

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 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet S
Parts I-III
Date/Time Prepared:
9/24/2019 9:12 am

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 9/24/2019	Time: 9:12 am
	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 CGH MEDICAL CENTER (14-0043) for the cost reporting period beginning 05/01/2018 and ending 04/30/2019 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) BEN SCHAAB

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-314,609	-52,679	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	-314,609	-52,679	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: 14-0043		Period: From 05/01/2018 To 04/30/2019		Worksheet S-2 Part I Date/Time Prepared: 9/24/2019 9:12 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 100 EAST LEFEVRE ROAD			PO Box:				1.00	
2.00	City: STERLING			State: IL		Zip Code: 61081-1279		County: WHITESIDE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			CGH MEDICAL CENTER	140043	99914	1	07/01/1966	N
4.00	Subprovider - IPF							P	N
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF			CGH MEDICAL CENTER	14U043	99914		01/13/2004	N
8.00	Swing Beds - NF							P	N
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA			CGH HOME NURSING	147562	99914		05/05/1994	N
13.00	Separately Certified ASC							P	N
14.00	Hospital-Based Hospice								
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)						05/01/2018	04/30/2019	
21.00	Type of Control (see instructions)						12		
							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		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N	N	
23.00	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.								
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			528	682	1	7	1,133	97

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0043

Period:
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Part I
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
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.					1		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					05/01/2018	04/30/2019	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		
				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

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From 05/01/2018
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Part I
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00	2.00	3.00	4.00		
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00	
	Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00	2.00	3.00			
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	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0043	Period: From 05/01/2018 To 04/30/2019	Worksheet S-2 Part I Date/Time Prepared: 9/24/2019 9:12 am	
			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.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,093,191	0	0	
		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.	N			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0043		Period: From 05/01/2018 To 04/30/2019		Worksheet S-2 Part I Date/Time Prepared: 9/24/2019 9:12 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:			Contractor's Number:			141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:			Zip Code:			143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146.00		
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N		N		N		N	
156.00	Subprovider - IPF	N		N		N		N	
157.00	Subprovider - IRF	N		N		N		N	
158.00	SUBPROVIDER								
159.00	SNF	N		N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N		N	
161.00	CMHC			N		N		N	
								1.00	
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)							0.00	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	09/30/2018		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: 14-0043	Period: From 05/01/2018 To 04/30/2019	Worksheet S-2 Part II Date/Time Prepared: 9/24/2019 9:12 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	07/24/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/21/2019	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet S-2
Part II
Date/Time Prepared:
9/24/2019 9:12 am

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet S-2
Part II
Date/Time Prepared:
9/24/2019 9:12 am

		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: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/24/2019 9:12 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	87	31,755	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)		87	31,755	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	9	3,285	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)		96	35,040	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						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)		96			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: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/24/2019 9:12 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,325	328	11,535			1.00
2.00	HMO and other (see instructions)	1,403	1,823				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)	6,325	328	11,535			7.00
8.00	INTENSIVE CARE UNIT	853	34	1,378			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		166	961			13.00
14.00	Total (see instructions)	7,178	528	13,874	0.00	1,299.94	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	2,708	0	6,831	0.00	14.37	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,314.31	27.00
28.00	Observation Bed Days		0	3,199			28.00
29.00	Ambulance Trips	2,226					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	97	171			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: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/24/2019 9:12 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,920	161	3,944	1.00
2.00 HMO and other (see instructions)			355	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,920	161	3,944	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						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: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part II
Date/Time Prepared:
9/24/2019 9:12 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	96,855,364	0	96,855,364	2,733,773.61	35.43
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		2,097,214	0	2,097,214	12,983.26	161.53
4.00	Physician-Part A - Administrative		131,092	0	131,092	873.95	150.00
4.01	Physicians - Part A - Teaching		30,369,066	0	30,369,066	182,339.52	166.55
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)		8,043,044	0	8,043,044	251,405.47	31.99
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		629,435	0	629,435	11,864.11	53.05
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		4,950	0	4,950	33.00	150.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		24,801,532	0	24,801,532		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,586,087	0	2,586,087		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		308,959	0	308,959		
22.00	Physician Part A - Administrative		15,273	0	15,273		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		3,419,749	0	3,419,749		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	557,723	0	557,723	15,919.44	35.03
27.00	Administrative & General	5.00	13,517,822	-595,417	12,922,405	430,338.06	30.03

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part II
Date/Time Prepared:
9/24/2019 9:12 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		173,036	0	173,036	686.82	251.94	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,242,065	0	1,242,065	61,572.03	20.17	30.00
31.00	Laundry & Linen Service	8.00	275,211	0	275,211	22,806.81	12.07	31.00
32.00	Housekeeping	9.00	1,141,851	0	1,141,851	87,849.67	13.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	943,202	-782,071	161,131	11,196.05	14.39	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	782,071	782,071	54,343.00	14.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,111,371	-700,102	411,269	9,374.96	43.87	38.00
39.00	Central Services and Supply	14.00	555,595	0	555,595	26,138.24	21.26	39.00
40.00	Pharmacy	15.00	1,221,633	-1,221,633	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,902,613	0	1,902,613	90,798.43	20.95	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: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part III
Date/Time Prepared:
9/24/2019 9:12 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	64,562,120	0	64,562,120	2,539,137.65	25.43	1.00
2.00	Excluded area salaries (see instructions)	8,043,044	0	8,043,044	251,405.47	31.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	56,519,076	0	56,519,076	2,287,732.18	24.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	634,385	0	634,385	11,897.11	53.32	4.00
5.00	Subtotal wage-related costs (see inst.)	24,816,805	0	24,816,805	0.00	43.91	5.00
6.00	Total (sum of lines 3 thru 5)	81,970,266	0	81,970,266	2,299,629.29	35.64	6.00
7.00	Total overhead cost (see instructions)	22,642,122	-2,517,152	20,124,970	811,023.51	24.81	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
9/24/2019 9:12 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,403,497	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	5,362,240	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	15,836,495	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)	184,577	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	313,265	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	-62,933	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,476,530	17.00
18.00	Medicare Taxes - Employers Portion Only	1,373,338	18.00
19.00	Unemployment Insurance	26,564	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	218,027	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,131,600	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: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part V
Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	689,476	31,131,600	1.00
2.00	Hospital	629,435	30,598,161	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	60,041	533,439	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0043 Component CCN: 14-7562		Period: From 05/01/2018 To 04/30/2019		Worksheet S-4 Date/Time Prepared: 9/24/2019 9:12 am	
				Home Health Agency I		PPS	
				1.00			
0.00 County				WHITESIDE		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	112	0	0	1,989	2,101	1.00
2.00	Unduplicated Census Count (see instructions)	234.00	49.00	0.00	241.00	524.00	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		2.00	0.00	2.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			8.89	0.00	8.89	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.10	0.38	2.48	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.28	0.01	0.29	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.03	0.00	0.03	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.01	0.00	1.01	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.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,184	232	112	23	1,551	21.00
22.00	Skilled Nursing Visit Charges	231,866	49,958	22,050	4,469	308,343	22.00
23.00	Physical Therapy Visits	776	26	32	4	838	23.00
24.00	Physical Therapy Visit Charges	149,424	4,959	5,985	732	161,100	24.00
25.00	Occupational Therapy Visits	60	0	0	0	60	25.00
26.00	Occupational Therapy Visit Charges	10,919	0	0	0	10,919	26.00
27.00	Speech Pathology Visits	28	0	2	0	30	27.00
28.00	Speech Pathology Visit Charges	5,048	0	370	0	5,418	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	134	92	1	2	229	31.00
32.00	Home Health Aide Visit Charges	12,426	8,005	105	170	20,706	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,182	350	147	29	2,708	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)	409,683	62,922	28,510	5,371	506,486	35.00
36.00	Total Number of Episodes (standard/non outlier)	203		52	4	259	36.00
37.00	Total Number of Outlier Episodes		11		0	11	37.00
38.00	Total Non-Routine Medical Supply Charges	3,093	1,258	1,919	125	6,395	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0043	Period: From 05/01/2018 To 04/30/2019	Worksheet S-10 Date/Time Prepared: 9/24/2019 9:12 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.222018		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,867,737		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		9,100,566		5.00
6.00	Medicaid charges		86,547,672		6.00
7.00	Medicaid cost (line 1 times line 6)		19,215,141		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)		6,246,838		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		71,472		9.00
10.00	Stand-alone CHIP charges		1,249,804		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		277,479		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		206,007		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)		6,452,845		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	3,990,956	942,359	4,933,315	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	886,064	942,359	1,828,423	21.00
22.00	Payments received from patients for amounts previously written off as charity care	65,269	0	65,269	22.00
23.00	Cost of charity care (line 21 minus line 22)	820,795	942,359	1,763,154	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)			11,053,728	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			747,696	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,150,301	27.01
28.00	Non-Medicare bad debt expense (see instructions)			9,903,427	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,601,344	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,364,498	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,817,343	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet A

Date/Time Prepared:
9/24/2019 9:12 am

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		11,410,343	11,410,343	-5,699,075	5,711,268	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,609,370	7,609,370	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	557,723	33,274,167	33,831,890	-1,302	33,830,588	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,517,822	12,013,615	25,531,437	-327,657	25,203,780	5.00
7.00	00700	OPERATION OF PLANT	1,242,065	2,654,969	3,897,034	158,302	4,055,336	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	275,211	142,332	417,543	0	417,543	8.00
9.00	00900	HOUSEKEEPING	1,141,851	1,238,196	2,380,047	0	2,380,047	9.00
10.00	01000	DIETARY	943,202	960,084	1,903,286	-1,586,616	316,670	10.00
11.00	01100	CAFETERIA	0	0	0	1,578,140	1,578,140	11.00
13.00	01300	NURSING ADMINISTRATION	1,111,371	164,170	1,275,541	-703,157	572,384	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	555,595	384,576	940,171	-285,736	654,435	14.00
15.00	01500	PHARMACY	1,221,633	10,556,643	11,778,276	-10,027,892	1,750,384	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,902,613	741,754	2,644,367	-737	2,643,630	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,973,317	927,084	10,900,401	-466,888	10,433,513	30.00
31.00	03100	INTENSIVE CARE UNIT	2,393,829	469,462	2,863,291	-912,430	1,950,861	31.00
43.00	04300	NURSERY	0	0	0	518,603	518,603	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,538,046	5,980,549	7,518,595	-5,565,742	1,952,853	50.00
51.00	05100	RECOVERY ROOM	842,193	257,144	1,099,337	-228,226	871,111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	976,834	976,834	52.00
53.00	05300	ANESTHESIOLOGY	2,097,214	1,320,808	3,418,022	-531,360	2,886,662	53.00
53.01	05301	PAIN MANAGEMENT	969,521	129,619	1,099,140	-88,516	1,010,624	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,122,147	2,102,741	3,224,888	200,164	3,425,052	54.00
54.01	05401	ULTRASOUND	407,949	889,690	1,297,639	56,434	1,354,073	54.01
56.00	05600	RADIOISOTOPE	206,428	1,107,661	1,314,089	-894,415	419,674	56.00
57.00	05700	CT SCAN	547,124	2,206,538	2,753,662	-70,716	2,682,946	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	326,955	749,970	1,076,925	19,421	1,096,346	58.00
59.00	05900	CARDIAC CATHETERIZATION	652,819	2,127,348	2,780,167	-1,739,789	1,040,378	59.00
60.00	06000	LABORATORY	2,833,670	4,040,625	6,874,295	-1,737,428	5,136,867	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	797,194	374,711	1,171,905	-169,400	1,002,505	65.00
66.00	06600	PHYSICAL THERAPY	396,747	11,474	408,221	-4,688	403,533	66.00
67.00	06700	OCCUPATIONAL THERAPY	110,503	7,788	118,291	-2,460	115,831	67.00
68.00	06800	SPEECH PATHOLOGY	142,345	7,160	149,505	-1,416	148,089	68.00
69.00	06900	ELECTROCARDIOLOGY	853,118	173,717	1,026,835	-47,125	979,710	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	224,682	66,314	290,996	-43,890	247,106	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,310,624	14,310,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	29,130,147	29,130,147	73.00
74.00	07400	RENAL DIALYSIS	0	229,831	229,831	-1,081	228,750	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	981,152	1,005,018	1,986,170	-862,693	1,123,477	75.01
76.00	03950	DIABETIC EDUCATION	217,973	17,481	235,454	-8,361	227,093	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	651,703	781,705	1,433,408	-331,610	1,101,798	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	34,769,348	23,543,539	58,312,887	-19,442,551	38,870,336	90.00
91.00	09100	EMERGENCY	3,287,257	5,244,849	8,532,106	-469,078	8,063,028	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,481,792	382,155	1,863,947	-227,923	1,636,024	95.00
98.00	09850	HOME INFUSION	68,891	226,297	295,188	-20,718	274,470	98.00
101.00	10100	HOME HEALTH AGENCY	1,087,022	228,960	1,315,982	-39,360	1,276,622	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		364,353	364,353	-364,353	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	91,450,025	128,515,440	219,965,465	1,653,650	221,619,115	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,394	35,339	57,733	0	57,733	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,292,392	1,010,356	4,302,748	-12,209	4,290,539	192.00
194.00	07950	COMMUNITY SERVICE	199,137	55,318	254,455	-3,496	250,959	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	1,891,416	125,487	2,016,903	0	2,016,903	194.01
194.02	07952	OFFSITE BUILDINGS	0	1,637,945	1,637,945	-1,637,945	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	96,855,364	131,379,885	228,235,249	0	228,235,249	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet A

