28.00
29.00	LPN/LVN	0	0			29.00
30.00	PHYSICAL THERAPY	0	0			30.00
31.00	OCCUPATIONAL THERAPY	0	0			31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0			32.00
33.00	MEDICAL SOCIAL SERVICES	0	1,577			33.00
34.00	SPIRITUAL COUNSELING	0	561			34.00
35.00	DIETARY COUNSELING	0	0			35.00
36.00	COUNSELING - OTHER	0	0			36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	1,066			37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0			38.00
39.00	PATIENT TRANSPORTATION	0	0			39.00
40.00	IMAGING SERVICES	0	0			40.00
41.00	LABS & DIAGNOSTICS	0	0			41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0			42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0			42.50
43.00	OUTPATIENT SERVICES	0	0			43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0			44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0			45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	4			46.00
100.00	TOTAL *	0	408,196			100.00

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

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

Provider CCN: 14-0032

Period:

Worksheet 0-5

Hospice CCN: 14-1658

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/21/2019 12:47 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	12,727	0	12,727	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	184,042	4,959	189,001	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	444,158	444,158	3.00
4.00	ADMINISTRATIVE & GENERAL	278,926	942,055	1,220,981	4.00
5.00	PLANT OPERATION & MAINTENANCE	20,580	0	20,580	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	3,399	3,399	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	208,480	208,480	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,303,713	0	1,303,713	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	67,350	0	67,350	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	408,196	0	408,196	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,275,534	1,603,051	3,878,585	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/21/2019 12:47 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	12,727	12,727					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	189,001		189,001				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	444,158	0	0	444,158			3.00
4.00	ADMINISTRATIVE & GENERAL	1,220,981	12,727	189,001	57,559		1,480,268	4.00
5.00	PLANT OPERATION & MAINTENANCE	20,580	0	0	0		20,580	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0		0	6.00
7.00	HOUSEKEEPING	0	0	0	0		0	7.00
8.00	DIETARY	0	0	0	0		0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,399	0	0	0		3,399	10.00
11.00	MEDICAL RECORDS	0	0	0	0		0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0		0	13.00
14.00	PHARMACY	208,480	0	0	0		208,480	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0		0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,303,713			380,311		1,684,024	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	67,350	0	0	712		68,062	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	408,196	0	0	5,576		413,772	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0		0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0		0	61.00
62.00	FUNDRAISING	0	0	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0		0	66.00
67.00	ADVERTISING	0	0	0	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0		0	68.00
69.00	THRIFT STORE	0	0	0	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0		0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		0	99.00
100.00	TOTAL	3,878,585	12,727	189,001	444,158		3,878,585	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2018
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Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,480,268						4.00
5.00	PLANT OPERATION & MAINTENANCE	12,702	33,282					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,098	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	128,676	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,039,398						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	42,009	3,447		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	255,385	29,835		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	1,480,268	33,282		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2018
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Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	5,497				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0				0	13.00
14.00	PHARMACY	0				0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				0	15.00
16.00	OTHER GENERAL SERVICE	0				0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	5,404	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	13	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	80	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	5,497	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

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Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	337,156					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	331,401	0	0		3,060,227	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	822	0	0	0	114,353	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4,933	0	0	0	704,005	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	337,156	0	0	0	3,878,585	100.00

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

Provider CCN: 14-0032

Period:

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Hospice CCN: 14-1658

From 07/01/2018
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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	912					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2,858				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,390,676			3.00
4.00	ADMINISTRATIVE & GENERAL	912	2,858	180,219	-1,480,268	2,398,317	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	20,580	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	3,399	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	208,480	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,190,769	0	1,684,024	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	2,229	0	68,062	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	17,459	0	413,772	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	12,727	189,001	444,158		1,480,268	100.00
101.00	UNIT COST MULTIPLIER	13.955044	66.130511	0.319383		0.617211	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASISProvider CCN: 14-0032
Hospice CCN: 14-1658Period:
From 07/01/2018
To 06/30/2019Worksheet 0-6
Part II
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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	280					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	29	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	251	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	33,282	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	118.864286	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 14-0032
Hospice CCN: 14-1658

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

Worksheet 0-6
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Cost Center Descriptions		Hospice I				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	19,272				10.00
11.00	MEDICAL RECORDS		0			11.00
12.00	STAFF TRANSPORTATION			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0	13.00
14.00	PHARMACY			0	0	287,374 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	18,943	0	0	0	282,468 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	47	0	0	0	701 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	282	0	0	0	4,205 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	5,497	0	0	0	337,156 100.00
101.00	UNIT COST MULTIPLIER	0.285232	0.000000	0.000000	0.000000	1.173231 101.00

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

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

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

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

Provider CCN: 14-0032

Period:

Worksheet 0-7

Hospice CCN: 14-1658

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

Date/Time Prepared:
11/21/2019 12:47 pm

			Hospice I		
Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)		
			HCHC	HRHC	HIRC
	0	1.00	2.00	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	66.00	0.508087	0	0	0
2.00 OCCUPATIONAL THERAPY	67.00	0.211506	0	0	0
3.00 SPEECH PATHOLOGY	68.00				3.00
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.227503	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00 LABORATORY	60.00	0.205500	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.375440	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00 RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00 BACTERIOLOGY & MICROBIOLOGY	76.00	0.000000	0	0	0
10.01 VASCULAR LAB	76.01	0.138557	0	0	0
10.02 TELEMEDICINE	76.02	0.783542	0	0	0
10.03 WOUND CARE	76.03	0.293652	0	0	0
10.97 CARDIAC REHABILITATION	76.97	0.294059	0	0	0
11.00 Totals (sum of lines 1-11)					11.00
Cost Center Descriptions	Charges by LOC (from Provider Records)	Shared Service Costs by LOC			
	HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)
	5.00	6.00	7.00	8.00	9.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	0	0	0	0	0
2.00 OCCUPATIONAL THERAPY	0	0	0	0	0
3.00 SPEECH PATHOLOGY					3.00
4.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED					5.00
6.00 LABORATORY	0	0	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER					8.00
9.00 RADIOLOGY-THERAPEUTIC					9.00
10.00 BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0
10.01 VASCULAR LAB	0	0	0	0	0
10.02 TELEMEDICINE	0	0	0	0	0
10.03 WOUND CARE	0	0	0	0	0
10.97 CARDIAC REHABILITATION	0	0	0	0	0
11.00 Totals (sum of lines 1-11)		0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0032

Period:

Worksheet 0-8

Hospice CCN: 14-1658

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/21/2019 12:47 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0	0	5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			3,060,227	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			18,943	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			161.55	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	16,687	457		9.00
10.00	Program cost (line 8 times line 9)	2,695,785	73,828		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			114,353	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			47	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			2,433.04	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	26	5		14.00
15.00	Program cost (line 13 times line 14)	63,259	12,165		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			704,005	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			282	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			2,496.47	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	265	10		19.00
20.00	Program cost (line 18 times line 19)	661,565	24,965		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,878,585	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			19,272	22.00
23.00	Average cost per diem (line 21 divided by line 22)			201.25	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0032	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/21/2019 12:47 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,404,479	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		21,069	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)		39.40	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		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)		1,425,548	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