Date/Time Prepared:
9/24/2019 9:12 am

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	-364,353	5,346,915	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-36,166	7,573,204	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,458,180	28,372,408	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,753,056	22,450,724	5.00
7.00	00700	OPERATION OF PLANT	-2,800	4,052,536	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-10,010	407,533	8.00
9.00	00900	HOUSEKEEPING	-19,041	2,361,006	9.00
10.00	01000	DIETARY	0	316,670	10.00
11.00	01100	CAFETERIA	-808,989	769,151	11.00
13.00	01300	NURSING ADMINISTRATION	0	572,384	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	654,435	14.00
15.00	01500	PHARMACY	-3,455	1,746,929	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-25,833	2,617,797	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,669,031	7,764,482	30.00
31.00	03100	INTENSIVE CARE UNIT	-54,428	1,896,433	31.00
43.00	04300	NURSERY	0	518,603	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,952,853	50.00
51.00	05100	RECOVERY ROOM	0	871,111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	976,834	52.00
53.00	05300	ANESTHESIOLOGY	-2,815,718	70,944	53.00
53.01	05301	PAIN MANAGEMENT	-755,976	254,648	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,290,884	2,134,168	54.00
54.01	05401	ULTRASOUND	-574,658	779,415	54.01
56.00	05600	RADIOISOTOPE	-78,177	341,497	56.00
57.00	05700	CT SCAN	-1,809,900	873,046	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-616,944	479,402	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,040,378	59.00
60.00	06000	LABORATORY	-592,821	4,544,046	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-2,813	999,692	65.00
66.00	06600	PHYSICAL THERAPY	0	403,533	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	115,831	67.00
68.00	06800	SPEECH PATHOLOGY	0	148,089	68.00
69.00	06900	ELECTROCARDIOLOGY	-13,000	966,710	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,300	245,806	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,310,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-2,440,791	26,689,356	73.00
74.00	07400	RENAL DIALYSIS	0	228,750	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	GI LAB	0	1,123,477	75.01
76.00	03950	DIABETIC EDUCATION	0	227,093	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	-457,716	644,082	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-29,495,292	9,375,044	90.00
91.00	09100	EMERGENCY	-4,662,039	3,400,989	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-293	1,635,731	95.00
98.00	09850	HOME INFUSION	-475	273,995	98.00
101.00	10100	HOME HEALTH AGENCY	-20	1,276,602	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-57,814,159	163,804,956	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,733	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,290,539	192.00
194.00	07950	COMMUNITY SERVICE	0	250,959	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	0	2,016,903	194.01
194.02	07952	OFFSITE BUILDINGS	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-57,814,159	170,421,090	200.00

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-6

Date/Time Prepared:
9/24/2019 9:12 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	364,353		1.00
	0		0	364,353		
	B - L&D AND NURSERY COST					
1.00	NURSERY	43.00	459,455	33,509		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	865,426	63,117		2.00
	0		1,324,881	96,626		
	C - OFFSITE BLDG					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	235,480		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	787,276		2.00
3.00	OTHER CAP REL COSTS	3.00	0	17,733		3.00
4.00	OPERATION OF PLANT	7.00	0	597,456		4.00
	0		0	1,637,945		
	D - PHYSICIAN REMUNERATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	6,250	0		1.00
	0		6,250	0		
	E - COLLECTIONS & BILLING EXP					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	157,481		1.00
2.00	HOME HEALTH AGENCY	101.00	0	12		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	157,493		
	F - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	782,071	796,069		1.00
	0		782,071	796,069		
	G - DRUG EXPENSE					
1.00	DRUGS CHARGED TO PATIENTS	73.00	1,221,633	27,908,514		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
	0		1,221,633	27,908,514		
	H - MARKETING & ADVERTISING					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,634		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
	0		0	9,634		
	I - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	124,305		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

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-6

Date/Time Prepared:
9/24/2019 9:12 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
0			0	124,305		
J - PROPERTY INSURANCE & TAXES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	333,806		1.00
2.00	OTHER CAP REL COSTS	3.00	0	171,647		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
0			0	505,453		
K - MALPRACTICE INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,200		1.00
0			0	17,200		
L - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,310,624		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
0			0	14,310,624		
N - POST ICU						
1.00	ADULTS & PEDIATRICS	30.00	799,871	88,677		1.00
0			799,871	88,677		
O - MME DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,526,681		1.00
0			0	7,526,681		
P - UTILITIES EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	6,322		1.00
0			0	6,322		
Q - NURSE FLOATS & SHIFT COORDINATORS						
1.00	ADULTS & PEDIATRICS	30.00	518,397	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	107,775	0		2.00
3.00	NURSERY	43.00	25,639	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	48,291	0		4.00
0			700,102	0		
R - RADIOLOGY MANAGEMENT						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	312,702	16,516		1.00
2.00	ULTRASOUND	54.01	78,623	4,153		2.00
3.00	RADIOISOTOPE	56.00	38,462	2,031		3.00
4.00	CT SCAN	57.00	112,667	5,951		4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	59,213	3,127		5.00
0			601,667	31,778		

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-6

Date/Time Prepared:
9/24/2019 9:12 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
S - RADIOLOGY TECHS & PHLEBOTMIST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	42,375	0	1.00
2.00	ULTRASOUND	54.01	151	0	2.00
3.00	LABORATORY	60.00	9,037	0	3.00
			51,563	0	
500.00	Grand Total: Increases		5,488,038	53,581,674	500.00

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-6

Date/Time Prepared:
9/24/2019 9:12 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	364,353	11		1.00
	0		0	364,353			
	B - L&D AND NURSERY COST						
1.00	ADULTS & PEDIATRICS	30.00	1,324,881	96,626	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,324,881	96,626			
	C - OFFSITE BLDG						
1.00	OFFSITE BUILDINGS	194.02	0	1,637,945	13		1.00
2.00		0.00	0	0	10		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		0	1,637,945			
	D - PHYSICIAN REMUNERATION						
1.00	CLINIC	90.00	6,250	0	0		1.00
	0		6,250	0			
	E - COLLECTIONS & BILLING EXP						
1.00	DIETARY	10.00	0	8,476	0		1.00
2.00	PHARMACY	15.00	0	10,740	0		2.00
3.00	AMBULANCE SERVICES	95.00	0	138,246	0		3.00
4.00	HOME INFUSION	98.00	0	31	0		4.00
	0		0	157,493			
	F - CAFETERIA EXPENSE						
1.00	DIETARY	10.00	782,071	796,069	0		1.00
	0		782,071	796,069			
	G - DRUG EXPENSE						
1.00	NURSING ADMINISTRATION	13.00	0	2,178	0		1.00
2.00	PHARMACY	15.00	1,221,633	8,642,201	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	22,168	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	7,590	0		4.00
5.00	RECOVERY ROOM	51.00	0	26,591	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	305,474	0		6.00
7.00	PAIN MANAGEMENT	53.01	0	6,308	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,372	0		8.00
9.00	ULTRASOUND	54.01	0	2,071	0		9.00
10.00	RADIOISOTOPE	56.00	0	263,896	0		10.00
11.00	CT SCAN	57.00	0	70,117	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	32,204	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	9,984	0		13.00
14.00	LABORATORY	60.00	0	5,916	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	4,030	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	23,213	0		16.00
17.00	GI LAB	75.01	0	1,391	0		17.00
18.00	HYPERBARIC OXYGEN THERAPY	76.98	0	36,488	0		18.00
19.00	CLINIC	90.00	0	18,400,343	0		19.00
20.00	EMERGENCY	91.00	0	11,907	0		20.00
21.00	AMBULANCE SERVICES	95.00	0	3,072	0		21.00
	0		1,221,633	27,908,514			
	H - MARKETING & ADVERTISING						
1.00	NURSING ADMINISTRATION	13.00	0	298	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	62	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,233	0		3.00
4.00	CT SCAN	57.00	0	1,694	0		4.00
5.00	HYPERBARIC OXYGEN THERAPY	76.98	0	488	0		5.00
6.00	CLINIC	90.00	0	1,340	0		6.00
7.00	HOME HEALTH AGENCY	101.00	0	399	0		7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,120	0		8.00
	0		0	9,634			
	I - TELEPHONE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	940	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	579	0		2.00
3.00	PHARMACY	15.00	0	1,992	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	737	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	5,272	0		5.00
6.00	OPERATING ROOM	50.00	0	8,321	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	5,837	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	266	0		8.00
9.00	LABORATORY	60.00	0	1,781	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	356	0		10.00
11.00	GI LAB	75.01	0	513	0		11.00
12.00	HYPERBARIC OXYGEN THERAPY	76.98	0	960	0		12.00
13.00	CLINIC	90.00	0	74,484	0		13.00
14.00	EMERGENCY	91.00	0	466	0		14.00

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-6

Date/Time Prepared:
9/24/2019 9:12 am

	Decreases						9/24/2019 9:12 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
15.00	AMBULANCE SERVICES	95.00	0	5,229	0		15.00
16.00	HOME HEALTH AGENCY	101.00	0	7,483	0		16.00
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	9,089	0		17.00
	0		0	124,305			
J - PROPERTY INSURANCE & TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,082	13		1.00
2.00	OPERATION OF PLANT	7.00	0	333,806	0		2.00
3.00	OPERATION OF PLANT	7.00	0	110,730	0		3.00
4.00	AMBULANCE SERVICES	95.00	0	31,016	0		4.00
5.00	HOME INFUSION	98.00	0	324	0		5.00
6.00	HOME HEALTH AGENCY	101.00	0	16,999	0		6.00
7.00	COMMUNITY SERVICE	194.00	0	3,496	0		7.00
	0		0	505,453			
K - MALPRACTICE INSURANCE							
1.00	AMBULANCE SERVICES	95.00	0	17,200	0		1.00
	0		0	17,200			
L - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,302	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	285,736	0		2.00
3.00	PHARMACY	15.00	0	151,326	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	424,824	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	124,067	0		5.00
6.00	OPERATING ROOM	50.00	0	5,557,421	0		6.00
7.00	RECOVERY ROOM	51.00	0	201,635	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	220,049	0		8.00
9.00	PAIN MANAGEMENT	53.01	0	82,208	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	137,558	0		10.00
11.00	ULTRASOUND	54.01	0	24,422	0		11.00
12.00	RADIOISOTOPE	56.00	0	671,012	0		12.00
13.00	CT SCAN	57.00	0	117,523	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,715	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,729,805	0		15.00
16.00	LABORATORY	60.00	0	1,738,768	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	165,370	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	4,688	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	2,460	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	1,416	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	23,556	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	43,890	0		22.00
23.00	RENAL DIALYSIS	74.00	0	1,081	0		23.00
24.00	GI LAB	75.01	0	860,789	0		24.00
25.00	DIABETIC EDUCATION	76.00	0	8,361	0		25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	293,674	0		26.00
27.00	CLINIC	90.00	0	908,571	0		27.00
28.00	EMERGENCY	91.00	0	456,705	0		28.00
29.00	AMBULANCE SERVICES	95.00	0	26,838	0		29.00
30.00	HOME INFUSION	98.00	0	20,363	0		30.00
31.00	HOME HEALTH AGENCY	101.00	0	14,491	0		31.00
	0		0	14,310,624			
N - POST ICU							
1.00	INTENSIVE CARE UNIT	31.00	799,871	88,677	0		1.00
	0		799,871	88,677			
O - MME DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,526,681	9		1.00
	0		0	7,526,681			
P - UTILITIES EXPENSE							
1.00	AMBULANCE SERVICES	95.00	0	6,322	0		1.00
	0		0	6,322			
Q - NURSE FLOATS & SHIFT COORDINATORS							
1.00	NURSING ADMINISTRATION	13.00	700,102	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		700,102	0			
R - RADIOLOGY MANAGEMENT							
1.00	ADMINISTRATIVE & GENERAL	5.00	601,667	31,778	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		601,667	31,778			

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-6

Date/Time Prepared:
9/24/2019 9:12 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	S - RADIOLOGY TECHS & PHLEBOTMIST						
1.00	CLINIC	90.00	51,563	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		51,563	0			
500.00	Grand Total: Decreases		5,488,038	53,581,674			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet A-7
Part I
Date/Time Prepared:
9/24/2019 9:12 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	2,724,440	140,166	0	140,166	0	1.00	
2.00	Land Improvements	4,184,203	36,388	0	36,388	48,913	2.00	
3.00	Buildings and Fixtures	91,081,103	8,292,364	0	8,292,364	2,204,581	3.00	
4.00	Building Improvements	13,183,198	0	0	0	758,489	4.00	
5.00	Fixed Equipment	524,004	65,651	0	65,651	112,174	5.00	
6.00	Movable Equipment	83,875,872	10,642,765	0	10,642,765	4,604,297	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	195,572,820	19,177,334	0	19,177,334	7,728,454	8.00	
9.00	Reconciling Items	-6,733,126	-1,774,252	0	-1,774,252	-6,733,126	9.00	
10.00	Total (line 8 minus line 9)	202,305,946	20,951,586	0	20,951,586	14,461,580	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	2,864,606	0					1.00
2.00	Land Improvements	4,171,678	0					
3.00	Buildings and Fixtures	97,168,886	0					
4.00	Building Improvements	12,424,709	0					4.00
5.00	Fixed Equipment	477,481	0					
6.00	Movable Equipment	89,914,340	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	207,021,700	0					
9.00	Reconciling Items	-1,774,252	0					
10.00	Total (line 8 minus line 9)	208,795,952	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet A-7
Part II
Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	11,410,343	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,410,343	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	11,410,343				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	11,410,343				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet A-7
Part III
Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
		1.00	2.00	3.00	4.00	5.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	116,629,879	0	116,629,879	0.563370	106,691	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	90,391,821	0	90,391,821	0.436630	82,689	2.00	
3.00	Total (sum of lines 1-2)	207,021,700	0	207,021,700	1.000000	189,380	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	106,691	3,883,662	787,276	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	82,689	7,490,515	0	2.00	
3.00	Total (sum of lines 1-2)	0	0	189,380	11,374,177	787,276	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	0	106,691	569,286	0	5,346,915	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	82,689	0	0	7,573,204	2.00	
3.00	Total (sum of lines 1-2)	0	189,380	569,286	0	12,920,119	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-8

Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-364,353	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-172,445	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-43,099,902			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-595	OPERATION OF PLANT	7.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service	B	-10,010	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-802,551	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-2,440,791	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-25,833	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-211	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	DAYCARE RENT	B	-18,000	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-8

Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	DIETARY CATERING REVENUE	B	-6,227	CAFETERIA	11.00	0	33.01
33.02	RENTAL INCOME	B	-2,205	OPERATION OF PLANT	7.00	0	33.02
33.03	MISC INCOME - PHARMACY	B	-3,455	PHARMACY	15.00	0	33.03
33.04	MISC INCOME - A&G	B	-79,923	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	MISC INCOME - RT	B	-2,813	RESPIRATORY THERAPY	65.00	0	33.05
33.06	MISC INCOME - AMBULANCE	B	-293	AMBULANCE SERVICES	95.00	0	33.06
33.07	MISC INCOME - A&P	B	-500	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	IMMUNIZATION INCOME - HOME HEALTH	B	-20	HOME HEALTH AGENCY	101.00	0	33.08
33.09	CARDIAC REHAB PHASE III REVENUE	B	-13,000	ELECTROCARDIOLOGY	69.00	0	33.09
33.10	NON-ALLOWABLE COSTS	A	-67	INTENSIVE CARE UNIT	31.00	0	33.10
33.11	BLOOD DRAW INCOME	B	-475	HOME INFUSION	98.00	0	33.11
33.12	HOUSEKEEPING REVENUE	B	-19,041	HOUSEKEEPING	9.00	0	33.12
33.13	PATIENT ACCOUNTING REVENUE	B	-138,821	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	DAYCARE REVENUE	B	-525,562	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	DAYCARE DISCOUNT EXPENSE ELIMINATION	A	-44,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.15
33.16	FORGIVENESS OF DEBT	A	3,009	ADMINISTRATIVE & GENERAL	5.00	0	33.16
35.00	NON-ALLOWABLE COSTS	A	-878	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	LOBBYING EXPENSE	A	-37,170	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.01	PHYSICIAN RECRUITMENT SALARIES	A	-81,196	ADMINISTRATIVE & GENERAL	5.00	0	36.01
36.02	PHYSICIAN RECRUITMENT OTHER EXPENSES	A	-766,576	ADMINISTRATIVE & GENERAL	5.00	0	36.02
36.03	PHYSICIAN RECRUITMENT BENEFITS	A	-58,638	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.03
37.00	MARKETING SALARIES	A	-267,580	ADMINISTRATIVE & GENERAL	5.00	0	37.00
37.01	MARKETING OTHER EXPENSES	A	-576,882	ADMINISTRATIVE & GENERAL	5.00	0	37.01
37.02	MARKETING DEPRECIATION	A	-36,166	CAP REL COSTS-MVBLE EQUIP	2.00	9	37.02
37.03	MARKETING BENEFITS	A	-89,466	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.03
38.00	CABLE TELEVISION	A	-45,613	ADMINISTRATIVE & GENERAL	5.00	0	38.00
38.01	CABLE TELEVISION	A	-2,810	CLINIC	90.00	0	38.01
39.00	CRNA SALARIES	A	-2,097,214	ANESTHESIOLOGY	53.00	0	39.00
39.01	CRNA LOCUM TENENS	A	-650,199	ANESTHESIOLOGY	53.00	0	39.01
39.02	CRNA MALPRACTICE INSURANCE	A	-47,383	ANESTHESIOLOGY	53.00	0	39.02
39.03	CRNA PHYSICIAN CME EXPENSE	A	-20,625	ANESTHESIOLOGY	53.00	0	39.03
39.04	CRNA FICA TAXES	A	-62,205	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.04
39.05	CRNA MEDICARE TAXES	A	-30,280	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.05
39.06	CRNA BENEFITS	A	-205,820	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.06
40.00	ALCOHOLIC BEVERAGE EXPENSE	A	-1,603	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01	DEFINED BENEFIT PENSION FUNDING ADJU	A	-1,660,085	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.01
41.00	PHYSICIAN BENEFITS	A	-3,307,686	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-57,814,159				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-8-2

Date/Time Prepared:
9/24/2019 9:12 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	136,057	15	136,042	211,500	907	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,668,531	2,668,531	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	54,361	54,361	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	297	297	0	0	0	4.00
5.00	53.01	PAIN MANAGEMENT	755,976	755,976	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,290,884	1,290,884	0	0	0	6.00
7.00	54.01	ULTRASOUND	574,658	574,658	0	0	0	7.00
8.00	56.00	RADIOISOTOPE	78,177	78,177	0	0	0	8.00
9.00	57.00	CT SCAN	1,809,900	1,809,900	0	0	0	9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	616,944	616,944	0	0	0	10.00
11.00	60.00	LABORATORY	592,821	592,821	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	1,300	1,300	0	0	0	12.00
13.00	76.00	DIABETIC EDUCATION	0	0	0	0	0	13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	457,716	457,716	0	0	0	14.00
15.00	90.00	CLINIC	29,492,482	29,492,482	0	0	0	15.00
16.00	91.00	EMERGENCY	4,662,039	4,662,039	0	0	0	16.00
200.00			43,192,143	43,056,101	136,042		907	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	92,226	4,611	15	15	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	27,200	0	106,460	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	54,361	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	53.01	PAIN MANAGEMENT	0	0	731	0	16,591	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	54.01	ULTRASOUND	0	0	0	0	0	7.00
8.00	56.00	RADIOISOTOPE	0	0	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	1,833	0	8,501	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	76.00	DIABETIC EDUCATION	0	0	0	0	0	13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	1,655	0	26,410	14.00
15.00	90.00	CLINIC	0	0	239,427	0	916,018	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
200.00			92,226	4,611	270,861	15	1,128,341	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	92,241	43,801	43,816		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,668,531		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	54,361		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	297		4.00
5.00	53.01	PAIN MANAGEMENT	0	0	0	755,976		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,290,884		6.00
7.00	54.01	ULTRASOUND	0	0	0	574,658		7.00
8.00	56.00	RADIOISOTOPE	0	0	0	78,177		8.00
9.00	57.00	CT SCAN	0	0	0	1,809,900		9.00
10.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	616,944		10.00
11.00	60.00	LABORATORY	0	0	0	592,821		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,300		12.00
13.00	76.00	DIABETIC EDUCATION	0	0	0	0		13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	457,716		14.00
15.00	90.00	CLINIC	0	0	0	29,492,482		15.00
16.00	91.00	EMERGENCY	0	0	0	4,662,039		16.00
200.00			0	92,241	43,801	43,099,902		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,346,915	5,346,915			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,573,204	7,573,204			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,372,408	15,206	7,419	28,395,033	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	22,450,724	909,715	2,193,504	5,608,334	5.00
7.00	00700	OPERATION OF PLANT	4,052,536	167,561	71,615	555,945	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	407,533	64,416	32,714	123,184	8.00
9.00	00900	HOUSEKEEPING	2,361,006	6,698	27,284	511,089	9.00
10.00	01000	DIETARY	316,670	14,301	4,017	72,122	10.00
11.00	01100	CAFETERIA	769,151	69,421	19,501	350,053	11.00
13.00	01300	NURSING ADMINISTRATION	572,384	2,389	74,742	184,083	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	654,435	9,458	24,872	248,683	14.00
15.00	01500	PHARMACY	1,746,929	28,239	178,521	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,617,797	48,432	24,777	851,604	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,764,482	425,632	360,157	3,326,466	30.00
31.00	03100	INTENSIVE CARE UNIT	1,896,433	92,012	119,985	761,691	31.00
43.00	04300	NURSERY	518,603	78,019	47,573	217,127	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,952,853	220,373	666,430	688,425	50.00
51.00	05100	RECOVERY ROOM	871,111	120,451	78,431	376,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	976,834	94,148	89,664	408,977	52.00
53.00	05300	ANESTHESIOLOGY	70,944	5,793	21,958	0	53.00
53.01	05301	PAIN MANAGEMENT	254,648	27,153	10,773	103,335	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,134,168	172,485	653,130	661,201	54.00
54.01	05401	ULTRASOUND	779,415	26,556	67,318	217,856	54.01
56.00	05600	RADIOISOTOPE	341,497	62,379	139,950	109,612	56.00
57.00	05700	CT SCAN	873,046	17,296	145,938	295,320	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	479,402	32,267	213,046	172,848	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,040,378	71,141	587,214	292,200	59.00
60.00	06000	LABORATORY	4,544,046	102,086	162,200	1,057,283	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	999,692	47,192	132,950	356,822	65.00
66.00	06600	PHYSICAL THERAPY	403,533	8,417	2,495	177,583	66.00
67.00	06700	OCCUPATIONAL THERAPY	115,831	3,629	0	49,461	67.00
68.00	06800	SPEECH PATHOLOGY	148,089	1,086	0	63,713	68.00
69.00	06900	ELECTROCARDIOLOGY	966,710	36,819	86,582	381,853	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	245,806	11,866	16,151	100,567	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,310,624	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,689,356	0	0	546,799	73.00
74.00	07400	RENAL DIALYSIS	228,750	1,810	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	1,123,477	31,850	305,326	439,161	75.01
76.00	03950	DIABETIC EDUCATION	227,093	14,074	150	97,564	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	644,082	36,666	16,450	135,556	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,375,044	1,471,572	130,384	3,780,145	90.00
91.00	09100	EMERGENCY	3,400,989	188,804	746,486	1,471,366	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,635,731	28,583	53,592	663,246	95.00
98.00	09850	HOME INFUSION	273,995	1,901	1,497	30,835	98.00
101.00	10100	HOME HEALTH AGENCY	1,276,602	20,998	19,388	486,548	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	163,804,956	4,788,894	7,534,184	25,975,620	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,733	11,468	0	10,023	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,290,539	311,725	21,902	1,473,665	192.00
194.00	07950	COMMUNITY SERVICE	250,959	10,409	0	89,133	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	2,016,903	106,657	17,118	846,592	194.01
194.02	07952	OFFSITE BUILDINGS	0	117,762	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	170,421,090	5,346,915	7,573,204	28,395,033	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	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	31,162,277					5.00
7.00	00700	OPERATION OF PLANT	1,084,770	5,932,427				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	140,495	89,822	858,164			8.00
9.00	00900	HOUSEKEEPING	650,299	9,339	57,481	3,623,196		9.00
10.00	01000	DIETARY	91,100	19,941	2,269	12,386	532,806	10.00
11.00	01100	CAFETERIA	270,345	96,801	11,019	60,126	0	11.00
13.00	01300	NURSING ADMINISTRATION	186,536	3,332	0	2,070	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	209,775	13,189	0	8,192	0	14.00
15.00	01500	PHARMACY	437,181	39,377	0	24,458	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	792,737	67,534	0	41,947	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,657,681	593,505	292,180	368,642	488,930	30.00
31.00	03100	INTENSIVE CARE UNIT	642,253	128,303	46,436	79,692	43,876	31.00
43.00	04300	NURSERY	192,740	108,791	15,686	67,573	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	789,486	307,291	93,904	190,867	0	50.00
51.00	05100	RECOVERY ROOM	323,788	167,957	0	104,323	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	351,238	131,281	29,544	81,542	0	52.00
53.00	05300	ANESTHESIOLOGY	22,085	8,077	0	5,017	0	53.00
53.01	05301	PAIN MANAGEMENT	88,593	37,862	0	23,517	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	810,275	240,514	41,336	149,390	0	54.00
54.01	05401	ULTRASOUND	244,168	37,029	0	23,000	0	54.01
56.00	05600	RADIOISOTOPE	146,221	86,982	0	54,027	0	56.00
57.00	05700	CT SCAN	297,975	24,118	0	14,981	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	200,849	44,993	0	27,946	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	445,515	99,199	0	61,615	0	59.00
60.00	06000	LABORATORY	1,312,560	142,350	0	88,417	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	343,861	65,805	0	40,873	0	65.00
66.00	06600	PHYSICAL THERAPY	132,479	11,737	0	7,290	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,800	5,061	0	3,143	0	67.00
68.00	06800	SPEECH PATHOLOGY	47,638	1,514	0	941	0	68.00
69.00	06900	ELECTROCARDIOLOGY	329,384	51,341	0	31,889	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,778	16,546	0	10,277	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,202,317	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,094,742	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	51,593	2,524	0	1,568	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	425,125	44,413	32,236	27,586	0	75.01
76.00	03950	DIABETIC EDUCATION	75,832	19,625	0	12,190	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	186,347	51,127	3,600	31,756	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,302,236	2,051,981	32,500	1,274,537	0	90.00
91.00	09100	EMERGENCY	1,299,588	263,270	149,792	163,524	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	532,835	39,856	20,133	24,756	0	95.00
98.00	09850	HOME INFUSION	68,973	2,650	0	1,646	0	98.00
101.00	10100	HOME HEALTH AGENCY	403,581	29,280	0	18,187	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,006,774	5,154,317	828,116	3,139,891	532,806	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,728	15,991	0	9,932	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,364,524	434,673	4,906	269,987	0	192.00
194.00	07950	COMMUNITY SERVICE	78,432	14,514	0	9,015	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	668,467	148,723	25,142	92,376	0	194.01
194.02	07952	OFFSITE BUILDINGS	26,352	164,209	0	101,995	0	194.02
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)	31,162,277	5,932,427	858,164	3,623,196	532,806	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			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
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	1,646,417					11.00
13.00	01300	NURSING ADMINISTRATION	8,458	1,033,994				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,011	0	1,189,615			14.00
15.00	01500	PHARMACY	0	0	103	2,454,808		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	72,963	0	0	0	4,517,791	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	240,150	235,319	3,013	0	232,017	30.00
31.00	03100	INTENSIVE CARE UNIT	47,422	48,922	1,387	0	44,919	31.00
43.00	04300	NURSERY	11,283	11,639	0	0	19,920	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,025	44,384	7,550	0	324,892	50.00
51.00	05100	RECOVERY ROOM	24,053	24,810	1,174	0	47,029	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,245	21,921	0	0	37,520	52.00
53.00	05300	ANESTHESIOLOGY	10,430	0	1,925	0	116,618	53.00
53.01	05301	PAIN MANAGEMENT	8,090	6,623	488	0	34,673	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,472	0	274	0	200,747	54.00
54.01	05401	ULTRASOUND	11,935	0	44	0	105,429	54.01
56.00	05600	RADIOISOTOPE	5,834	0	154	0	80,911	56.00
57.00	05700	CT SCAN	17,100	0	237	0	397,755	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,993	0	335	0	125,857	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,712	16,202	513	0	135,199	59.00
60.00	06000	LABORATORY	92,085	0	1,677	0	638,161	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	22,967	0	2,137	0	47,787	65.00
66.00	06600	PHYSICAL THERAPY	10,965	0	44	0	10,648	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,641	0	0	0	2,586	67.00
68.00	06800	SPEECH PATHOLOGY	3,042	0	0	0	2,606	68.00
69.00	06900	ELECTROCARDIOLOGY	28,817	29,723	2,286	0	157,646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,890	0	216	0	29,379	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,103,190	0	139,093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,831	0	0	2,454,808	508,610	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,311	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	29,419	30,356	1,336	0	155,111	75.01
76.00	03950	DIABETIC EDUCATION	7,622	0	93	0	2,186	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,587	0	84	0	83,430	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	482,659	352,296	11,144	0	318,074	90.00
91.00	09100	EMERGENCY	100,911	104,095	1,532	0	342,050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	51,233	0	29	0	35,581	95.00
98.00	09850	HOME INFUSION	2,474	2,550	0	0	3,295	98.00
101.00	10100	HOME HEALTH AGENCY	24,020	24,785	128	0	8,753	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,522,339	953,625	1,141,093	2,454,808	4,391,793	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,588	0	16	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	68,466	69,747	44,020	0	54,378	192.00
194.00	07950	COMMUNITY SERVICE	5,466	10,622	91	0	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	48,558	0	4,390	0	71,620	194.01
194.02	07952	OFFSITE BUILDINGS	0	0	5	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,646,417	1,033,994	1,189,615	2,454,808	4,517,791	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,988,174	-583,172	16,405,002	30.00
31.00	03100	INTENSIVE CARE UNIT	3,953,331	-154,467	3,798,864	31.00
43.00	04300	NURSERY	1,288,954	0	1,288,954	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,329,480	0	5,329,480	50.00
51.00	05100	RECOVERY ROOM	2,140,090	167,262	2,307,352	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,243,914	0	2,243,914	52.00
53.00	05300	ANESTHESIOLOGY	262,847	0	262,847	53.00
53.01	05301	PAIN MANAGEMENT	595,755	0	595,755	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,110,992	0	5,110,992	54.00
54.01	05401	ULTRASOUND	1,512,750	0	1,512,750	54.01
56.00	05600	RADIOISOTOPE	1,027,567	0	1,027,567	56.00
57.00	05700	CT SCAN	2,083,766	0	2,083,766	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,306,536	0	1,306,536	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,764,888	0	2,764,888	59.00
60.00	06000	LABORATORY	8,140,865	0	8,140,865	60.00
64.00	06400	INTRAVENOUS THERAPY	0	570,377	570,377	64.00
65.00	06500	RESPIRATORY THERAPY	2,060,086	0	2,060,086	65.00
66.00	06600	PHYSICAL THERAPY	765,191	0	765,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	220,152	0	220,152	67.00
68.00	06800	SPEECH PATHOLOGY	268,629	0	268,629	68.00
69.00	06900	ELECTROCARDIOLOGY	2,103,050	0	2,103,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	522,476	0	522,476	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,755,224	0	18,755,224	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,322,146	0	36,322,146	73.00
74.00	07400	RENAL DIALYSIS	289,556	0	289,556	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	GI LAB	2,645,396	0	2,645,396	75.01
76.00	03950	DIABETIC EDUCATION	456,429	0	456,429	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,201,685	0	1,201,685	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	22,582,572	0	22,582,572	90.00
91.00	09100	EMERGENCY	8,232,407	0	8,232,407	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,085,575	0	3,085,575	95.00
98.00	09850	HOME INFUSION	389,816	0	389,816	98.00
101.00	10100	HOME HEALTH AGENCY	2,312,270	0	2,312,270	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	156,962,569	0	156,962,569	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	124,479	0	124,479	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,408,532	0	8,408,532	192.00
194.00	07950	COMMUNITY SERVICE	468,641	0	468,641	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	4,046,546	0	4,046,546	194.01
194.02	07952	OFFSITE BUILDINGS	410,323	0	410,323	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	170,421,090	0	170,421,090	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
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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	15,206	7,419	22,625	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	54,659	909,715	2,193,504	3,157,878	5.00
7.00	00700	OPERATION OF PLANT	5,304	167,561	71,615	244,480	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	64,416	32,714	97,130	8.00
9.00	00900	HOUSEKEEPING	0	6,698	27,284	33,982	9.00
10.00	01000	DIETARY	0	14,301	4,017	18,318	10.00
11.00	01100	CAFETERIA	0	69,421	19,501	88,922	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,389	74,742	77,131	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,458	24,872	34,330	14.00
15.00	01500	PHARMACY	0	28,239	178,521	206,760	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,432	24,777	73,209	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	425,632	360,157	785,789	30.00
31.00	03100	INTENSIVE CARE UNIT	0	92,012	119,985	211,997	31.00
43.00	04300	NURSERY	0	78,019	47,573	125,592	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	67,039	220,373	666,430	953,842	50.00
51.00	05100	RECOVERY ROOM	0	120,451	78,431	198,882	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	94,148	89,664	183,812	52.00
53.00	05300	ANESTHESIOLOGY	0	5,793	21,958	27,751	53.00
53.01	05301	PAIN MANAGEMENT	0	27,153	10,773	37,926	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	172,485	653,130	825,615	54.00
54.01	05401	ULTRASOUND	0	26,556	67,318	93,874	54.01
56.00	05600	RADIOISOTOPE	0	62,379	139,950	202,329	56.00
57.00	05700	CT SCAN	0	17,296	145,938	163,234	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	32,267	213,046	245,313	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	71,141	587,214	658,355	59.00
60.00	06000	LABORATORY	0	102,086	162,200	264,286	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	47,192	132,950	180,142	65.00
66.00	06600	PHYSICAL THERAPY	0	8,417	2,495	10,912	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,629	0	3,629	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,086	0	1,086	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36,819	86,582	123,401	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,332	11,866	16,151	29,349	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,810	0	1,810	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	0	31,850	305,326	337,176	75.01
76.00	03950	DIABETIC EDUCATION	0	14,074	150	14,224	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	36,666	16,450	53,116	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,471,572	130,384	1,601,956	90.00
91.00	09100	EMERGENCY	0	188,804	746,486	935,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	28,583	53,592	82,175	95.00
98.00	09850	HOME INFUSION	0	1,901	1,497	3,398	98.00
101.00	10100	HOME HEALTH AGENCY	0	20,998	19,388	40,386	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	128,334	4,788,894	7,534,184	12,451,412	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,468	0	11,468	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	311,725	21,902	333,627	192.00
194.00	07950	COMMUNITY SERVICE	0	10,409	0	10,409	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	0	106,657	17,118	123,775	194.01
194.02	07952	OFFSITE BUILDINGS	0	117,762	0	117,762	194.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	128,334	5,346,915	7,573,204	13,048,453	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	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	3,162,329				5.00
7.00	00700	OPERATION OF PLANT	110,081	355,004			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,257	5,375	116,860		8.00
9.00	00900	HOUSEKEEPING	65,991	559	7,827	108,767	9.00
10.00	01000	DIETARY	9,245	1,193	309	372	29,495
11.00	01100	CAFETERIA	27,434	5,793	1,500	1,805	0
13.00	01300	NURSING ADMINISTRATION	18,929	199	0	62	0
14.00	01400	CENTRAL SERVICES & SUPPLY	21,288	789	0	246	0
15.00	01500	PHARMACY	44,364	2,356	0	734	0
16.00	01600	MEDICAL RECORDS & LIBRARY	80,446	4,041	0	1,259	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	269,697	35,516	39,788	11,066	27,066
31.00	03100	INTENSIVE CARE UNIT	65,175	7,678	6,323	2,392	2,429
43.00	04300	NURSERY	19,559	6,510	2,136	2,029	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,116	18,389	12,787	5,730	0
51.00	05100	RECOVERY ROOM	32,857	10,051	0	3,132	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,643	7,856	4,023	2,448	0
53.00	05300	ANESTHESIOLOGY	2,241	483	0	151	0
53.01	05301	PAIN MANAGEMENT	8,990	2,266	0	706	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,225	14,393	5,629	4,485	0
54.01	05401	ULTRASOUND	24,778	2,216	0	690	0
56.00	05600	RADIOISOTOPE	14,838	5,205	0	1,622	0
57.00	05700	CT SCAN	30,238	1,443	0	450	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,382	2,692	0	839	0
59.00	05900	CARDIAC CATHETERIZATION	45,210	5,936	0	1,850	0
60.00	06000	LABORATORY	133,196	8,518	0	2,654	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	34,894	3,938	0	1,227	0
66.00	06600	PHYSICAL THERAPY	13,444	702	0	219	0
67.00	06700	OCCUPATIONAL THERAPY	3,836	303	0	94	0
68.00	06800	SPEECH PATHOLOGY	4,834	91	0	28	0
69.00	06900	ELECTROCARDIOLOGY	33,425	3,072	0	957	0
70.00	07000	ELECTROENCEPHALOGRAPHY	8,502	990	0	309	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	324,966	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	618,519	0	0	0	0
74.00	07400	RENAL DIALYSIS	5,236	151	0	47	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	GI LAB	43,141	2,658	4,390	828	0
76.00	03950	DIABETIC EDUCATION	7,695	1,174	0	366	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,910	3,059	490	953	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	335,105	122,796	4,426	38,261	0
91.00	09100	EMERGENCY	131,880	15,754	20,398	4,909	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	54,071	2,385	2,742	743	0
98.00	09850	HOME INFUSION	6,999	159	0	49	0
101.00	10100	HOME HEALTH AGENCY	40,955	1,752	0	546	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,943,592	308,441	112,768	94,258	29,495
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,799	957	0	298	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	138,470	26,011	668	8,105	0
194.00	07950	COMMUNITY SERVICE	7,959	869	0	271	0
194.01	07951	OFFSITE FREESTANDING PT/OT	67,835	8,900	3,424	2,773	0
194.02	07952	OFFSITE BUILDINGS	2,674	9,826	0	3,062	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,162,329	355,004	116,860	108,767	29,495

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			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
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	125,733					11.00
13.00	01300	NURSING ADMINISTRATION	646	97,114				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,605	0	58,456			14.00
15.00	01500	PHARMACY	0	0	5	254,219		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,572	0	0	0	165,206	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,340	22,101	148	0	8,478	30.00
31.00	03100	INTENSIVE CARE UNIT	3,621	4,595	68	0	1,641	31.00
43.00	04300	NURSERY	862	1,093	0	0	728	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,286	4,169	371	0	11,872	50.00
51.00	05100	RECOVERY ROOM	1,837	2,330	58	0	1,719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,622	2,059	0	0	1,371	52.00
53.00	05300	ANESTHESIOLOGY	797	0	95	0	4,261	53.00
53.01	05301	PAIN MANAGEMENT	618	622	24	0	1,267	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,625	0	13	0	7,336	54.00
54.01	05401	ULTRASOUND	911	0	2	0	3,853	54.01
56.00	05600	RADIOISOTOPE	446	0	8	0	2,957	56.00
57.00	05700	CT SCAN	1,306	0	12	0	14,535	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	687	0	16	0	4,599	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,200	1,522	25	0	4,940	59.00
60.00	06000	LABORATORY	7,032	0	82	0	23,437	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,754	0	105	0	1,746	65.00
66.00	06600	PHYSICAL THERAPY	837	0	2	0	389	66.00
67.00	06700	OCCUPATIONAL THERAPY	202	0	0	0	94	67.00
68.00	06800	SPEECH PATHOLOGY	232	0	0	0	95	68.00
69.00	06900	ELECTROCARDIOLOGY	2,201	2,792	112	0	5,761	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	603	0	11	0	1,074	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	54,210	0	5,083	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,125	0	0	254,219	18,586	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	121	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	2,247	2,851	66	0	5,668	75.01
76.00	03950	DIABETIC EDUCATION	582	0	5	0	80	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	961	0	4	0	3,049	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,859	33,086	548	0	11,623	90.00
91.00	09100	EMERGENCY	7,706	9,777	75	0	12,499	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,913	0	1	0	1,300	95.00
98.00	09850	HOME INFUSION	189	240	0	0	120	98.00
101.00	10100	HOME HEALTH AGENCY	1,834	2,328	6	0	320	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,258	89,565	56,072	254,219	160,602	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	121	0	1	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,229	6,551	2,163	0	1,987	192.00
194.00	07950	COMMUNITY SERVICE	417	998	4	0	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	3,708	0	216	0	2,617	194.01
194.02	07952	OFFSITE BUILDINGS	0	0	0	0	0	194.02
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)	125,733	97,114	58,456	254,219	165,206	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,220,642	0	1,220,642	30.00
31.00	03100	INTENSIVE CARE UNIT	306,527	0	306,527	31.00
43.00	04300	NURSERY	158,682	0	158,682	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,091,111	0	1,091,111	50.00
51.00	05100	RECOVERY ROOM	251,167	0	251,167	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	239,160	0	239,160	52.00
53.00	05300	ANESTHESIOLOGY	35,779	0	35,779	53.00
53.01	05301	PAIN MANAGEMENT	52,501	0	52,501	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	943,848	0	943,848	54.00
54.01	05401	ULTRASOUND	126,498	0	126,498	54.01
56.00	05600	RADIOISOTOPE	227,492	0	227,492	56.00
57.00	05700	CT SCAN	211,454	0	211,454	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	274,666	0	274,666	58.00
59.00	05900	CARDIAC CATHETERIZATION	719,271	0	719,271	59.00
60.00	06000	LABORATORY	440,048	0	440,048	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	224,091	0	224,091	65.00
66.00	06600	PHYSICAL THERAPY	26,647	0	26,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,197	0	8,197	67.00
68.00	06800	SPEECH PATHOLOGY	6,417	0	6,417	68.00
69.00	06900	ELECTROCARDIOLOGY	172,026	0	172,026	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,918	0	40,918	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	384,259	0	384,259	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	893,885	0	893,885	73.00
74.00	07400	RENAL DIALYSIS	7,365	0	7,365	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	GI LAB	399,375	0	399,375	75.01
76.00	03950	DIABETIC EDUCATION	24,204	0	24,204	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	80,650	0	80,650	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,187,675	0	2,187,675	90.00
91.00	09100	EMERGENCY	1,139,462	0	1,139,462	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	147,859	0	147,859	95.00
98.00	09850	HOME INFUSION	11,179	0	11,179	98.00
101.00	10100	HOME HEALTH AGENCY	88,515	0	88,515	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,141,570	0	12,141,570	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,652	0	14,652	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	523,986	0	523,986	192.00
194.00	07950	COMMUNITY SERVICE	20,998	0	20,998	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	213,923	0	213,923	194.01
194.02	07952	OFFSITE BUILDINGS	133,324	0	133,324	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,048,453	0	13,048,453	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/24/2019 9:12 am

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	590,755				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,490,515			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,680	7,338	63,438,769		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	100,510	2,169,552	12,529,813	-31,162,277	5.00
7.00	00700	OPERATION OF PLANT	18,513	70,833	1,242,065	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,117	32,357	275,211	0	8.00
9.00	00900	HOUSEKEEPING	740	26,986	1,141,851	0	9.00
10.00	01000	DIETARY	1,580	3,973	161,131	0	10.00
11.00	01100	CAFETERIA	7,670	19,288	782,071	0	11.00
13.00	01300	NURSING ADMINISTRATION	264	73,926	411,269	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,045	24,600	555,595	0	14.00
15.00	01500	PHARMACY	3,120	176,572	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,351	24,506	1,902,613	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,026	356,225	7,431,833	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,166	118,675	1,701,733	0	31.00
43.00	04300	NURSERY	8,620	47,054	485,094	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,348	659,154	1,538,046	0	50.00
51.00	05100	RECOVERY ROOM	13,308	77,575	842,193	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,402	88,685	913,717	0	52.00
53.00	05300	ANESTHESIOLOGY	640	21,718	0	0	53.00
53.01	05301	PAIN MANAGEMENT	3,000	10,655	230,867	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,057	645,999	1,477,224	0	54.00
54.01	05401	ULTRASOUND	2,934	66,583	486,723	0	54.01
56.00	05600	RADIOISOTOPE	6,892	138,422	244,890	0	56.00
57.00	05700	CT SCAN	1,911	144,345	659,791	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,565	210,720	386,168	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,860	580,803	652,819	0	59.00
60.00	06000	LABORATORY	11,279	160,429	2,362,131	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,214	131,498	797,194	0	65.00
66.00	06600	PHYSICAL THERAPY	930	2,468	396,747	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	401	0	110,503	0	67.00
68.00	06800	SPEECH PATHOLOGY	120	0	142,345	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,068	85,637	853,118	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,311	15,975	224,682	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,221,633	0	73.00
74.00	07400	RENAL DIALYSIS	200	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	3,519	301,992	981,152	0	75.01
76.00	03950	DIABETIC EDUCATION	1,555	148	217,973	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,051	16,270	302,852	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	162,587	128,960	8,445,421	0	90.00
91.00	09100	EMERGENCY	20,860	738,336	3,287,257	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,158	53,007	1,481,792	0	95.00
98.00	09850	HOME INFUSION	210	1,481	68,891	0	98.00
101.00	10100	HOME HEALTH AGENCY	2,320	19,176	1,087,022	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	529,102	7,451,921	58,033,430	-31,162,277	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	22,394	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,441	21,663	3,292,392	0	192.00
194.00	07950	COMMUNITY SERVICE	1,150	0	199,137	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	11,784	16,931	1,891,416	0	194.01
194.02	07952	OFFSITE BUILDINGS	13,011	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,346,915	7,573,204	28,395,033	31,162,277	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.050986	1.011039	0.447597	0.223772	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/24/2019 9:12 am

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)			22,625		3,162,329	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000357		0.022708	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: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	470,052				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,117	887,940			8.00
9.00	00900	HOUSEKEEPING	740	59,475	462,195		9.00
10.00	01000	DIETARY	1,580	2,348	1,580	42,126	10.00
11.00	01100	CAFETERIA	7,670	11,401	7,670	0	11.00
13.00	01300	NURSING ADMINISTRATION	264	0	264	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,045	0	1,045	0	14.00
15.00	01500	PHARMACY	3,120	0	3,120	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,351	0	5,351	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,026	302,320	47,026	38,657	30.00
31.00	03100	INTENSIVE CARE UNIT	10,166	48,047	10,166	3,469	31.00
43.00	04300	NURSERY	8,620	16,230	8,620	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,348	97,162	24,348	0	50.00
51.00	05100	RECOVERY ROOM	13,308	0	13,308	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,402	30,569	10,402	0	52.00
53.00	05300	ANESTHESIOLOGY	640	0	640	0	53.00
53.01	05301	PAIN MANAGEMENT	3,000	0	3,000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,057	42,770	19,057	0	54.00
54.01	05401	ULTRASOUND	2,934	0	2,934	0	54.01
56.00	05600	RADIOISOTOPE	6,892	0	6,892	0	56.00
57.00	05700	CT SCAN	1,911	0	1,911	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,565	0	3,565	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,860	0	7,860	0	59.00
60.00	06000	LABORATORY	11,279	0	11,279	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,214	0	5,214	0	65.00
66.00	06600	PHYSICAL THERAPY	930	0	930	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	401	0	401	0	67.00
68.00	06800	SPEECH PATHOLOGY	120	0	120	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,068	0	4,068	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,311	0	1,311	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	200	0	200	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	3,519	33,354	3,519	0	75.01
76.00	03950	DIABETIC EDUCATION	1,555	0	1,555	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,051	3,725	4,051	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	162,587	33,628	162,587	0	90.00
91.00	09100	EMERGENCY	20,860	154,989	20,860	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,158	20,832	3,158	0	95.00
98.00	09850	HOME INFUSION	210	0	210	0	98.00
101.00	10100	HOME HEALTH AGENCY	2,320	0	2,320	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	408,399	856,850	400,542	42,126	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	1,267	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,441	5,076	34,441	0	192.00
194.00	07950	COMMUNITY SERVICE	1,150	0	1,150	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	11,784	26,014	11,784	0	194.01
194.02	07952	OFFSITE BUILDINGS	13,011	0	13,011	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,932,427	858,164	3,623,196	532,806	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.620789	0.966466	7.839107	12.647913	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	355,004	116,860	108,767	29,495	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.755244	0.131608	0.235327	0.700161	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
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: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			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
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	1,247,243				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,431,682			14.00
15.00	01500	PHARMACY	0	1,338	27,908,514		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	727,265,670	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	283,851	39,087	0	37,349,885	30.00
31.00	03100	INTENSIVE CARE UNIT	59,012	17,986	0	7,230,945	31.00
43.00	04300	NURSERY	14,039	0	0	3,206,633	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	53,538	97,940	0	52,300,675	50.00
51.00	05100	RECOVERY ROOM	29,927	15,224	0	7,570,627	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,442	0	0	6,039,992	52.00
53.00	05300	ANESTHESIOLOGY	0	24,969	0	18,773,040	53.00
53.01	05301	PAIN MANAGEMENT	7,989	6,333	0	5,581,566	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,548	0	32,315,944	54.00
54.01	05401	ULTRASOUND	0	570	0	16,971,872	54.01
56.00	05600	RADIOISOTOPE	0	1,995	0	13,024,986	56.00
57.00	05700	CT SCAN	0	3,068	0	64,030,149	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,346	0	20,260,248	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,543	6,658	0	21,764,230	59.00
60.00	06000	LABORATORY	0	21,755	0	102,727,899	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	27,718	0	7,692,635	65.00
66.00	06600	PHYSICAL THERAPY	0	568	0	1,714,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	416,285	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	419,511	68.00
69.00	06900	ELECTROCARDIOLOGY	35,853	29,656	0	25,377,709	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,799	0	4,729,321	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,310,624	0	22,390,979	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	27,908,514	81,875,340	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	533,040	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	36,616	17,336	0	24,969,553	75.01
76.00	03950	DIABETIC EDUCATION	0	1,200	0	351,828	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,089	0	13,430,504	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	424,953	144,555	0	51,203,094	90.00
91.00	09100	EMERGENCY	125,563	19,876	0	55,062,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	373	0	5,727,752	95.00
98.00	09850	HOME INFUSION	3,076	0	0	530,410	98.00
101.00	10100	HOME HEALTH AGENCY	29,896	1,657	0	1,409,058	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,150,298	14,802,268	27,908,514	706,982,671	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	208	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	84,132	571,023	0	8,753,741	192.00
194.00	07950	COMMUNITY SERVICE	12,813	1,179	0	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	0	56,945	0	11,529,258	194.01
194.02	07952	OFFSITE BUILDINGS	0	59	0	0	194.02
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)	1,033,994	1,189,615	2,454,808	4,517,791	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.829024	0.077089	0.087959	0.006212	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	97,114	58,456	254,219	165,206	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		13.00	14.00	15.00	16.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	0.077863	0.003788	0.009109	0.000227		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

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-2

Date/Time Prepared:
9/24/2019 9:12 am

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	0	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00
7.00		ADULTS AND PEDIATRICS	1	30.00	-583,172	7.00
8.00		INTENSIVE CARE UNIT	1	31.00	-154,467	8.00
9.00		RECOVERY ROOM	1	51.00	167,262	9.00
10.00		IV THERAPY	1	64.00	570,377	10.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/24/2019 9:12 am

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,405,002	16,405,002	0	16,405,002 30.00
31.00	03100	INTENSIVE CARE UNIT	3,798,864	3,798,864	0	3,798,864 31.00
43.00	04300	NURSERY	1,288,954	1,288,954	0	1,288,954 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,329,480	5,329,480	0	5,329,480 50.00
51.00	05100	RECOVERY ROOM	2,307,352	2,307,352	0	2,307,352 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,243,914	2,243,914	0	2,243,914 52.00
53.00	05300	ANESTHESIOLOGY	262,847	262,847	0	262,847 53.00
53.01	05301	PAIN MANAGEMENT	595,755	595,755	0	595,755 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,110,992	5,110,992	0	5,110,992 54.00
54.01	05401	ULTRASOUND	1,512,750	1,512,750	0	1,512,750 54.01
56.00	05600	RADIOISOTOPE	1,027,567	1,027,567	0	1,027,567 56.00
57.00	05700	CT SCAN	2,083,766	2,083,766	0	2,083,766 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,306,536	1,306,536	0	1,306,536 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,764,888	2,764,888	0	2,764,888 59.00
60.00	06000	LABORATORY	8,140,865	8,140,865	0	8,140,865 60.00
64.00	06400	INTRAVENOUS THERAPY	570,377	570,377	0	570,377 64.00
65.00	06500	RESPIRATORY THERAPY	2,060,086	2,060,086	0	2,060,086 65.00
66.00	06600	PHYSICAL THERAPY	765,191	765,191	0	765,191 66.00
67.00	06700	OCCUPATIONAL THERAPY	220,152	220,152	0	220,152 67.00
68.00	06800	SPEECH PATHOLOGY	268,629	268,629	0	268,629 68.00
69.00	06900	ELECTROCARDIOLOGY	2,103,050	2,103,050	0	2,103,050 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	522,476	522,476	0	522,476 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,755,224	18,755,224	0	18,755,224 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,322,146	36,322,146	0	36,322,146 73.00
74.00	07400	RENAL DIALYSIS	289,556	289,556	0	289,556 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0 75.00
75.01	07501	GI LAB	2,645,396	2,645,396	0	2,645,396 75.01
76.00	03950	DIABETIC EDUCATION	456,429	456,429	0	456,429 76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,201,685	1,201,685	0	1,201,685 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	22,582,572	22,582,572	0	22,582,572 90.00
91.00	09100	EMERGENCY	8,232,407	8,232,407	0	8,232,407 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,561,799	3,561,799	0	3,561,799 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,085,575	3,085,575	0	3,085,575 95.00
98.00	09850	HOME INFUSION	389,816	389,816	0	389,816 98.00
101.00	10100	HOME HEALTH AGENCY	2,312,270	2,312,270	0	2,312,270 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	160,524,368	160,524,368	0	160,524,368 200.00
201.00		Less Observation Beds	3,561,799	3,561,799	0	3,561,799 201.00
202.00		Total (see instructions)	156,962,569	156,962,569	0	156,962,569 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/24/2019 9:12 am

			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	24,058,076		24,058,076			30.00
31.00	03100	INTENSIVE CARE UNIT	6,433,410		6,433,410			31.00
43.00	04300	NURSERY	3,206,633		3,206,633			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,020,272	35,280,403	52,300,675	0.101901	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,651,612	7,555,195	9,206,807	0.250614	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,129,466	1,910,526	6,039,992	0.371509	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	7,366,199	11,406,841	18,773,040	0.014001	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	37,704	5,543,862	5,581,566	0.106736	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,805,462	28,510,482	32,315,944	0.158157	0.000000	54.00
54.01	05401	ULTRASOUND	1,453,635	15,518,237	16,971,872	0.089133	0.000000	54.01
56.00	05600	RADIOISOTOPE	917,116	12,107,870	13,024,986	0.078892	0.000000	56.00
57.00	05700	CT SCAN	10,826,405	53,203,744	64,030,149	0.032544	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,716,492	18,543,756	20,260,248	0.064488	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,481,056	13,283,174	21,764,230	0.127038	0.000000	59.00
60.00	06000	LABORATORY	20,159,294	82,568,605	102,727,899	0.079247	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	447,221	5,286,265	5,733,486	0.099482	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,868,428	2,824,207	7,692,635	0.267800	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,466,885	247,221	1,714,106	0.446408	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	386,326	29,959	416,285	0.528849	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	163,986	255,525	419,511	0.640338	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,205,351	20,172,358	25,377,709	0.082870	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	157,431	4,571,890	4,729,321	0.110476	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,126,768	11,264,211	22,390,979	0.837624	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,052,992	65,822,348	81,875,340	0.443627	0.000000	73.00
74.00	07400	RENAL DIALYSIS	472,167	60,873	533,040	0.543216	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	GI LAB	2,012,588	22,956,965	24,969,553	0.105945	0.000000	75.01
76.00	03950	DIABETIC EDUCATION	440	351,388	351,828	1.297307	0.000000	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	50,197	13,380,307	13,430,504	0.089474	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	61,789	51,141,305	51,203,094	0.441039	0.000000	90.00
91.00	09100	EMERGENCY	11,059,619	44,003,236	55,062,855	0.149509	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	835,817	5,883,861	6,719,678	0.530055	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	225	5,727,527	5,727,752	0.538706	0.000000	95.00
98.00	09850	HOME INFUSION	0	530,410	530,410	0.734933	0.000000	98.00
101.00	10100	HOME HEALTH AGENCY	0	1,409,058	1,409,058			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	165,631,062	541,351,609	706,982,671			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	165,631,062	541,351,609	706,982,671			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/24/2019 9:12 am

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	0.101901		50.00
51.00	05100	RECOVERY ROOM	0.250614		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371509		52.00
53.00	05300	ANESTHESIOLOGY	0.014001		53.00
53.01	05301	PAIN MANAGEMENT	0.106736		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158157		54.00
54.01	05401	ULTRASOUND	0.089133		54.01
56.00	05600	RADIOISOTOPE	0.078892		56.00
57.00	05700	CT SCAN	0.032544		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064488		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127038		59.00
60.00	06000	LABORATORY	0.079247		60.00
64.00	06400	INTRAVENOUS THERAPY	0.099482		64.00
65.00	06500	RESPIRATORY THERAPY	0.267800		65.00
66.00	06600	PHYSICAL THERAPY	0.446408		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.528849		67.00
68.00	06800	SPEECH PATHOLOGY	0.640338		68.00
69.00	06900	ELECTROCARDIOLOGY	0.082870		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.110476		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.837624		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.443627		73.00
74.00	07400	RENAL DIALYSIS	0.543216		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	GI LAB	0.105945		75.01
76.00	03950	DIABETIC EDUCATION	1.297307		76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.089474		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.441039		90.00
91.00	09100	EMERGENCY	0.149509		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.530055		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.538706		95.00
98.00	09850	HOME INFUSION	0.734933		98.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part I
Date/Time Prepared:
9/24/2019 9:12 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,220,642	0	1,220,642	14,734	82.85	30.00
31.00	INTENSIVE CARE UNIT	306,527		306,527	1,378	222.44	31.00
43.00	NURSERY	158,682		158,682	961	165.12	43.00
200.00	Total (lines 30 through 199)	1,685,851		1,685,851	17,073		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	6,325	524,026				30.00
31.00	INTENSIVE CARE UNIT	853	189,741				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	7,178	713,767				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part II
Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Title XVIII Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,091,111	52,300,675	0.020862	7,673,566	160,086	50.00	
51.00	05100	RECOVERY ROOM	251,167	9,206,807	0.027281	842,025	22,971	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	239,160	6,039,992	0.039596	8,317	329	52.00	
53.00	05300	ANESTHESIOLOGY	35,779	18,773,040	0.001906	3,466,766	6,608	53.00	
53.01	05301	PAIN MANAGEMENT	52,501	5,581,566	0.009406	37,704	355	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	943,848	32,315,944	0.029207	2,332,392	68,122	54.00	
54.01	05401	ULTRASOUND	126,498	16,971,872	0.007453	804,895	5,999	54.01	
56.00	05600	RADIOISOTOPE	227,492	13,024,986	0.017466	526,139	9,190	56.00	
57.00	05700	CT SCAN	211,454	64,030,149	0.003302	6,279,851	20,736	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	274,666	20,260,248	0.013557	1,011,868	13,718	58.00	
59.00	05900	CARDIAC CATHETERIZATION	719,271	21,764,230	0.033048	3,884,967	128,390	59.00	
60.00	06000	LABORATORY	440,048	102,727,899	0.004284	11,298,673	48,404	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	5,733,486	0.000000	280,991	0	64.00	
65.00	06500	RESPIRATORY THERAPY	224,091	7,692,635	0.029131	3,216,135	93,689	65.00	
66.00	06600	PHYSICAL THERAPY	26,647	1,714,106	0.015546	957,766	14,889	66.00	
67.00	06700	OCCUPATIONAL THERAPY	8,197	416,285	0.019691	235,052	4,628	67.00	
68.00	06800	SPEECH PATHOLOGY	6,417	419,511	0.015296	124,112	1,898	68.00	
69.00	06900	ELECTROCARDIOLOGY	172,026	25,377,709	0.006779	3,195,861	21,665	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	40,918	4,729,321	0.008652	97,483	843	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	384,259	22,390,979	0.017161	5,764,327	98,922	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	893,885	81,875,340	0.010918	8,776,380	95,821	73.00	
74.00	07400	RENAL DIALYSIS	7,365	533,040	0.013817	291,028	4,021	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
75.01	07501	GI LAB	399,375	24,969,553	0.015994	1,126,607	18,019	75.01	
76.00	03950	DIABETIC EDUCATION	24,204	351,828	0.068795	440	30	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	80,650	13,430,504	0.006005	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,187,675	51,203,094	0.042725	54,879	2,345	90.00	
91.00	09100	EMERGENCY	1,139,462	55,062,855	0.020694	6,328,885	130,970	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	265,023	6,719,678	0.039440	490,420	19,342	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
98.00	09850	HOME INFUSION	11,179	530,410	0.021076	0	0	98.00	
200.00		Total (lines 50 through 199)	10,484,368	666,147,742		69,107,529	991,990	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0043		Period: From 05/01/2018 To 04/30/2019		Worksheet D Part III Date/Time Prepared: 9/24/2019 9:12 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
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	14,734	0.00		6,325	30.00
31.00	03100	INTENSIVE CARE UNIT			0	1,378	0.00		853	31.00
43.00	04300	NURSERY			0	961	0.00		0	43.00
200.00		Total (lines 30 through 199)			0	17,073			7,178	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: 14-0043		Period: From 05/01/2018 To 04/30/2019		Worksheet D Part IV Date/Time Prepared: 9/24/2019 9:12 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	0	0	0	0	0	75.01
76.00	03950	DIABETIC EDUCATION	0	0	0	0	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09850	HOME INFUSION	0	0	0	0	0	98.00
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: 14-0043		Period: From 05/01/2018 To 04/30/2019		Worksheet D Part IV Date/Time Prepared: 9/24/2019 9:12 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	52,300,675	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	9,206,807	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6,039,992	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	18,773,040	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	5,581,566	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	32,315,944	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	0	16,971,872	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	13,024,986	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	64,030,149	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	20,260,248	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	21,764,230	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	102,727,899	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	5,733,486	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	7,692,635	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,714,106	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	416,285	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	419,511	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	25,377,709	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	4,729,321	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	22,390,979	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	81,875,340	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	533,040	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
75.01	07501	GI LAB	0	0	0	0	24,969,553	0.000000	75.01
76.00	03950	DIABETIC EDUCATION	0	0	0	0	351,828	0.000000	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	13,430,504	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	51,203,094	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0	55,062,855	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	6,719,678	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
98.00	09850	HOME INFUSION	0	0	0	0	530,410	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	666,147,742		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0043	Period: From 05/01/2018 To 04/30/2019	Worksheet D Part IV Date/Time Prepared: 9/24/2019 9:12 am			
					Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
			9.00	10.00	11.00	12.00	13.00			
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	7,673,566		0	10,392,179		0	50.00
51.00	05100	RECOVERY ROOM	0.000000	842,025		0	2,346,045		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	8,317		0	0		0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,466,766		0	3,163,695		0	53.00
53.01	05301	PAIN MANAGEMENT	0.000000	37,704		0	3,647,930		0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,332,392		0	8,815,570		0	54.00
54.01	05401	ULTRASOUND	0.000000	804,895		0	4,053,531		0	54.01
56.00	05600	RADIOISOTOPE	0.000000	526,139		0	5,556,528		0	56.00
57.00	05700	CT SCAN	0.000000	6,279,851		0	20,588,477		0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,011,868		0	5,925,861		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,884,967		0	6,258,675		0	59.00
60.00	06000	LABORATORY	0.000000	11,298,673		0	15,542,889		0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	280,991		0	2,117,517		0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,216,135		0	1,230,337		0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	957,766		0	105,586		0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	235,052		0	13,616		0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	124,112		0	11,957		0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,195,861		0	6,485,217		0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	97,483		0	1,616,108		0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	5,764,327		0	4,231,919		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0		0	0		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	8,776,380		0	33,157,616		0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	291,028		0	45,672		0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0		0	0		0	75.00
75.01	07501	GI LAB	0.000000	1,126,607		0	7,258,353		0	75.01
76.00	03950	DIABETIC EDUCATION	0.000000	440		0	36,719		0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0		0	1,213,629		0	76.98
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0.000000	54,879		0	20,689,748		0	90.00
91.00	09100	EMERGENCY	0.000000	6,328,885		0	11,868,062		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	490,420		0	2,327,616		0	92.00
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES								95.00
98.00	09850	HOME INFUSION	0.000000	0		0	0		0	98.00
200.00		Total (lines 50 through 199)		69,107,529		0	178,701,052		0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part V
Date/Time Prepared:
9/24/2019 9:12 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.101901	10,392,179	0	0	1,058,973	50.00	
51.00	05100	RECOVERY ROOM	0.250614	2,346,045	0	0	587,952	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371509	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.014001	3,163,695	0	0	44,295	53.00	
53.01	05301	PAIN MANAGEMENT	0.106736	3,647,930	0	0	389,365	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158157	8,815,570	0	0	1,394,244	54.00	
54.01	05401	ULTRASOUND	0.089133	4,053,531	0	0	361,303	54.01	
56.00	05600	RADIOISOTOPE	0.078892	5,556,528	0	0	438,366	56.00	
57.00	05700	CT SCAN	0.032544	20,588,477	0	0	670,031	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064488	5,925,861	0	0	382,147	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.127038	6,258,675	0	0	795,090	59.00	
60.00	06000	LABORATORY	0.079247	15,542,889	1,064	0	1,231,727	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.099482	2,117,517	0	0	210,655	64.00	
65.00	06500	RESPIRATORY THERAPY	0.267800	1,230,337	0	0	329,484	65.00	
66.00	06600	PHYSICAL THERAPY	0.446408	105,586	0	0	47,134	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.528849	13,616	0	0	7,201	67.00	
68.00	06800	SPEECH PATHOLOGY	0.640338	11,957	0	0	7,657	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.082870	6,485,217	0	0	537,430	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.110476	1,616,108	0	0	178,541	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.837624	4,231,919	0	0	3,544,757	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.443627	33,157,616	614	344,012	14,709,614	73.00	
74.00	07400	RENAL DIALYSIS	0.543216	45,672	0	0	24,810	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	07501	GI LAB	0.105945	7,258,353	0	0	768,986	75.01	
76.00	03950	DIABETIC EDUCATION	1.297307	36,719	0	0	47,636	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.089474	1,213,629	0	0	108,588	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.441039	20,689,748	0	0	9,124,986	90.00	
91.00	09100	EMERGENCY	0.149509	11,868,062	0	0	1,774,382	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.530055	2,327,616	0	0	1,233,764	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.538706	0	0	0	0	95.00	
98.00	09850	HOME INFUSION	0.734933	0	0	0	0	98.00	
200.00		Subtotal (see instructions)		178,701,052	1,678	344,012	40,009,118	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		178,701,052	1,678	344,012	40,009,118	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part V
Date/Time Prepared:
9/24/2019 9:12 am

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PAIN MANAGEMENT	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	84	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	272	152,613		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	GI LAB	0	0		75.01
76.00	03950	DIABETIC EDUCATION	0	0		76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
98.00	09850	HOME INFUSION	0	0		98.00
200.00		Subtotal (see instructions)	356	152,613		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	356	152,613		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0043

Period:

Worksheet D

Component CCN: 14-U043

From 05/01/2018
To 04/30/2019Part V
Date/Time Prepared:
9/24/2019 9:12 am

			Title XVIII		Swing Beds - SNF		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	0.101901	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.250614	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371509	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.014001	0	0	0	0	53.00	
53.01	05301	PAIN MANAGEMENT	0.106736	0	0	0	0	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158157	0	0	0	0	54.00	
54.01	05401	ULTRASOUND	0.089133	0	0	0	0	54.01	
56.00	05600	RADIOISOTOPE	0.078892	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.032544	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064488	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.127038	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.079247	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.099482	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.267800	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.446408	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.528849	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.640338	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.082870	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.110476	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.837624	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.443627	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0.543216	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	07501	GI LAB	0.105945	0	0	0	0	75.01	
76.00	03950	DIABETIC EDUCATION	1.297307	0	0	0	0	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.089474	0	0	0	0	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.441039	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.149509	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.530055	0	0	0	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.538706		0			95.00	
98.00	09850	HOME INFUSION	0.734933	0	0	0	0	98.00	
200.00		Subtotal (see instructions)		0	0	0	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		0	0	0	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0043

Period:

Worksheet D

Component CCN: 14-U043

From 05/01/2018
To 04/30/2019Part V
Date/Time Prepared:
9/24/2019 9:12 am

Title XVIII

Swing Beds - SNF

PPS

Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PAIN MANAGEMENT	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	GI LAB	0	0		75.01
76.00	03950	DIABETIC EDUCATION	0	0		76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
98.00	09850	HOME INFUSION	0	0		98.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0043	Period: From 05/01/2018 To 04/30/2019	Worksheet D-1 Date/Time Prepared: 9/24/2019 9:12 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,734	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,734	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)		11,535	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,325	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)		16,405,002	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)		16,405,002	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)		16,405,002	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)		1,113.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,042,318	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,042,318	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet D-1

Date/Time Prepared:
9/24/2019 9:12 am

				Title XVIII	Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,798,864	1,378	2,756.80	853	2,351,550	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,215,660	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,609,528	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					713,767	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					991,990	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,705,757	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,903,771	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,199	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,113.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,561,799	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet D-1

Date/Time Prepared:
9/24/2019 9:12 am

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	1,220,642	16,405,002	0.074407	3,561,799	265,023
91.00	Nursing School cost	0	16,405,002	0.000000	3,561,799	0
92.00	Allied health cost	0	16,405,002	0.000000	3,561,799	0
93.00	All other Medical Education	0	16,405,002	0.000000	3,561,799	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0043	Period: From 05/01/2018 To 04/30/2019	Worksheet D-3 Date/Time Prepared: 9/24/2019 9:12 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		12,660,845	30.00
31.00	03100	INTENSIVE CARE UNIT		4,052,695	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.101901	7,673,566	50.00
51.00	05100	RECOVERY ROOM	0.250614	842,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371509	8,317	52.00
53.00	05300	ANESTHESIOLOGY	0.014001	3,466,766	53.00
53.01	05301	PAIN MANAGEMENT	0.106736	37,704	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158157	2,332,392	54.00
54.01	05401	ULTRASOUND	0.089133	804,895	54.01
56.00	05600	RADIOISOTOPE	0.078892	526,139	56.00
57.00	05700	CT SCAN	0.032544	6,279,851	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064488	1,011,868	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127038	3,884,967	59.00
60.00	06000	LABORATORY	0.079247	11,298,673	60.00
64.00	06400	INTRAVENOUS THERAPY	0.099482	280,991	64.00
65.00	06500	RESPIRATORY THERAPY	0.267800	3,216,135	65.00
66.00	06600	PHYSICAL THERAPY	0.446408	957,766	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.528849	235,052	67.00
68.00	06800	SPEECH PATHOLOGY	0.640338	124,112	68.00
69.00	06900	ELECTROCARDIOLOGY	0.082870	3,195,861	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.110476	97,483	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.837624	5,764,327	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.443627	8,776,380	73.00
74.00	07400	RENAL DIALYSIS	0.543216	291,028	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	GI LAB	0.105945	1,126,607	75.01
76.00	03950	DIABETIC EDUCATION	1.297307	440	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.089474	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.441039	54,879	90.00
91.00	09100	EMERGENCY	0.149509	6,328,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.530055	490,420	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09850	HOME INFUSION	0.734933	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		69,107,529	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)		69,107,529	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2018 To 04/30/2019	Worksheet E Part A Date/Time Prepared: 9/24/2019 9:12 am
		Title XVIII	Hospital	PPS
			1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		6,251,297	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,692,350	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)		486,491	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)		87.24	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)		2.59	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.43	31.00
32.00	Sum of lines 30 and 31		20.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.76	33.00
34.00	Disproportionate share adjustment (see instructions)		215,189	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2018 To 04/30/2019	Worksheet E Part A Date/Time Prepared: 9/24/2019 9:12 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	632,121	899,390		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	264,971	522,385		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	787,356			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)	16,432,683			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	18,287,763			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		17,823,993		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,242,505		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)		19,066,498		59.00
60.00	Primary payer payments		3,238		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,063,260		61.00
62.00	Deductibles billed to program beneficiaries		1,934,992		62.00
63.00	Coinsurance billed to program beneficiaries		15,117		63.00
64.00	Allowable bad debts (see instructions)		340,110		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		221,072		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		198,663		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,334,223		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)		6,197		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)		66,625		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet E
Part A
Date/Time Prepared:
9/24/2019 9:12 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,407,045	71.00	
71.01	Sequestration adjustment (see instructions)		348,141	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		17,373,513	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)		-314,609	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)	583,207	808,103	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	1.0014889132	1.0065940610	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	868	5,329	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	1.00000	1.00000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2018 To 04/30/2019	Worksheet E Part B Date/Time Prepared: 9/24/2019 9:12 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		152,969	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,009,118	2.00
3.00	OPPS payments		33,656,780	3.00
4.00	Outlier payment (see instructions)		501,489	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)		152,969	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		345,690	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)		345,690	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)		345,690	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		192,721	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)		152,969	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)		34,158,269	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)		6,514,068	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)		27,797,170	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)		27,797,170	30.00
31.00	Primary payer payments		1,046	31.00
32.00	Subtotal (line 30 minus line 31)		27,796,124	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)		810,191	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		526,624	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		599,027	36.00
37.00	Subtotal (see instructions)		28,322,748	37.00
38.00	MSP-LCC reconciliation amount from PS&R		972	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		28,321,776	40.00
40.01	Sequestration adjustment (see instructions)		566,436	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		27,808,019	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-52,679	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: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet E-1
Part I
Date/Time Prepared:
9/24/2019 9:12 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		17,373,513		27,808,019	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		17,373,513		27,808,019	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		314,609		52,679	6.02	
7.00	Total Medicare program liability (see instructions)		17,058,904		27,755,340	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0043

Period:

Worksheet E-1

Component CCN: 14-U043

From 05/01/2018
To 04/30/2019Part I
Date/Time Prepared:
9/24/2019 9:12 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet E-1
Part II
Date/Time Prepared:
9/24/2019 9:12 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 14-0043

Period:

Worksheet E-2

Component CCN: 14-U043

From 05/01/2018

To 04/30/2019

Date/Time Prepared:
9/24/2019 9:12 am

		Title XVIII	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)			0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		0	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		0	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		0	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		0	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)				16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)		0		16.55
16.99	Demonstration payment adjustment amount before sequestration		0	0	16.99
17.00	Allowable bad debts (see instructions)		0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (see instructions)		0	0	19.00
19.01	Sequestration adjustment (see instructions)		0	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
20.00	Interim payments		0	0	20.00
21.00	Tentative settlement (for contractor use only)		0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))				201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))				202.00
203.00	Total (sum of lines 201 and 202)				203.00
204.00	Medicare swing-bed SNF discharges (see instructions)				204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount				205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)				206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)				208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparison of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

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

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet G

Date/Time Prepared:
9/24/2019 9:12 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	43,243,243	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	27,174,623	0	0	0	4.00
5.00 Other receivable	1,230,653	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	4,471,800	0	0	0	7.00
8.00 Prepaid expenses	2,876,850	0	0	0	8.00
9.00 Other current assets	1,193,830	0	0	0	9.00
10.00 Due from other funds	81,384	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	80,272,383	0	0	0	11.00
FIXED ASSETS					
12.00 Land	2,864,606	0	0	0	12.00
13.00 Land improvements	4,171,678	0	0	0	13.00
14.00 Accumulated depreciation	-2,887,205	0	0	0	14.00
15.00 Buildings	97,168,886	0	0	0	15.00
16.00 Accumulated depreciation	-55,670,481	0	0	0	16.00
17.00 Leasehold improvements	12,424,709	0	0	0	17.00
18.00 Accumulated depreciation	-11,169,594	0	0	0	18.00
19.00 Fixed equipment	477,481	0	0	0	19.00
20.00 Accumulated depreciation	-326,020	0	0	0	20.00
21.00 Automobiles and trucks	443,406	0	0	0	21.00
22.00 Accumulated depreciation	-385,151	0	0	0	22.00
23.00 Major movable equipment	75,203,581	0	0	0	23.00
24.00 Accumulated depreciation	-52,324,498	0	0	0	24.00
25.00 Minor equipment depreciable	14,267,353	0	0	0	25.00
26.00 Accumulated depreciation	-12,724,893	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	1,774,252	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	73,308,110	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	74,792,232	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	29,485,468	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	104,277,700	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	257,858,193	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	4,220,850	0	0	0	37.00
38.00 Salaries, wages, and fees payable	11,792,414	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	2,930,000	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	15,014,603	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	33,957,867	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	10,232,186	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	74,184,246	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	84,416,432	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	118,374,299	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	139,483,894				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)	139,483,894	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	257,858,193	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet G-1

Date/Time Prepared:
9/24/2019 9:12 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		126,084,609		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		13,399,285				2.00
3.00	Total (sum of line 1 and line 2)		139,483,894		0		3.00
4.00	Additions (credit adjustments) (specify)	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)		139,483,894		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		139,483,894		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
9/24/2019 9:12 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,264,709		27,264,709	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)	27,264,709		27,264,709	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,433,410		6,433,410	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)	6,433,410		6,433,410	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	33,698,119		33,698,119	17.00
18.00	Ancillary services	119,975,493	432,656,212	552,631,705	18.00
19.00	Outpatient services	11,957,225	101,028,402	112,985,627	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,409,058	1,409,058	22.00
23.00	AMBULANCE SERVICES	225	5,727,527	5,727,752	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIANS' PRIVATE OFFICES	452	8,753,289	8,753,741	27.00
27.01	PT/OT/ST NON-PROVIDER BASED	0	11,529,258	11,529,258	27.01
27.02	HOME INFUSION	0	530,410	530,410	27.02
27.03	PROFESSIONAL FEES	13,415,797	143,070,005	156,485,802	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	179,047,311	704,704,161	883,751,472	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		228,235,249		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	INTEREST EXPENSE	364,353			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)		364,353		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		227,870,896		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2018
To 04/30/2019

Worksheet G-3

Date/Time Prepared:
9/24/2019 9:12 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	883,751,472	1.00
2.00	Less contractual allowances and discounts on patients' accounts	654,966,745	2.00
3.00	Net patient revenues (line 1 minus line 2)	228,784,727	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	227,870,896	4.00
5.00	Net income from service to patients (line 3 minus line 4)	913,831	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,844,912	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	172,445	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	10,010	13.00
14.00	Revenue from meals sold to employees and guests	802,551	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	2,440,791	17.00
18.00	Revenue from sale of medical records and abstracts	25,833	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	58,946	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	47,573	22.00
23.00	Governmental appropriations	170,836	23.00
24.00	CHANGE IN NET EQUITY OF AFFILIATES	236,549	24.00
24.01	DAYCARE REVENUE	525,270	24.01
24.02	EHR REVENUE	11,120	24.02
24.03	MISCELLANEOUS INCOME	384,906	24.03
24.04	340B INCOME	5,551,525	24.04
25.00	Total other income (sum of lines 6-24)	13,283,267	25.00
26.00	Total (line 5 plus line 25)	14,197,098	26.00
27.00	DONATION EXPENSES	220,816	27.00
27.01	INTEREST EXPENSE	364,353	27.01
27.02	LOSS ON SALE OF ASSET	212,644	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	797,813	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,399,285	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0043

Period:

Worksheet H

HHA CCN: 14-7562

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/24/2019 9:12 am

						Home Health Agency I	PPS	
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	202,417	0	19,546	0	149,373	371,336	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	661,271	0	0	0	0	661,271	6.00
7.00	Physical Therapy	176,700	0	0	58,046	0	234,746	7.00
8.00	Occupational Therapy	17,760	0	0	1,995	0	19,755	8.00
9.00	Speech Pathology	2,729	0	0	0	0	2,729	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	26,145	0	0	0	0	26,145	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,087,022	0	19,546	60,041	149,373	1,315,982	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-39,360	331,976	-20	331,956			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	661,271	0	661,271			6.00
7.00	Physical Therapy	0	234,746	0	234,746			7.00
8.00	Occupational Therapy	0	19,755	0	19,755			8.00
9.00	Speech Pathology	0	2,729	0	2,729			9.00
10.00	Medical Social Services	0	0	0	0			10.00
11.00	Home Health Aide	0	26,145	0	26,145			11.00
12.00	Supplies (see instructions)	0	0	0	0			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)	-39,360	1,276,622	-20	1,276,602			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: 14-0043

Period:

Worksheet H-1

HHA CCN: 14-7562

From 05/01/2018
To 04/30/2019Part I
Date/Time Prepared:
9/24/2019 9:12 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	331,956	0	0	0	0	331,956	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	661,271	0	0	0	0	661,271	6.00
7.00	Physical Therapy	234,746	0	0	0	0	234,746	7.00
8.00	Occupational Therapy	19,755	0	0	0	0	19,755	8.00
9.00	Speech Pathology	2,729	0	0	0	0	2,729	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	26,145	0	0	0	0	26,145	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,276,602	0	0	0	0	1,276,602	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	331,956						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	232,375	893,646					6.00
7.00	Physical Therapy	82,492	317,238					7.00
8.00	Occupational Therapy	6,942	26,697					8.00
9.00	Speech Pathology	959	3,688					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	9,188	35,333					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,276,602					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0043

Period:

Worksheet H-1

HHA CCN: 14-7562

From 05/01/2018
To 04/30/2019Part II
Date/Time Prepared:
9/24/2019 9:12 amHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-331,956	944,646	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	661,271	6.00	
7.00	Physical Therapy	0	0	0	0	0	234,746	7.00	
8.00	Occupational Therapy	0	0	0	0	0	19,755	8.00	
9.00	Speech Pathology	0	0	0	0	0	2,729	9.00	
10.00	Medical Social Services	0	0	0	0	0	0	10.00	
11.00	Home Health Aide	0	0	0	0	0	26,145	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	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)	0	0	0	0	-331,956	944,646	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		331,956	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.351408	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0043

Period:

Worksheet H-2

HHA CCN: 14-7562

From 05/01/2018

Part I

To 04/30/2019

Date/Time Prepared:

9/24/2019 9:12 am

Home 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	20,998	19,388	90,601	130,987	29,311	1.00
2.00	Skilled Nursing Care	893,646	0	0	295,985	1,189,631	266,207	2.00
3.00	Physical Therapy	317,238	0	0	79,090	396,328	88,687	3.00
4.00	Occupational Therapy	26,697	0	0	7,949	34,646	7,753	4.00
5.00	Speech Pathology	3,688	0	0	1,221	4,909	1,098	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	35,333	0	0	11,702	47,035	10,525	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)	1,276,602	20,998	19,388	486,548	1,803,536	403,581	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		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	29,280	0	18,187	0	1,738	24,785	1.00
2.00	Skilled Nursing Care	0	0	0	0	15,847	0	2.00
3.00	Physical Therapy	0	0	0	0	5,282	0	3.00
4.00	Occupational Therapy	0	0	0	0	468	0	4.00
5.00	Speech Pathology	0	0	0	0	67	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	618	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)	29,280	0	18,187	0	24,020	24,785	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: 14-0043

Period:

Worksheet H-2

HHA CCN: 14-7562

From 05/01/2018
To 04/30/2019Part I
Date/Time Prepared:
9/24/2019 9:12 amHome Health
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		14.00	15.00	16.00	24.00	25.00	26.00	
1.00	Administrative and General	128	0	8,753	243,169	0	243,169	1.00
2.00	Skilled Nursing Care	0	0	0	1,471,685	0	1,471,685	2.00
3.00	Physical Therapy	0	0	0	490,297	0	490,297	3.00
4.00	Occupational Therapy	0	0	0	42,867	0	42,867	4.00
5.00	Speech Pathology	0	0	0	6,074	0	6,074	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	58,178	0	58,178	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)	128	0	8,753	2,312,270	0	2,312,270	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		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	172,958	1,644,643					2.00
3.00	Physical Therapy	57,622	547,919					3.00
4.00	Occupational Therapy	5,038	47,905					4.00
5.00	Speech Pathology	714	6,788					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	6,837	65,015					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	243,169	2,312,270					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.	0.117524						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: 14-0043
HHA CCN: 14-7562Period:
From 05/01/2018
To 04/30/2019Worksheet H-2
Part II
Date/Time Prepared:
9/24/2019 9:12 am

						Home Health Agency I	9/24/2019 9:12 am PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				OPERATION OF PLANT (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	7.00	
1.00	Administrative and General	2,320	19,176	202,417	0	130,987	2,320	1.00
2.00	Skilled Nursing Care	0	0	661,271	0	1,189,631	0	2.00
3.00	Physical Therapy	0	0	176,700	0	396,328	0	3.00
4.00	Occupational Therapy	0	0	17,760	0	34,646	0	4.00
5.00	Speech Pathology	0	0	2,729	0	4,909	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	26,145	0	47,035	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)	2,320	19,176	1,087,022		1,803,536	2,320	20.00
21.00	Total cost to be allocated	20,998	19,388	486,548		403,581	29,280	21.00
22.00	Unit cost multiplier	9.050862	1.011055	0.447597		0.223772	12.620690	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	2,320	0	104	29,896	1,657	1.00
2.00	Skilled Nursing Care	0	0	0	948	0	0	2.00
3.00	Physical Therapy	0	0	0	316	0	0	3.00
4.00	Occupational Therapy	0	0	0	28	0	0	4.00
5.00	Speech Pathology	0	0	0	4	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	37	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	2,320	0	1,437	29,896	1,657	20.00
21.00	Total cost to be allocated	0	18,187	0	24,020	24,785	128	21.00
22.00	Unit cost multiplier	0.000000	7.839224	0.000000	16.715379	0.829041	0.077248	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0043

Period:

Worksheet H-2

HHA CCN: 14-7562

From 05/01/2018
To 04/30/2019Part II
Date/Time Prepared:
9/24/2019 9:12 amHome Health
Agency I

PPS

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		15.00	16.00		
1.00	Administrative and General	0	1,409,058		1.00
2.00	Skilled Nursing Care	0	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	0	1,409,058		20.00
21.00	Total cost to be allocated	0	8,753		21.00
22.00	Unit cost multiplier	0.000000	0.006212		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0043

Period:

Worksheet H-3

HHA CCN: 14-7562

From 05/01/2018
To 04/30/2019Part I
Date/Time Prepared:
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Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,644,643		1,644,643	4,175	393.93	1.00
2.00	Physical Therapy	3.00	547,919	0	547,919	1,952	280.70	2.00
3.00	Occupational Therapy	4.00	47,905	0	47,905	171	280.15	3.00
4.00	Speech Pathology	5.00	6,788	0	6,788	54	125.70	4.00
5.00	Medical Social Services	6.00	0	0	0	0	0.00	5.00
6.00	Home Health Aide	7.00	65,015	0	65,015	479	135.73	6.00
7.00	Total (sum of lines 1-6)		2,312,270	0	2,312,270	6,831		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	1,551			8.00
9.00	Physical Therapy		99914	0	838			9.00
10.00	Occupational Therapy		99914	0	60			10.00
11.00	Speech Pathology		99914	0	30			11.00
12.00	Medical Social Services		99914	0	0			12.00
13.00	Home Health Aide		99914	0	229			13.00
14.00	Total (sum of lines 8-13)			0	2,708			14.00
		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	0	5,852	5,852	6,986	0.837675	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
				Program Visits		Cost of Services		
				Part B				
				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	1,551		0	610,985		1.00
2.00	Physical Therapy	0	838		0	235,227		2.00
3.00	Occupational Therapy	0	60		0	16,809		3.00
4.00	Speech Pathology	0	30		0	3,771		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	229		0	31,082		6.00
7.00	Total (sum of lines 1-6)	0	2,708		0	897,874		7.00
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0043

Period:

Worksheet H-3

HHA CCN: 14-7562

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Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	6,395	0	0	5,357	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	610,985						1.00
2.00	Physical Therapy	235,227						2.00
3.00	Occupational Therapy	16,809						3.00
4.00	Speech Pathology	3,771						4.00
5.00	Medical Social Services	0						5.00
6.00	Home Health Aide	31,082						6.00
7.00	Total (sum of lines 1-6)	897,874						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0043

Period:

Worksheet H-3

HHA CCN: 14-7562

From 05/01/2018
To 04/30/2019Part II
Date/Time Prepared:
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Home Health
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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	0.446408	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.528849	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.640338	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.837624	6,986	5,852	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.443627	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0043

Period:

Worksheet H-4

HHA CCN: 14-7562

From 05/01/2018
To 04/30/2019Part I-II
Date/Time Prepared:
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		Agency 1		Agency 2	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	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	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	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	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	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	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	494,346	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	25,331	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	22,218	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	2,402	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	4,738	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	549,035	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	549,035	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	549,035	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	549,035	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	549,035	31.00
31.01	Sequestration adjustment (see instructions)		0	10,981	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	538,054	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

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

Provider CCN: 14-0043

Period:

Worksheet H-5

HHA CCN: 14-7562

From 05/01/2018

Date/Time Prepared:

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		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		538,054	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		538,054	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		538,054	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0043	Period: From 05/01/2018 To 04/30/2019	Worksheet L Parts I-III Date/Time Prepared: 9/24/2019 9:12 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,209,100	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		33,405	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)		35.85	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)		1,242,505	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